N321 Care Plan #2

Lakeview College of Nursing

Name: Amanda Welker

Professor Kristal Henry

March 28, 2023

Demographics (3 points)

Date of Admission 03/23/2023	**Client Initials** B.S.	**Age** 60 y.o.	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Unemployed/Disabled	**Marital Status** single	**Allergies** Codeine- vomiting Penicillin- vomiting
Code Status Full Code	**Height** 5'6"	**Weight** 143.2 lbs	

Medical History (5 Points)

Past Medical History: angina at rest- 03/21/2020, atherosclerotic heart disease- 03/29/2020, chest pain at rest- 03/29/2020, COPD- 03/29/2020, depression, diabetes managed Type II- 03/29/2020, benign HTN- 03/29/2020, MI- 07/24/2017, mixed hyperlipidemia- 03/29/2020, tobacco use- 03/29/2020, & coronary artery disease

Past Surgical History: hysterectomy, cholecystectomy, cesarian section, coronary angioplasty with stent placement

Family History: mother- cancer, sister- diabetes & heart attack, and father- stroke

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): 64.50 pack per year history, no smokeless tobacco, no alcohol or drugs

Assistive Devices: No assistive devices at home; walker use in hospital

Living Situation: Lives in Danville with nephew and sister.

Education Level: High School diploma

Admission Assessment

Chief Complaint (2 points): Fatigue

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

The client is a 60-year-old old female that was brought to the Emergency Department on 03/22/2023 by her nephew for increased fatigue. The client is a poor

historian regarding the location, duration, characteristics, aggravating factors, relieving factors, treatment, and severity of the present illness.

<u>Primary Diagnosis on Admission</u> (2 points): Non-ST-elevation myocardial infarction (NSTEMI)

<u>Secondary Diagnosis</u> (if applicable): NA

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

Acute myocardial infarction (MI) is a complication of angina pectoris, and it usually occurs in the same area of ST segment change as noted by the ECG. The greater the involvement of the patient's heart with atherosclerosis and coronary vessel stenosis, the greater the incidence of MI for patients who have angina (Capriotti, 2020). MIs are classified according to findings on an EKG such as ST-elevated myocardial infarction (STEMI) or non-ST-elevation myocardial infarction (NSTEMI). Cardiac muscle injury causes elevation of the ST segment which is shown on an EKG. When patients first arrive at the Emergency Department with chest pain or chest pressure they are automatically taken to a room and an EKG and lab work are performed. This patient was experiencing increased fatigue which made her nephew determine to bring her to the ED where an EKG, lab work, and chest x-ray were done to determine her diagnosis. The extent of damage caused by an MI is influenced by three factors, location, or level of occlusion in the coronary artery, length of time that the coronary artery has been occluded, and the heart's availability of collateral circulation (Capriotti, 2020) Some symptoms of MI include chest pain, which travels from left arm to neck, shortness of breath, sweating, nausea, vomiting, abnormal heart beating, anxiety, fatigue, weakness, stress, and depression. The treatment of MI includes, aspirin tablets, and to dissolve arterial blockage injection of thrombolytic or clot dissolving drugs

such as tissue plasminogen activator, streptokinase or urokinase in blood within 3 h of the onset of a heart attack (Lu et al., 2015).

Pathophysiology References (2) (APA):

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

Lu, L., Liu, M., Sun, R., Zheng, Y., & Zhang, P. (2015). Myocardial Infarction: Symptoms and Treatments. *Cell Biochemistry and Biophysics*, *72*(3), 865–867. https://doi.org/10.1007/s12013-015-0553-4

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

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**	**4.40 mcL**	**3.82 mcL**	**WNL**
Hgb	**12.0-15.8 g/dL**	**10.5 g/dL**	**9.4 g/dL**	**Decreased hemoglobin levels d/t anemia d/t inflammation by ischemic myocardium (Pagana et al., 2017).**
Hct	**36.0-47.0%**	**33.5%**	**29.6%**	**Decreased hemoglobin levels d/t anemia d/t inflammation by ischemic myocardium (Pagana et al., 2017).**
Platelets	**140-440 mcL**	**387 mcL**	**427 mcL**	**WNL**
WBC	**4.00-12.00**	**6.60 mcL**	**5.90**	**WNL**

	mcL		mcL	
Neutrophils	**47.0-73.0%**	**74.1%**	**64.3%**	**WNL**
Lymphocytes	**18.0-42.0%**	**13.7%**	**22.1%**	**Decreased lymphocytes d/t acute chest pain and MI (Pagana et al., 2017).**
Monocytes	**4.0-12.0%**	**10.8%**	**10.7%**	**WNL**
Eosinophils	**0.0-5.0%**	**0.4%**	**1.5%**	**WNL**
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**	**138 mmol/L**	**139 mmol/L**	**WNL**
K+	**3.5-5.1 mmol/L**	**3.7 mmol/L**	**3.5 mmol/L**	**WNL**
Cl-	**98-107 mmol/L**	**101 mmol/L**	**102 mmol/L**	**WNL**
CO2	**22-30 mmol/L**	**28 mmol/L**	**30 mmol/L**	**WNL**
Glucose	**70-99 mg/dL**	**126 mg/dL**	**92 mg/dL**	**Increased glucose level d/t diabetes mellitus (Pagana et al., 2017).**
BUN	**10-20 mg/dL**	**8 mg/dL**	**9 mg/dL**	**Decreased BUN levels d/t diabetic effects on the kidneys (Pagana et al., 2017).**
Creatinine	**0.60-1.00 mg/dL**	**0.81 mg/dL**	**0.72 mg/dL**	**WNL**
Albumin	**3.5-5.0 g/dL**	**3.7 g/dL**	**3.6 g/dL**	**WNL**
Calcium	**8.7- 10.5 mg/dL**	**8.7 mg/dL**	**9.0 mg/dL**	**WNL**
Mag	**1.6- 2.6 mg/dL**	**1.7 mg/dL**	**NA**	**WNL**
Phosphate	**2.8- 4.5 mg/dL**	**NA**	**NA**	**NA**
Bilirubin	**0.2- 1.2 mg/dL**	**0.4 mg/dL**	**0.5 mg/dL**	**WNL**

Alk Phos	**40-150 U/L**	**43 U/L**	**44 U/L**	**WNL**
AST	**5-34 U/L**	**14 U/L**	**12 U/L**	**WNL**
ALT	**0-55 U/L**	**7 U/L**	**7 U/L**	**WNL**
Amylase	**25-125 U/L**	**NA**	**NA**	**NA**
Lipase	**8-78 U/L**	**NA**	**NA**	**NA**
Lactic Acid	**0.7- 2.0 mmol/L**	**0.7 mmol/L**	**NA**	**WNL**

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**0.8-1.1**	**1.0**	**NA**	**WNL**
PT	**10.1-13.1 sec**	**12.0 sec**	**NA**	**WNL**
PTT	**25- 36 sec**	**NA**	**NA**	**NA**
D-Dimer	**0-622 ng/mL FEU**	**NA**	**NA**	**NA**
BNP	**0-100 pg/mL**	**309**	**NA**	**Increased BNP levels d/t myocardial infarction (Pagana et al., 2017).**
HDL	**>40 mg/dL**	**35 mg/dL**	**NA**	**WNL**
LDL	**<130 mg/dL**	**146 mg/dL**	**NA**	**WNL**
Cholesterol	**<200 mg/dL**	**219 mg/dL**	**NA**	**WNL**
Triglycerides	**<150 mg/dL**	**188**	**NA**	**WNL**
Hgb A1c	**4.0- 6.0%**	**6.1%**	**NA**	**Increased Hgb A1c d/t diabetes mellitus (Pagana et al., 2017).**
TSH	**0.300- 5.000 mIU/L**	**NA**	**NA**	**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**	**WNL**
pH	**5.0- 9.0**	**7.5**	**NA**	**WNL**
Specific Gravity	**1.003- 1.030**	**1.007**	**NA**	**WNL**
Glucose	**Neg**	**Neg**	**NA**	**WNL**
Protein	**Neg**	**Neg**	**NA**	**WNL**
Ketones	**Neg**	**Neg**	**NA**	**WNL**
WBC	**Neg**	**Neg**	**NA**	**WNL**
RBC	**Neg**	**Neg**	**NA**	**WNL**
Leukoesterase	**Neg**	**Neg**	**NA**	**WNL**

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):

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):

ETOH, Troponin I, Procalcitonin, Urine Drug Screen, Flu A/B, RSV, & Covid-19.

CT head/brain w/o contrast:

Impression: No acute intracranial hemorrhage or acute abnormality is demonstrated. Old infarct noted in left basal ganglion. Retention cyst noted in the right maxillary sinus.

Reason: mental status change

XR Chest single-view portable

Impression: No acute disease

Reason: fatigue

Diagnostic Test Correlation (5 points):

- CT head/brain w/o contrast was done because of the client's mental status change (Pagana et al., 2017).
- XR chest single-view portable was done because of the client's chief complaint of fatigue. This test is done to rule out any respiratory illnesses, inflammation in the lungs, and heart size (Pagana et al., 2017).

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/	**Wellbutrin**	**Glucophage/**	**Lipitor/**	**Prinivil/**	**Coreg/**

Generic	**SR/ bupropion hydrochloride SR**	**metformin**	**atorvastatin**	**lisinopril**	**carvedilol**
Dose	**150 mg**	**1000 mg**	**80 mg**	**40 mg**	**3.125 mg**
Frequency	**Daily**	**Daily**	**Daily**	**Daily**	**BID**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	Aminoketone, an antidepressant and, smoking cessation adjunct (Jones & Bartlett Learning, 2021).	Biguanide and antidiabetic (Jones & Bartlett Learning, 2021).	HMG- CoA reductase inhibitor and antihyperlipidemic (Jones & Bartlett Learning, 2021).	ACE inhibitors and antihypertensive (Jones & Bartlett Learning, 2021).	Nonselective beta blocker and alpha- 1 blocker, antihypertensive, and heart failure treatment adjunct (Jones & Bartlett Learning, 2021).
Mechanism of Action	May inhibit dopamine, norepinephrine, and serotonin uptake by neurons, which significantly relieves evidence of depression (Jones & Bartlett Learning, 2021).	May promote storage of excess glucose as glycogen in the liver, which reduces glucose production (Jones & Bartlett Learning, 2021).	Reduces plasma cholesterol and lipoprotein by inhibiting HMG- CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown (Jones & Bartlett Learning, 2021).	May reduce blood pressure by inhibiting conversion of angiotensin I and angiotensin II. Angiotensin II is a potent vasoconstrictor that also stimulates adrenal	Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload. When given for at leaset 4

				cortex to secrete aldosterone (Jones & Bartlett Learning, 2021).	weeks, carvedilol reduces plasma renin activity (Jones & Bartlett Learning, 2021).
Reason Client Taking	To treat depression.	To treat diabetes mellitus.	To treat hyperlipidemia.	To treat hypertension.	To treat hypertension and heart failure.
Contraindications (2)	Seizure disorders or conditions that increase the risk of seizures and reversible MAOIs such as linezolid or IV methylene blue (Jones & Bartlett Learning, 2021).	Acute or chronic metabolic acidosis, including diabetic ketoacidosis with or without coma; severe renal disease (Jones & Bartlett Learning, 2021).	Active hepatic disease, breastfeeding, hypersensitivity to atorvastatin or its components, pregnancy, unexplained persistent rise in serum transaminase level (Jones & Bartlett Learning, 2021).	Concurrent aliskiren use in patients with diabetes; hereditary or idiopathic angioedema or history of angioedema related to previous treatment with an ACE inhibitor (Jones & Bartlett Learning, 2021).	Bronchial asthma or related bronchospastic conditions; cardiogenic shock; decompensated heart failure that requires IV inotropics; history of serious hypersensitivity reactions, such as Stevens-Johnson syndrome (Jones & Bartlett Learning, 2021).
Side Effects/ Adverse Reactions (2)	Homicidal ideations and seizures (Jones & Bartlett	Hypoglycemia and hepatic injury (Jones & Bartlett	Arrhythmias and hypoglycemia (Jones & Bartlett	CVA and arrhythmias (Jones & Bartlett	Angina and renal insufficiency (Jones & Bartlett

	Learning, 2021). .	Learning, 2021).	Learning, 2021).	Learning, 2021).	Learning, 2021).
	Know that certain forms of bupropion are not approved for smoking cessation treatment, such as Aplenzin, Fortivo XL, Wellbutrin SR, and Wellbutrin XR. Use cautiously in patients with renal impairment; drug is excreted by kidneys (Jones & Bartlett Learning, 2021).	Know that metformin should never be given to a patient with severe renal impairment. Also be aware that metformin is not recommended for use in patients with hepatic impairment because of risk of lactic acidosis. Give metformin tablets with food, which decreases and slightly delays absorption, thus reducing risk of adverse GI reactions. Give E.R. tablets with evening meal; don't break or crush them (Jones & Bartlett Learning, 2021).	Know that atorvastatin is used in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid-lowering treatments or alone only if other treatments aren't available. Be aware that atorvastatin may be used with colestipol or cholestyramine for additive antihyperlipidemic effects (Jones & Bartlett Learning, 2021).	Be aware that lisinopril should not be given to a patient who is hemodynamically unstable after an acute MI. Use lisinopril cautiously in patients with fluid volume deficit, heart failure, impaired renal function, or sodium depletion (Jones & Bartlett Learning, 2021).	Use carvedilol cautiously in patients with peripheral vascular disease because it may aggravate symptoms of arterial insufficiency. In patients with diabetes mellitus, it may mask signs of hypoglycemia, such as tachycardia, and may delay recovery (Jones & Bartlett Learning, 2021).

Hospital Medications (5 required)

Brand/ Generic	**Lovenox/ enoxaparin**	**Triglide/ fenofibrate**	**Humulin R/ insulin regular**	**Protonix/ pantoprazole**	**Desyrel/ trazodone**
Dose	**40 mg**	**160 mg**	**2-12 units**	**40 mg**	**150 mg**
Frequency	**Daily**	**Daily**	**4 times; AC/HS**	**Daily**	**Nightly**
Route	**Sub-Q injection**	**PO**	**Sub-Q injection**	**PO**	**PO**
Classification	Low-molecular-weight heparin and anticoagulant (Jones & Bartlett Learning, 2021).	Fibrate and antilipemic (Jones & Bartlett Learning, 2021).	Antidiabetics hormone and pancreatics (*Davis's Drug Guide Online + App | DrugGuide.com*, n.d.).	Proton pump inhibitor and antiulcer (Jones & Bartlett Learning, 2021).	Triazolopyridine derivative and antidepressant (Jones & Bartlett Learning, 2021).
Mechanism of Action	Potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds with and	May increase the lipolysis of triglyceride-rich lipoproteins and decrease the synthesis of fatty acids and triglycerides by	Lowers blood glucose by stimulating glucose uptake in skeletal muscle and fat and inhibits hepatic glucose	Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system, or proton	Blocks serotonin reuptake along the presynaptic neuronal membrane, causing an antidepressant effect. Trazodone exerts an

	inactivates clotting factors (Jones & Bartlett Learning, 2021).	enhancing the activation of lipoprotein lipase and acylcoenzyme A synthetase (Jones & Bartlett Learning, 2021).	production. Other actions of insulin are inhibition of lipolysis and proteolysis and enhanced protein synthesis (*Davis's Drug Guide Online + App | DrugGuide.com*, n.d.).	pump, in gastric parietal cells (Jones & Bartlett Learning, 2021).	alpha-andrenergic blocking action and produces modest histamine blockade, causing a sedative effect (Jones & Bartlett Learning, 2021).
Reason Client Taking	Prophylaxis for blood clots.	To treat hyperlipidemia.	To treat diabetes mellitus.	Prophylaxis for GI bleed.	To treat depression.
Contraindications (2)	Active major bleeding; history of immune-mediated heparin-induced thrombocytopenia within the past 100 days or in the presence of circulating antibodies, which may persist for several years (Jones & Bartlett Learning, 2021).	Active liver disease; breastfeeding; gallbladder disease; severe renal impairment (Jones & Bartlett Learning, 2021).	Hypoglycemia and use cautiously in stress or infection-may temporarily increase insulin requirements and renal/hepatic impairment-may decrease insulin requirements (*Davis's Drug Guide Online + App | DrugGuide.com*, n.d.).	Concurrent therapy with rilpivirine-containing products (Jones & Bartlett Learning, 2021). Use cautiously in patients using high doses for >1 year; increased risk of hip, wrist, or spine fractures and fundic gland polyps (*Davis's Drug Guide Online + App	DrugGuide.c*	Contraindicated in patients recovering from acute MI, use within 14 days of an MAO inhibitor including intravenous methylene blue and linezolid (Jones & Bartlett Learning, 2021).

				om, n.d.).	
Side Effects/Adverse Reactions (2)	CVA and atrial fibrillation (Jones & Bartlett Learning, 2021).	Deep vein thrombosis and cirrhosis (Jones & Bartlett Learning, 2021).	Hypoglycemia and hypokalemia (*Davis's Drug Guide Online + App | DrugGuide.com*, n.d.).	C-diff diarrhea and hepatic failure (Jones & Bartlett Learning, 2021).	CVA and serotonin syndrome (Jones & Bartlett Learning, 2021).
Nursing Considerations (2)	Use enoxaparin with extreme caution in patients with a history of heparin-induced thrombocytopenia and use in extreme caution in patients with an increased risk of hemorrhage, as from active ulcerative or angiodyplastic GI disease (Jones & Bartlett Learning, 2021).	Be aware that all drugs that increase serum triglycerides, such as beta blockers, estrogens, and thiazides, should be stopped, and baseline lipid levels obtained before starting fenofibrate. Be aware that some brands such as Lipofen and Lofibra need to be given with food to enhance absorption (Jones & Bartlett Learning, 2021).	Do not confuse Humulin with Humalog and do not confuse Novolin with Novolog. Use only insulin syringes to draw up dose. When mixing insulins, draw up regular insulin into syringe first to avoid contamination of regular insulin vial (*Davis's Drug Guide Online + App | DrugGuide.com*, n.d.).	Ensure the continuity of gastric acid suppression during transition from oral to IV pantoprazole because even a brief interruption of effective suppression can lead to serious complication. Don't give pantoprazole within 4 weeks of testing for H. pylori because antibiotics, bismuth preparations, and proton pump inhibitors suppress H. pylori and may lead to false-negative results	Use trazodone cautiously in patients with cardiac disease because drug can cause arrhythmias. Give trazodone shortly after the patient has a meal or light snack to reduce nausea (Jones & Bartlett Learning, 2021).

				(Jones & Bartlett Learning, 2021).	

Medications Reference (1) (APA):

Davis's Drug Guide Online + App | DrugGuide.com. (n.d.). https://www.drugguide.com/ddo/

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

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alertness/Orientation:** Client is alert and oriented to person and time. She knew she was at the hospital but unsure why and which hospital. **Appearance:** Well-groomed and in an appropriate hospital gown. **Distress:** No acute distress noted.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Skin color:** Skin color is pale, pink per ethnicity. **Character:** Skin is intact and dry. **Temperature:** Skin is warm and dry upon palpation. **Turgor:** Client's skin is loose and elastic due to age. **Rashes:** No rashes notes. **Bruises:** No bruises noted. **Wounds:** No wounds noted. **Braden Score:** 18 **Drains present:** No drains present. **Tattoos:** Client has tattoos on her upper and lower arms bilaterally.

HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head:** Symmetrical to neck. Hair is grey/white and evenly distributed. **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. Patient wear glasses. **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 poor dentition with cracked, missing teeth and several dental caries. .
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:** Clear S1 & S2 without murmurs, gallops, or rubs. **Cardiac Rhythm:** normal sinus rhythm **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.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Respirations: Respirations are regular and unlabored. Pattern is regular and no use of accessory muscles noted. **Breath Sounds:** Breath sounds are clear anteriorly bilaterally and diminished posteriorly bilaterally.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:**	**Home Diet:** Regular **Current diet:** Cardiac **Height:** 5'6" **Weight:** 143.2 lbs. **Bowel Sounds:** Bowel sounds were normoactive in all 4 quadrants upon auscultation.

Last BM: **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	**Last BM:** 03/27/2023 **Palpation:** No pain upon palpation all 4 quadrants, no organomegaly noted, no rashes, lesions, masses, or lumps noted. **Inspection:** No abdominal distention noted, no incisions, drains or wounds noted. C-section scar on lower abdomen. **Ostomy:** Patient does not have an ostomy. **Nasogastric:** No nasogastric tube noted. **Feeding/PEG tubes:** No feeding/PEG tubes noted.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**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 client refusal. **Catheter:** No catheter present.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	**Neurovascular status:** Nail beds pink in all 4 extremities bilaterally. Extremities warm, dry bilaterally upper and lower. **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 4/5. **ADL Assistance:** Slight ADL assistance needed. **Fall Risk:** Fall risk implemented. **Fall Score:** 64 **Activity/Mobility:** Client is a standby assist with a walker and gait belt for stability and safety. **Needs Assistance/Support:** Client is using a walker and gait belt for safety assistance due to slight weakness.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -**	**MAEW:** Patient moves all extremities well. **PERRLA:** PERRLA bilaterally. **Strength equal:** Strength is equal in arms and legs bilaterally.

Legs ☐ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Cognition/mental status:** Patient is alert and oriented to person and time. Cognition is impaired and delayed. Client is able to follow commands but does have memory lapses. **Speech:** Speech is clear. **Sensory:** Normal **LOC:** Client is alert, awake, and answers questions to the best of her ability.
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:** Client denies any religious connection. Client likes to color, do puzzles, listen to music, and watch TV. **Developmental level:** Patient completed high school. Patient stated that she can read and write, sister is her medical POA. **Personal/Family Data:** Patient lives at home with her sister and nephew. Sister is currently inpatient at another hospital. Did not mention anything about children but her surgical history showed a c-section.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	**73**	**156/87**	**18**	**97.8 F temporally**	**91% Room Air**
1100	**76**	**132/87**	**18**	**98.6 F temporally**	**94% Room Air**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	**Numerical**	**NA**	**0**	**NA**	**NA**
1100	**Numerical**	**NA**	**0**	**NA**	**NA**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	The client did not have an IV in place. Night

Location of IV: **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	RN stated that she pulled it out and the provider was ok with not putting another one in.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Breakfast- 75% Food; 360 mL **240 mL** **Lunch- ordered but not received prior to** **end of clinical day.**	**300 mL- urine** **BM x2 occurrences**

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. Student RN then introduced herself and took the client's vitals. She was already sitting in the chair for the morning and the Patient Care Tech told this Student RN that the client's breakfast was already ordered and client had brushed her teeth. After client ate breakfast, this Student RN administered medications via the supervision of the Staff RN. Client tolerated taking medications well.

Procedures/testing done: No procedures or testing was performed while Student RN was on the floor.

Complaints/Issues: Client had no complaints other than she was cold. This Student RN retrieved a warm blanket for her and increased her room temperature.

Vital signs (stable/unstable): Vitals were stable expect morning blood pressure was slightly high but client had not received antihypertension medications yet. VS: T- 97.8 F temporal, P- 73, B/P- 156/87, RR- 18, O2 saturation- 91% via room air, and Pain- 0/10 numerical scale.

Tolerating diet, activity, etc.: Client tolerated food without any signs of distress. Client ate 75% of her breakfast, drank a total of 360 mL of fluid with her breakfast, and another 240 mL of soda before the end of Student RN clinical day. Client urinated clear, yellow urine of 300 mL and had 2 bowel movement occurrences. Client transferred to the bedside commode well with standby assistance.

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

Future plans for client: Client awaiting discharge.

Discharge Planning (2 points)

Discharge location: Case management, the medical treatment team, and client's nephew all decided it would be best for client to go to a skilled nursing facility (SNF) based on her need her sister since she will be going to an SNF as well.

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

Equipment needs (if applicable): Client will take her walker that she has a home with her to the SNF.

Follow-up plan: Client should follow up with her primary care physician (PCP) and participate in therapy while at the SNF.

Education needs: Student RN did not provide education to the client due to her developmental status.

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

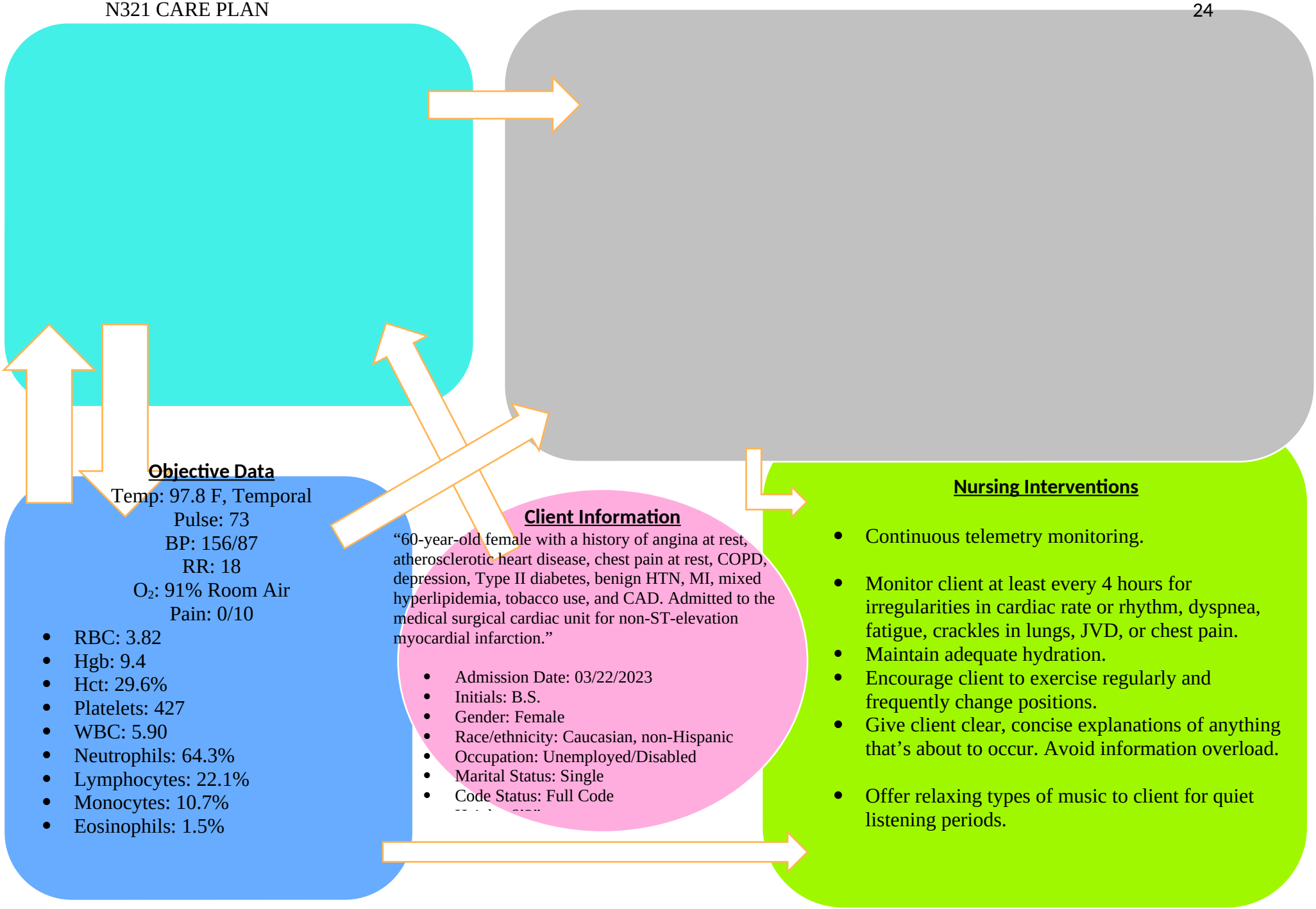
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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. Decreased cardiac output related to altered preload as evidenced by fatigue (Taylor et al., 2017).	The client was admitted with Non-ST-elevation myocardial infarction and has a history of angina and previous MI.	**1.** Continuous telemetry monitoring. **2.** Monitor client at least every 4 hours for irregularities in cardiac rate or rhythm, dyspnea, fatigue, crackles in lungs, JVD, or chest pain.	**1.** Client will experience no chest pain and will verbalize knowledge of reportable signs and symptoms.	Client's cardiac output remains adequate. Client seemed to understand to make sure she reports to the nurse any chest pain or any feelings of abnormality.
1. Impaired	The client	**1.** Maintain	1. Client will	Client understands

tissue integrity related to impaired circulation as evidenced by diabetes mellitus (Taylor et al., 2017).	has diabetes mellitus.	adequate hydration. **2.** Encourage client to exercise regularly and frequently change positions.	maintain collateral circulation and the intention to follow specific management routines after discharge.	to the best of her ability regarding the plan to incorporate prescribed treatment program into the post discharge routine, including avoiding risk factors and activities that contribute to vascular compression, following exercise program, and practicing foot care.
1. Anxiety related to situational crisis as evidenced by discharge to SNF (Taylor et al., 2017).	Client is being discharged to a SNF instead of home.	**1.** Give client clear, concise explanations of anything that's about to occur. Avoid information overload. **2.** Offer relaxing types of music to client for quiet listening periods.	**1.** Client will cope with current medical situation without demonstrating severe signs of anxiety.	Client demonstrates progressive relaxation exercises and practices them a specified number of times per day. Client is admitted to the same SNF as sister and they can communicate on a normal basis.

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):


Objective Data
Temp: 97.8 F, Temporal
Pulse: 73
BP: 156/87
RR: 18
O2: 91% Room Air
Pain: 0/10
RBC: 3.82
Hgb: 9.4
Hct: 29.6%
Platelets: 427
WBC: 5.90
Neutrophils: 64.3%
Lymphocytes: 22.1%
Monocytes: 10.7%
Eosinophils: 1.5%
Client Information
"60-year-old female with a history of angina at rest, atherosclerotic heart disease, chest pain at rest, COPD, depression, Type II diabetes, benign HTN, MI, mixed hyperlipidemia, tobacco use, and CAD. Admitted to the medical surgical cardiac unit for non-ST-elevation myocardial infarction."
Admission Date: 03/22/2023
Initials: B.S.
Gender: Female
Race/ethnicity: Caucasian, non-Hispanic
Occupation: Unemployed/Disabled
Marital Status: Single
Code Status: Full Code
Nursing Interventions
Continuous telemetry monitoring.
Monitor client at least every 4 hours for irregularities in cardiac rate or rhythm, dyspnea, fatigue, crackles in lungs, JVD, or chest pain.
Maintain adequate hydration.
Encourage client to exercise regularly and frequently change positions.
Give client clear, concise explanations of anything that's about to occur. Avoid information overload.
Offer relaxing types of music to client for quiet listening periods.