

N321 Care Plan #2

Lillian Ljubojevic BSN Student

Lakeview College of Nursing

N321: Adult Health I

Professor Kristal Henry

March 10, 2023

Demographics (3 points)

Date of Admission 2/22/23	Client Initials J. P.	Age 78 year old	Gender male
Race/Ethnicity white	Occupation Truck driver retired	Marital Status married	Allergies No known allergies
Code Status full	Height 5'9" 175.3 cm	Weight 205 lbs. 1.6oz 93kg	

Medical History (5 Points)

Past Medical History: arteriosclerotic heart disease ASHD (2019), BPH, stage III cancer HCC, congestive heart disease CHD, chronic kidney disease, coronary artery disease, depression, GERD/ no esophagitis (2019), HTN, hematuria, hyperlipidemia, normocytic anemia, OA, osteoporosis, seasonal allergies, hyperkalemia.

Past Surgical History: tonsillectomy, colonoscopy, vertebral augmentation, total right knee arthroplasty (2018), coronary bypass surgery.

Family History: Brother and father cancer, brother HTN, mother CHF, heart disease.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):
quit smoking cigarettes 24 years ago, has 78.00 pack-year smoking history, Never used tobacco.
No alcohol. No drugs.

Assistive Devices: walker

Living Situation: lives at home with his wife and her son.

Education Level: Highschool; profession truck driver

Admission Assessment

Chief Complaint (2 points): nausea, loss of appetite, easy fatigability

History of Present Illness – OLD CARTS (10 points): patient reports that he had all of these symptoms constantly present, only they started getting worse several days before he came to

emergency department. He started getting very fatigue and started getting chest pains in midsternal area with exertion. Patient was getting other symptoms like exertional shortness of breath, which would improve with rest. Lower extremities were swelling bilaterally and oozing clear fluid. Patient denies sharp chest pain, denies pleuritic pain, no leg pain, no diarrhea, no chills/fever. Patient denies generalized pain, dizziness, no headache, no loss of consciousness. He was taking his regular home medications and none of OTC medications or herbals. He came to emergency to ask for help.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): CHF exacerbation

Secondary Diagnosis (if applicable): N/A, secondary diagnosis not made

Pathophysiology of Congestive Heart Failure

Heart failure is a clinical condition which develops when ventricular muscle becomes weak and cannot anymore pump enough blood to the tissues. In cardiology, heart failure is measured by left ventricular ejection fraction and that is percent of blood propelled out of the left ventricle with each contraction (Hinckle, 2022). The most common reason for heart failure to develop is coronary artery disease CAD. CAD is narrowing of coronary arteries , due to arteriosclerosis and this decreases blood supply to the heart muscle cells. Without adequate oxygen and nutrients myocardial cell will start dying and heart will become weaker. Other risk factors for HF can be HTN, age, ethnicity, DM, family history, smoking, viruses, kidney disease, alcohol abuse. Also obesity and sedentary lifestyle are risk factors for HF (Capriotti, 2020).

Signs and symptoms of HF disease are numerous and include: shortness of breath with activity, or when laying down which is called orthopnea. Orthopneic patients have difficulty breathing if they are lying down flat. They feel better when sleep in Fowler's position with the head at 45-degree angle. Chest x-ray can show cardiomegaly or enlarged heart. Cardiomegaly happens because of enlarged left ventricle. Based on this anatomical change of the heart, the point of maximal impulse gets shifted to the left. This situation produces S3 and S4 heart sounds which can be heard on auscultation (Capriotti, 2020). Patient becomes fatigued and weak. Ability to do physical activity like exercise becomes reduced. Swelling in the abdomen, rapid weight gain occurs due to fluid retention and fluid overload. Nausea and lack of appetite appear. Patient may have cough with pink frothy sputum. That is due to blood stasis in the lungs and because left heart cannot pump it properly into the aorta. Also, crackles are present in the lungs because of accumulation of the fluid. (Capriotti, 2020).

Expected laboratory findings in HF are changes in electrolytes and high level of BNP or brain natriuretic peptide. BNP is produced by myocardial cells when heart is stretched due to volume overload. This peptide behaves as natural diuretic. It affects kidneys to eliminate excess of water from the circulation. This helps heart to work easier. BNP is high in patients with heart failure (Hinckle, 2022). In the case of my patient BNP was on admittance 650 ng/L (normal 22-77ng/L). Also serum electrolytes like Na, K, Ca, Cl are over or below the normal levels in HF. Fluid overload can dilute electrolytes and their values below the normal values. My patient had low Ca, which can be also caused by renal disease in his case. He had peripheral edema.

Treatment of HF can be done in several ways. Lifestyle changes in low salt, low cholesterol diet and control of fluid intake are useful measures. Pharmacological therapy includes diuretics, ACE inhibitors, beta blockers, angiotensin II receptor blockers, inotropics, synthetic natriuretic

peptides and arterial vasodilators (Capriotti, 2022). My patient was on renal diet. He was getting carvedilol for blood pressure, antidiabetic medications insulin and glimepiride for DM2, Omeprazole and sucralfate he was getting for GERD. Apoetin alfa he was getting for anemia and also to help heart workload (Hinckle, 2022).

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

Pathophysiology References (2) (APA):

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

Hinckle, J. L., Cheever, K. H. & Overbaugh, K. (2022). *Brunner's & Suddarth's Textbook of Medical-Surgical Nursing*. Walter 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	3.80-5.30 mil/mcL	3.80	3.06	Renal disease, low epoetin level
Hgb	12.0-15.8 g/dL	10.0	8.6	Renal disease, low epoetin
Hct	36.0-47.0 %	32.2	26.5	Patient has chronic renal disease, low epoetin

Platelets	140-440 mcL	202	127	Some medications can affect platelets
WBC	4.00-12.00mcL	12.80	8.9	Inflammation, possible infection
Neutrophils	47.00-73.00 %	83.6	70.9	Increased due to possible infection
Lymphocytes	18.0-42.0%	18.8	15.7	Results are normal
Monocytes	4.0-12.0%	6.3	9.6	Results are normal
Eosinophils	0.0-5.0%	1.1	0.3	Results are normal.
Bands	n/a	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 2/22/23	Today's Value 3/6/23	Reason For Abnormal
Na-	136-145 mmol/L	138	139	Normal values
K+	3.5-5.1mmol/L	3.9	3.9	Patient has normal value
Cl-	98-107mmol/L	84	102	Normal values
CO2	22-30 mmol/L	15	29	Today's results are normal. Abnormal value may be due to hyperventilation
Glucose	70-99mg/dL	136	177	Patient has DM2
BUN	10-20mg/dL	88	24	Patient has renal disease
Creatinine	0.68-1.00mg/dL	4.90	4.00	Patient has renal disease
Albumin	3.5-5.0g/dL	3.5	3.0	Patient has liver disease
Calcium	8.7-10.5mg/dL	8.6	9.7	Patient has renal disease. Today's results are good.
Mag	1.7-2.2 mg/dL	n/a	1.9	Normal values
Phosphate	2.5-4.5mg/dL	n/a	n/a	n/a

Bilirubin	<1mg/dL	0.4	0.6	Results are normal
Alk Phos	40-150 units/L	61	23	Results are normal
AST	5-40units /L	14	17	Normal values
ALT	7-56units/L	12	23	Normal values
Amylase	23-85units/L	n/a	n/a	n/a
Lipase	0-160 units/L	n/a	n/a	n/a
Lactic Acid	0.7 – 2.0	1.2	n/a	Normal values

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	0-1.5	n/a	0.9	normal
PT	11.0-12.5 seconds	n/a	n/a	n/a
PTT	60-70 seconds	28 sec	n/a	Liver disease
D-Dimer	<250mcg/L	n/a	n/a	n/a
BNP	22-77ng/L	650	n/a	Patient had chest pain
HDL	65mg/L	32	n/a	Should ne higher
LDL	<100mg/L	98	n/a	normal
Cholesterol	<200mg/L	130	n/a	normal
Triglycerides	<150mg/dL	90	n/a	normal
Hgb A1c	<5.7-6.4	6.5	n/a	Patient has DM2
TSH	0.4-4.0milliunits/L	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/clear	Clear, yellow	n/a	Normal results
pH	4.5-8.0	7.5	n/a	Normal results
Specific Gravity	1.050-1.025	1011	n/a	Normal results
Glucose	negative	Trace!	n/a	Patient has DM2
Protein	0mg/dL	negative	n/a	Normal results
Ketones	negative	negative	n/a	Normal results
WBC	negative	6-10!	n/a	Renal disease.
RBC	negative	0-2	n/a	Renal disease
Leukoesterase	negative	Trace!	n/a	Very small value to be infection

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	negative	n/a	Patient does not have UTI
Blood Culture	negative	Negative/ no growth after 2 days	n/a	Patient does not have sepsis
Sputum Culture	negative	n/a	n/a	n/a not performed
Stool Culture	negative	n/a	n/a	n/a not performed

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J. & Pagana, T. N. (2022). *Mosby's Manual of Diagnostic and Laboratory Tests*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): x-ray shows cardiomegaly

Diagnostic Test Correlation (5 points): Cardiomegaly or enlarged heart, is commonly seen in heart failure. It is due to left ventricular enlargement.

Diagnostic Test Reference (1) (APA):

Cappriotti, T. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. F. A. Davis.

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

Home Medications (5 required)

Brand/ Generic	omeprazole (Prilosec)	Atorvastatin (Lipitor)	Carvedilol (Coreg)	Clopidogrel (Plavix)	Glimepiride (Amaryl)
Dose	Cap. 20mg	Tab. 10mg	Tab. 3.125mg	Tab. 75mg	Tab. 2mg
Frequen cy	daily	daily	1 tab 2 times daily	1 tab daily	1 tab. 2 times daily
Route	oral	oral	oral	oral	oral
Classific ation	Pharmacologic class: Proton pump inhibitor Therapeutic class: Antiulcer	Pharmacologic class: HMG- CoA reductase inhibitor Therapeutic class: Antihyperlipide mic	Pharmacologic class: Nonselective beta blocker and alpha-1 blocker Therapeutic class Antihypertensiv e, heart failure treatment adjunct	Pharmacologic class: P2Y12 platelet inhibitor Therapeutic class: Platelet aggregation	Pharmacologic class: Sulfonylurea Therapeutic class: Antidiabetic
Mechani sm of Action	Interferes with proton pump in gastric parietal cells.	Reduces plasma cholesterol by inhibiting cholesterol synthesis in the liver	Reduces cardiac output and tachycardia, causes vasodilatation and decreases peripheral vascular resistance which reduces blood pressure and cardiac workload.	Binds to adenosine diphosphate (ADP) receptors on the surface of activated platelets. This blocks ADP, deactivates glycoprotein Iib/IIIa receptors and prevents fibrinogen from attaching	Stimulates insulin release from pancreas. Increases peripheral tissue sensitivity to insulin by increasing insulin receptors or by increasing insulin binding to cell receptors.

				to receptors. W/o fibrinogen platelets can't aggregate and form thrombi.	
Reason Client Taking	To treat symptomatic gastroesophageal reflux disease GERD	Controls lipid levels in primary hypercholesterol emia and mixed dyslipidemia	To control hypertension	To reduce the rate of CVA and MI	To control blood glucose level in type 2 DM.
Contraindications (2)	Concurrent therapy with rilpivirine containing products. Lupus erythematosus.	Breastfeeding. Active hepatitis.	Bronchial asthma. Cardiogenic shock.	Peptic ulcer. Intracranial hemorrhage.	Renal impairment. Ketoacidosis.
Side Effects/A dverse Reactions (2)	Hyperglycemia. Abdominal pain.	Arrhythmia. Pancreatitis.	Abdominal pain. Hypotension.	Acute liver failure. Confusion.	Hypoglycemia. Arrhythmias.
Nursing Considerations (2)	Monitor renal function. Monitor for bone fractures.	Watch for rhabdomyolysis. Use cautiously with alcohol.	Monitor patient's blood glucose as ordered, because this drug may alter glucose level. Know that if patient has heart failure expect also to give digoxin, a diuretic and an ACE inhibitor.	Use cautiously in patients with severe renal disease or hepatic disease. Obtain blood cell count, as ordered, whenever signs and symptoms suggest a hematologic problem.	Monitor blood glucose because of high risk of hypoglycemia. Monitor patient for life threatening allergic reactions.

Hospital Medications (5 required)

Brand/Generic	allopurinol (Zyloprim)	Calcitriol (Rocaltrol)	epoetin alpha- epbx (Eprex)	Sertraline (Zoloft)	Sucralfate Carafate
Dose	half tab. 50mg	Caps. 0.5mg	inj. 10,000 units	Tab. 25mg	Tab. 1g
Frequency	daily	daily	once	daily	daily
Route	oral	oral	inj.	oral	daily
Classification	Pharmacological class: Xanthine oxidase inhibitor Therapeutic class: Antigout	Pharmacologic class: Vitamin D analog Therapeutic class: Antihypocalcemic	Pharmacologic class: Erythropoietin Therapeutic class: Antianemic	Pharmacologic class: Selective serotonin reuptake inhibitor SSRI Therapeutic class: Antianxiety, antidepressant, antiobsessant, antipanic, antiposttraumatic stress, antipremenstrual dysphoric	Pharmacologic class: GI protectant Therapeutic class: Antiulcer
Mechanism of Action	Inhibits uric acid production	Increase calcium absorption from intestine	Stimulates the release of reticulocytes from the bone marrow into the blood stream, where they develop into mature RBCs.	Inhibits reuptake of serotonin by CNS neurons. Elevated serotonin elevates mood, and reduces depression.	Makes a complex with hydrochloric acid in the stomach and that creates a protective barrier at the ulcer's surface.
Reason Client Taking	To treat primary gout and hyperuricemia	To treat hypocalcemia in dialysis patients.	Treat anemia due to chronic kidney disease	To treat major depression	Prevents of reoccurrence of duodenal ulcer.
Contraindications (2)	Diminished renal function. Deficient liver function.	Vitamin D toxicity. Hypercalcemia.	Uncontrolled hypertension. Red cell aplasia.	Use of MAO inhibitor in last 14 days. Seizures.	Pregnancy. Pediatric patients.

Side Effects/Adverse Reactions (2)	Hepatic necrosis. Renal failure.	Erythema multiforme. Lip swelling.	Chest pain. Deep vein thrombosis.	Depression. Delusions.	Constipation. Bronchospasm.
Nursing Considerations (2)	Maintain high fluid input to produce output 2 L daily. Report skin rash.	Monitor vitamin D toxicity. Check to be sure patient receives enough calcium.	Evaluate serum iron level. Use drug cautiously in cardiovascular disorders.	Sertraline should not be given to those with bradycardia, hypokalemia or hypomagnesemia . Monitor liver and renal lab results in those with renal and liver problems.	Use cautiously in chronic renal failure. Monitor for hyperglycemia in patients with diabetes.

Medications Reference (1) (APA):

Ambrose, P. J., Barros, M. C., Bednarczyk, M. E., Bello, C. E. (2022). *NDH Nurse’s Drug Handbook*. Jones & Bartlett Learning.

Assessment

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

<p>GENERAL: Alertness: alert Orientation: oriented x4 Distress: no distress Overall appearance: well groomed</p>	
<p>INTEGUMENTARY: Skin color: pink Character: dry Temperature: warm Turgor: fast recoil Rashes: no rashes noted on the skin Bruises: bruises present on the left arm and some on the right arm. Probably due to iv and injections, blood samples draw. Wounds: no new wounds noted. There are old postsurgical scars like on the right</p>	

<p>knee. Braden Score: 21 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: n/a no drains present</p>	
<p>HEENT: Head/Neck: are symmetrical , trachea is in midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Ears: Auricles have no visible or palpable deformities, lumps or lesions bilaterally. Ear canals clear, no discharge noted bilaterally. Patient hears well normal tone of voice and has no hearing aids. Eyes: Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink. Bilateral lids moist w/o discharge or lesions noted. PERRLA bilaterally. EOMs intact bilaterally. Nose: Septum is in midline, turbinates moist and pink, no polyps, no exudate noted. No discharge from nasal canals bilaterally. Bilateral frontal and maxillary sinuses nontender on palpation. Teeth: Dentition good.</p>	
<p>CARDIOVASCULAR: Heart sounds: Clear S1 and S2, but diminished. No noted murmurs, gallops, rubs. S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Normal rhythm and rate. PMI palpable at 5th intercostal space at MCL. Peripheral Pulses: Palpable throughout bilaterally, 2+. Homan sign negative bilaterally. Capillary refill: good, less than 3 seconds. Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema: n/a</p>	
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	

<p>Breath Sounds: Location, character. Normal rate and pattern of respirations. Lung sounds clear anteriorly. Not checked posteriorly because patient was in dialysis. No wheezes , crackles or rhonchi noted.</p>	
<p>GASTROINTESTINAL: Diet at home: regular diet Current Diet: renal diet Height: 175.3cm Weight: 93 kg Auscultation Bowel sounds: normal normoactive in all quadrants. Last BM: a day earlier, 3/ 5/23 Palpation: Pain, Mass etc.: Abdomen non-tender on palpation. No organomegaly, or masses found on palpation in all 4 quadrants. CVA tenderness not checked due to patient taken to dialysis. Inspection: Distention: not distended Incisions: not noted Scars: not noted Drains: no drains present Wounds: no wound noted Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size:n/a Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: n/a</p>	
<p>GENITOURINARY: Color: Patient did not have output. Patient stated that he never check his urine for color. Character: n/a Quantity of urine: n/a Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: n/a Size: n/a</p>	
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Extremities were checked while</p>	

<p>patient was in bed. Patient cannot stand up w/o assistance. Supportive devices: walker Strength: normal ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 95 Activity/Mobility Status: low activity and mobility Independent (up ad lib) <input type="checkbox"/> yes Needs assistance with equipment <input type="checkbox"/> yes Needs support to stand and walk <input type="checkbox"/> yes</p>	
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: oriented x4 to place, time , person, situation Mental Status: good Speech: normal Sensory: good LOC: alert and awake</p>	
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): has supportive family. Developmental level: Erickson’s ego/integrity Religion & what it means to pt.: patient is religious but not strongly religious. Personal/Family Data (Think about home environment, family structure, and available family support): patient live with wife and son, and they help him.</p>	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	79	114/65	18	98.8	95%
1100	82	102/52	18	97.2	96%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	0/10 0-10	n/a	n/a	n/a	n/a
1100	0/10 0-10	n/a	n/a	n/a	n/a

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge Location of IV: left upper arm Date on IV: 2/22/23 Patency of IV: patent Signs of erythema, drainage, etc.: no signs of erythema or drainage IV dressing assessment: dry, clean, intact	n/a

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL 0700-1100 am. Patient had milk, water, some coffee.	n/a patient did not have output during the shift 0700- 0930. He went for dialysis.

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was provided breakfast. Vitals were checked two times.

Patient had complete assessment.

Procedures/testing done: Patient was taken for scheduled dialysis 0930-1230

Complaints/Issues: Patient had no complaints/issues.

Vital signs (stable/unstable): vital signs stable

Tolerating diet, activity, etc.: Patient is tolerating well diet today. He ate his breakfast. His diet is renal diet. Patient was not very active. He spent all morning in bed resting.

Physician notifications: No physician notifications made.

Future plans for client: Patient will be discharged in two days.

Discharge Planning (2 points)

Discharge location: Patient will return to his home from hospital

Home health needs (if applicable): n/a

Equipment needs (if applicable): Patient will need walker when wants to go to the bathroom or other rooms.

Follow up plan: Patients to take medications as proscribed. To call provider if any changes in edema, fatigue, loss of appetite.

Education needs: Patient and the family need to monitor patient’s fluid intake and output daily. If possible to check his BW daily. Family will take care of patient’s hygiene because of dialysis port.

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	Rationale • Explain why the nursing diagnosis	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family respond to the nurse’s
--	---	------------------------------------	-----------------------------------	---

<p>evidenced by” components</p> <ul style="list-style-type: none"> Listed in order by priority – highest priority to lowest priority pertinent to this client 	<p>was chosen</p>			<p>actions?</p> <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
<p>1. Activity intolerance due to imbalance between O2 supply and demand as evidenced by reported fatigue, feeling weak.</p>	<p>Patient has compromised myocardium and inability to increase stroke volume and that causes fatigue</p>	<p>1. Assess level of fatigue and other factors that can cause fatigue like anemia</p> <p>2. Document cardiopulmonary response to activity.</p>	<p>1. Goal is to achieve measurable increase in activity.</p>	<p>Patient agrees with the plan. Family will help to monitor signs of excessive fatigue.</p>
<p>2. Excess fluid volume may be due to compromised renal function, evidenced by increased BW in short time.</p>	<p>Patient gained 20 lbs. in less than 4 months.</p>	<p>1. Monitor 24hr intake and output balance</p> <p>2. Check BW daily</p>	<p>1. Goal is to demonstrate stable fluid volume with balanced fluid intake and output, stable weight and no edema.</p>	<p>Patient accepted the plan and family will check his BW and input and output daily. They will inform provider if large changes occur.</p>

<p>3. Risk of infection due to invasive procedures, evidenced by changes in WBC numbers</p>	<p>Patient is on dialysis and exposed to increased environmental pathogens.</p>	<p>1.wash hands before and after contact with the patient</p> <p>2.ensure aseptic handling of all iv lines</p>	<p>1. goal is that patient will stay free of symptoms of infection during contact with healthcare providers</p>	<p>Patient agrees with the plan. Family will help with keeping the hygiene when at home and in contact with the patient</p>
--	--	--	--	--

Other References (APA):

Doenges, M. E., Moorhouse, M. F. & Overbaugh, K. (2019) *Nursing Care Plans. Guidelines for Individualizing Client Care Across the Life Span*. F. A. Davis.

Concept Map (20 Points):

Subjective Data

Patient presented to emergency department with nausea, loss of appetite and generalized fatigue. These symptoms are not new, but they are getting worse lately. Denies pain.

Nursing Diagnosis/Outcomes

Excess fluid volume may be due to compromised renal function, evidenced by increased BW in short time.
Goal is to demonstrate stable fluid volume with balanced input and output, stable BW and no edema.

Objective Data

Chest x-ray cardiomegaly, electrolyte changes, fluid overload, peripheral edema, high BNP, needs walker and assistance for mobility

Client Information

Admitted 2/22/23
78 year old male , full code,
height 175.3cm, 93 kg vitals
normal, no allergies fall score
95 high, standard inf. Control.
Admitting diagnosis CHF
exacerbation.

Nursing Interventions

1. Monitor 24 hour intake and output balance.
2. Check body weight daily.



