N431 Care Plan #1

Lakeview College of Nursing

Whitney Simlin

Demographics (3 points)

Date of Admission 2/11/2023	Client Initials SG	Age 52	Gender M
Race/Ethnicity White	Occupation Self-employed- Truck driver	Marital Status Single	Allergies NKA
Code Status FULL	Height 6'7"	Weight 313 lb. (142 kg)	

Medical History (5 Points)

Past Medical History: Pectus Excavation

Past Surgical History: PR Appendectomy

Family History: Mother- Breast Cancer; Father- Heart attack

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

Previous smoker- 20 years; Rarely drinks alcohol

Assistive Devices: None

Living Situation: Lives alone

Education Level: Highschool

Admission Assessment

Chief Complaint (2 points): Shortness of Breath

History of Present Illness – OLD CARTS (10 points): On February 11, 2023, the patient was admitted to Carle Foundation Hospital for shortness of breath. The patient's symptoms were worsening over the previous two days. "The shortness of breath is constant and extreme pressure is felt.". Upon observation, accessory muscle use and rapid breathing was noted by the emergency room registered nurse. His illness is severe. An aggravating factor is lying down. A known relieving factor is sitting upright and inclined sleeping. He is currently being treated at

Carle Foundation Hospital with prescribed medication. To relieve pain the patient has tried rest and elevation.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): A-Fib

Secondary Diagnosis (if applicable):

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

The most common type of heart arrhythmia is Atrial fibrillation. Abnormal electrical activity happens within the atria of the heart causing them to fibrillate. Most times in A fib we see tachyarrhythmia - the heart rate is fast. Rhythm irregularity causes blood to flow through the heart turbulently and increases the chance of forming a thrombus -which can dislodge and move to the brain and other parts of the body. A-fib increases the risk of stroke, heart attack, and heart failure.

A fib doesn't always have symptoms. When symptoms are present, they include chest pain, heart palpitations, dizziness, and fatigue. A common symptom and one seen in our patient are shortness of breath. Vital signs may indicate there is a problem as well. With A-fib we commonly see chest pain and increased heart rate- as stated above. Another vital sign that can indicate A-Fib is low blood pressure. The heart beat irregularity affects how well it pumps and usually results in low blood pressure. Unfortunately, there is no one lab test that confirm atrial fibrillation. A-fib is diagnosed with EKG, electrocardiograms, and blood tests such as potassium and thyroid.

There are a few different ways to treat A Fib. A fib can be treated with beta blockers, as seen in our patient. A fib may also be treated with digoxin and calcium blockers. Sometimes therapy is

used to reset the heart rhythm. Surgery or catheter procedures are also common. AV node ablations can be extremely helpful in treatment.

Pathophysiology References (2) (APA):

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

Mayo Foundation for Medical Education and Research. (2021, October 19). *Atrial fibrillation*. Mayo Clinic. Retrieved February 18, 2023, from https://www.mayoclinic.org/diseases-conditions/atrial-fibrillation/symptoms-causes/syc-20350624

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**	**-**	**-**	-
Hgb	**12.0-15.8**	**16.0**	-	**Patient may be anemic (Pagana et al., 2018).**
Hct	**36.0-47.0**	**48.6**		**Patient may be anemic (Pagana et al., 2018).**
Platelets	**140-440**	**247**		
WBC	**4.00-12.00**	**10.65**		
Neutrophils	1.60-7.70	**6.77**	**—**	
Lymphocytes	**21-51**	**25.9**	**—**	
Monocytes	**1.7-9.3**	**8.5**	**—**	

Eosinophils	**0.0-0.7**	**0.5**	**—**	
Bands	**0-10%**	**-**	**—**	

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	137	140	
K+	3.5-5.1	3.8	3.6	
Cl-	98-107	103	106	
CO2	22.0-29.0	22	22	
Glucose	74-100	95	79	\
BUN	10-20	16	16	
Creatinine	0.55-1.02	0.85	1.02	
Albumin	3.4-4.8	4.0	3.6	
Calcium	8.9-10.6	9.5	9.1	
Mag	1.6-2.6	1.6	1.8	
Phosphate	N/A	N/A	N/A	
Bilirubin	0.2-1.2	0.5	0.6	
Alk Phos	44-147	100	83	
AST	5-34	24	29	
ALT	0-55	51	42	
Amylase	N/A	N/A	N/A	

Lipase	N/A	N/A	N/A	
Lactic Acid	N/A	N/A	N/A	
Troponin	10<	8	7	
CK-MB	N/A	N/A	N/A	
Total CK	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	11.7-13.8	1.1	N/A	
PT	0.9-1.1	1.0	N/A	
PTT	22.4-35.9	33.9	N/A	
D-Dimer		.95	N/A	
BNP	127<	464	N/A	Elevation of this protein is indicative of heart failure.
HDL	N/A	N/A	N/A	
LDL	N/A	N/A	N/A	
Cholesterol	N/A	N/A	N/A	
Triglycerides	N/A	N/A	N/A	
Hgb A1c	N/A	N/A	N/A	
TSH	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	—	—	—	—
pH	—	—	—	—
Specific Gravity	—	—	—	—
Glucose	—	—	—	—
Protein	—	—	—	—
Ketones	—	—	—	—
WBC	—	—	—	—
RBC	—	—	—	—
Leukoesterase	—	—	—	—

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	—	—	—	—
PaO2	—	—	—	—
PaCO2	—	—	—	—
HCO3	—	—	—	—
SaO2	—	—	—	—

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

Test	Normal Range	Value on Admissio	Today's Value	Explanation of Findings

		n		
Urine Culture	**N/A**			
Blood Culture	**N/A**			
Sputum Culture	**N/A**			
Stool Culture	**N/A**			

Lab Correlations Reference (1) (APA):

Diagnostic Imaging

All Other Diagnostic Tests (5 points):X-Ray

Diagnostic Test Correlation (5 points): Neg. for PE

Diagnostic Test Reference (1) (APA):

Mayo Clinic. (2021). CT Scan.

https://www.mayoclinic.org/tests-procedures/ct-scan/about/pac-20393675

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

Home Medications (5 required)

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *Nurse's Drug Handbook*. Composition and Project Management: S4Carlisle Publishing Services.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**A&O x 4** **Yes** **Yes** **No** **Good**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Normal** **Dry** **Warm** **Immediate recoil** **None** **None** **None** **14-moderate risk** **N/A**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**WNL** **WNL** **PERRLA** **WNL** **WNL** **WNL** .
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:**	 **WNL** **2+** **Less than seconds**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No crackles, wheezes, or rhonchi were present. Findings were consistent throughout the lungs bilaterally.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:**	Regular Cardiac 6’7 313 lbs. Normoactive bowel sounds were heard in all four quadrants Today

Palpation: Pain, Mass etc.: No **Inspection: Yes** **Distention: No** **Incisions: No** **Scars: No** **Drains: No** **Wounds: No** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color: Yellow** **Character: Clear** **Quantity of urine: 100 mL at 1000** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:WNL** **ROM: WNL** **Supportive devices: WNL** **Strength: WNL** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 45** **Activity/Mobility Status: High Fall Risk** **Independent (up ad lib) ☐No** **Needs assistance with equipment ☒** **Needs support to stand and walk☒**	.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: WNL** **Mental Status: WNL** **Speech: WNL** **Sensory: WNL** **LOC: WNL**	.

PSYCHOSOCIAL/CULTURAL: **Coping method(s): Deep breathing/ prayer** **Developmental level: Some College** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Patient is spiritual and prays** **Patient is Catholic** **Religion is very important** **The patient does not have much family support**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0741	**78**	**133/71**	**20**	**97.4**	**93**
1134	**82**	**117/71**	**20**	**98.2**	**94**

Vital Sign Trends: B/P decreased is now WNL

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0415	**0-10**	**head**	**5**	**Constant, aching**	**Tylenol**
1030	**0-10**	**Head**	**6**	**Constant, aching, grimacing**	**Tylenol**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 Gauge **Location of IV:** R Antecubital **Date on IV:** 2/11/23 **Patency of IV:** Clear **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Dry and intact	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480 mL- water	300 mL - urine

Nursing Care

Summary of Care (2 points)

Overview of care: Pt is being treated for Afib

Procedures/testing done: X ray, Troponin I and II

Complaints/Issues: Shortness of breath and chest pressure

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: The patient is tolerating diet for now but will be NPO after midnight

Physician notifications: Patient experiences dizziness when standing

Future plans for client: Patient will have cardioversion done tomorrow morning- expected to have procedure done today but the department ran behind

Discharge Planning (2 points)

Discharge location: The patient will be going to his sister's house. She is located in Springfield, IL.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: The patient will follow up with his primary physician and cardiologist.

Education needs: The patient needs to eat healthier, monitor B/P, and establish an exercise routine.

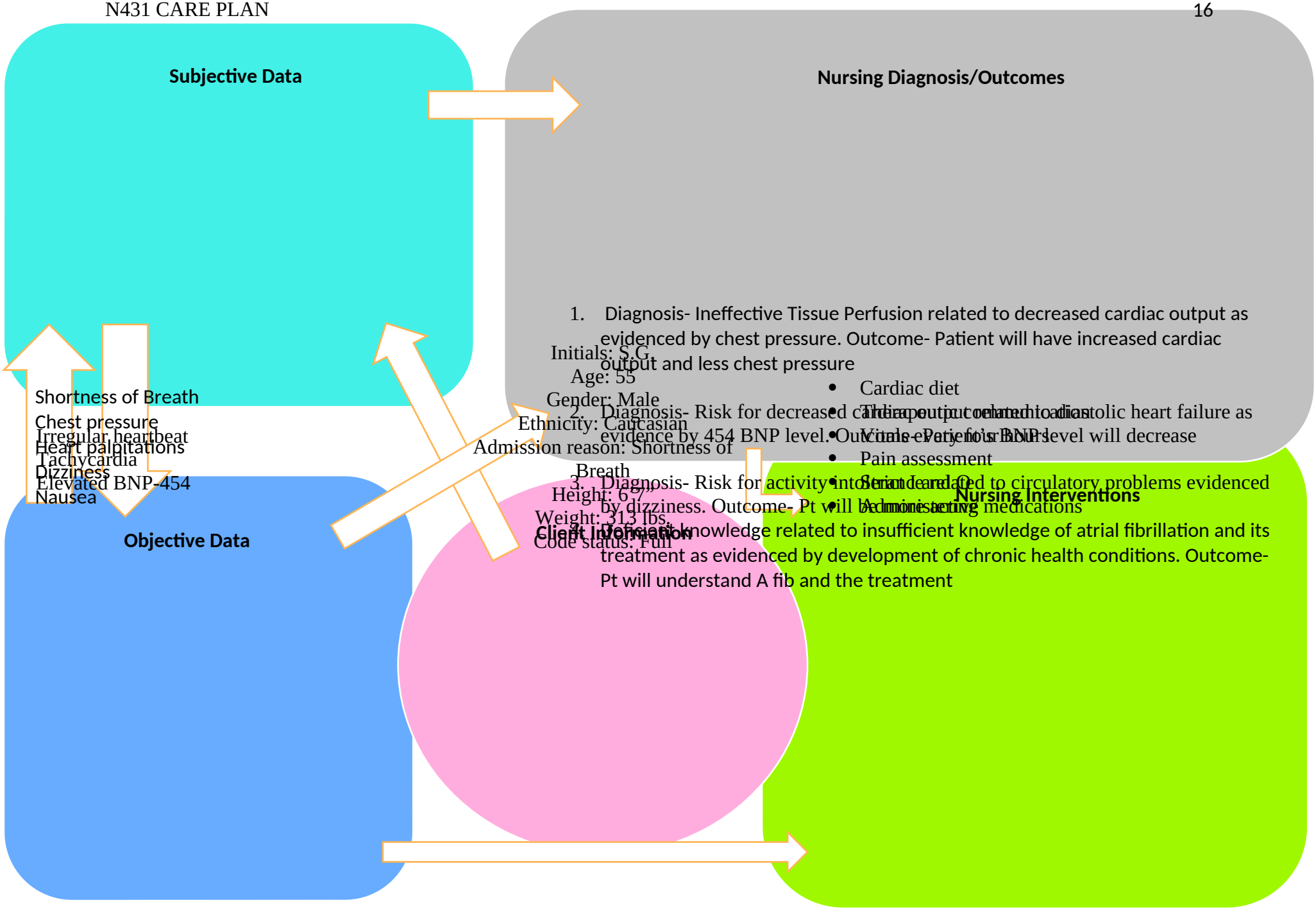
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • 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** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective Tissue Perfusion related to decreased cardiac output as evidenced by chest pressure	**The patient was experiencing chest pressure and the cause is most likely reduced tissue perfusion**	**1. Assess mental status** **2. Closely monitor lab values and tests**	**1. Patient will have increased cardiac output.**	**The client will have less chest pressure**
2. Risk for decreased cardiac output related to diastolic heart failure as evidence by 454 BNP level.	**The client may be in heart failure or close.**	**1. Assess vital signs- especially BP** **2.Closely monitor changes in lab values and tests**	**1. Patient's like may be prolonged**	**The patients BNP level will decrease**
3. Risk for	**Dizziness in**	**1.Encourage**	**1. Patient**	**Patient will learn**

activity intolerance related to circulatory problems evidenced by dizziness.	**relation to the heart is usually the result of circulatory problems**	**patient to plan for breaks during any activity** **2.** **Assess LOC every hour**	**will be able to be more active**	**limitations**
4. Deficient knowledge related to insufficient knowledge of atrial fibrillation and its treatment as evidenced by development of chronic health conditions	**The patient did not develop A Fib overnight.**	**1.Patient will be educated on A fib** **2. Patient will be educated on other chronic conditions associated with A fib – diabetes, hypertension, heart attack, and obesity**	**1. Patient will have a better quality of life.**	**Patient will understand A fib and its treatment.**

Other References (APA):

Concept Map (20 Points):


Subjective Data
Shortness of Breath
Chest pressure
Irregular heartbeat
Heart palpitations
Tachycardia
Dizziness
Elevated BNP-454
Nausea
Objective Data
Nursing Diagnosis/Outcomes
1. Diagnosis- Ineffective Tissue Perfusion related to decreased cardiac output as evidenced by chest pressure. Outcome- Patient will have increased cardiac output and less chest pressure
2. Diagnosis- Risk for decreased cardiac output related to diastolic heart failure as evidence by 454 BNP level. Outcome- Patient's BNP level will decrease
3. Diagnosis- Risk for activity intolerance related to circulatory problems evidenced by dizziness. Outcome- Pt will be monitored
4. Diagnosis- Deficient knowledge related to insufficient knowledge of atrial fibrillation and its treatment as evidenced by development of chronic health conditions. Outcome- Pt will understand A fib and the treatment
Client Information
Initials: S.G.
Age: 55
Gender: Male
Ethnicity: Caucasian
Admission reason: Shortness of Breath
Height: 67"
Weight: 313 lbs.
Code status: Full
Nursing Interventions
Cardiac diet
Therapeutic communication
Vitals- Patient's BNP
Pain assessment
Strict I and O
Administering medications