

N431 Care Plan # 1

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Lakeview College of Nursing

N431: Adult Health II

Professor Smalley

Date: 6/12/23

Demographics (3 points)

Date of Admission 6/9/23	Client Initials S.A.	Age 64	Gender Male
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Divorced	Allergies Lisinopril
Code Status Full Code	Height 180.3 cm	Weight 117.9 kg	

Medical History (5 Points)

Past Medical History: Congestive heart failure, Chronic obstructive pulmonary disease, Coronary artery disease, Obesity, Diabetes mellites type II, Hypertension, Hyperlipidemia, Ischemic cardiomyopathy, Myocardial infarction x 4, Cardiac stent placement.

Past Surgical History: Three left heart catherization, 30 cardiac stents

Family History: Father had congestive heart failure and coronary artery disease. Mother had hypertension and breast cancer.

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

Patient reports never smoking, using alcohol or recreational drugs.

Assistive Devices: No assistive devices

Living Situation: Lives alone

Education Level: High school graduate

Admission Assessment

Chief Complaint (2 points): Chest pain

History of Present Illness – OLD CARTS (10 points): Patient is a 64-year-old Caucasian male who presented to his cardiologist at the VA for a routine appointment with complaints of chest pain rating it a 7 out of 10 on the numeric scale as well as nausea. The chest pain was a sharp stabbing pain was present for 2 days. The patient reported to his cardiologist he was

supposed to be wearing a nitroglycerin patch, but he was out of them at home. Activity made his chest pain worse, and rest would sometime help a little bit. His cardiologist called EMS and patient was transported to OSF emergency department via ambulance. While in route to the emergency department EMS started a 20 gauge IV in the patient's right forearm, placed the patient on 4 liters of oxygen via nasal cannula and administered 324 mg of aspirin along with one 0.4 mg of sublingual nitroglycerin. Upon arrival to the emergency room the patient stated he has a little bit of relief from the chest pain after the nitroglycerin and an EKG was obtained. Additional IV access was obtained on the patient in the right upper arm, another dose of nitro was given along with a heparin drip started. The patient was then transported out via EMS to Carle Foundation Hospital Heart and Vascular department for further work up, evaluation and treatment.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute Coronary Syndrome

Secondary Diagnosis (if applicable): Not applicable

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

Acute coronary syndrome can be evident as unstable angina or myocardial infarction (MI). A myocardial infarction can further be categorized as ST-segment elevation MI (STEMI) or non-ST-segment elevation MI (NSTEMI). In the case of my patient, he presented to his cardiologist with chest pain and then was transported to OSF emergency department. Unstable angina is characterized by severe chest pain that is different from a patient's typical angina symptoms and is considered an emergency. Angina pectoris, the main symptom of acute coronary syndrome and is usually caused by myocardial ischemia resulting from coronary artery

atherosclerosis. My patient has an extensive history of coronary artery disease as well as congestive heart failure, hypertension, ischemic cardiomyopathy and myocardial infarction x 3 (Capriotti, 2020).

Angina has a higher prevalence in older adults, with a slightly greater occurrence in women. Women may experience anginal symptoms, such as dyspnea, dizziness, and epigastric pain, which can delay diagnosis and treatment. The main cause of angina is atherosclerosis in the coronary arteries this is one of the main diagnoses for my patient, leading to insufficient blood flow to the heart muscle during exertion. Other risk factors include smoking, diabetes, hyperlipidemia, hypertension, obesity, and metabolic syndrome. My patient also suffers from diabetes, obesity and hyperlipidemia. Myocardial ischemia can occur due to coronary artery thrombosis, atherosclerotic plaque accumulation, or coronary artery vasospasm. The resulting lack of oxygen to the cardiac muscle can cause chest pain. Diagnosis of angina involves various tests such as an electrocardiogram (EKG), cardiac enzymes, stress tests, and imaging techniques like coronary angiography and CT scans. An EKG as well as cardiac enzymes were obtained on my patient where it was determined he had slightly elevated troponin levels and a first-degree heart block with normal sinus rhythm on his EKG (Capriotti, 2020).

Treatment for acute coronary syndrome is the goal to relieve pain and distress, improve blood flow, and restore heart function. The long-term goals include improving heart function, managing risk factors, and reducing the risk of future heart attacks. The medications commonly used for treatment include thrombolytics to dissolve blood clots blocking arteries, nitroglycerin to temporarily widen blood vessels and improve blood flow, anti-platelet drugs like aspirin and Plavix which my patient was taking to prevent blood clot formation, beta blockers to relax the

heart muscle, lower heart rate, and reduce blood pressure, angiotensin-converting enzyme inhibitors to widen blood vessels and improve blood flow, angiotensin receptor blockers like losartan which my patient was currently taking to control blood pressure, statins like atorvastatin which my patient was taking to lower cholesterol levels and stabilize fatty deposits. If the medications and modifications do not work there are surgical procedures and interventions that may be recommended which include angioplasty and stenting where a thin tube with a balloon is inserted into a blocked artery to widen it, and a stent is often placed to keep the artery open and the most invasive coronary artery bypass surgery where a healthy blood vessel is taken from the chest or leg and attached to bypass a blocked artery, creating a new pathway for blood flow to the heart (Mayo Clinic, 2023).

Pathophysiology References (2) (APA):

Capriotti, T & Frizzell, J. P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.). F. A. Davis Company.

Mayo Clinic Staff. (2023, May 16). *Acute coronary syndrome*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/acute-coronary-syndrome/diagnosis-treatment/drc-20352140>

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 (x10 ⁶ /μL)	4.5-5.5	3.5 (L)	N/A	Low RBC can be related to hemodilution caused by heart failure (Van Leeuwen & Bladh, 2021).

Hgb (g/dL)	13.0-18.0	10.8(L)	N/A	Low hemoglobin can be related to hemodilution caused by heart failure (Van Leeuwen & Bladh, 2021).
Hct (%)	45.0-52.0	31.5 (L)	N/A	Low hematocrit can be related to hemodilution caused by heart failure (Van Leeuwen & Bladh, 2021).
Platelets (x10³/μL)	150-450	258	N/A	Normal range
WBC (x10³/μL)	4.0-10.0	8.0	N/A	Normal range
Neutrophils (%)	40-80	72.7	N/A	Normal range
Lymphocytes (%)	20-40	20	N/A	Normal range
Monocytes (%)	2-10	9.3	N/A	Normal range
Eosinophils (%)	1-7	1.8	N/A	Normal range
Bands (%)	0-10	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.

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+ (mEq/L)	135-145	139	N/A	Normal range
K+ (mEq/L)	3.5-5.2	3.6	N/A	Normal range
Cl- (mEq/L)	98-107	100	N/A	Normal range
CO2 (mEq/L)	22-29	29	N/A	Normal range
Glucose (mg/dL)	74-109	162 (H)	N/A	“Hyperglycemia can result from a defect in insulin secretion due to destruction of the beta cells of the pancreas” (Van Leeuwen & Bladh, 2021).
BUN (mg/dL)	5-20	18	N/A	Normal range
Creatinine (mg/dL)	0.5-1.5	1.18	N/A	Normal range

Albumin (g/dL)	3.5-4.5	4.1	N/A	Normal range
Calcium (mg/dL)	8.7-10	9.5	N/A	Normal range
Mag (mEq/L)	1.5-2.5	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Phosphate (mg/dL)	2.5-4.5	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Bilirubin (mg/dL)	0.3-1.0	0.6	N/A	Normal range
Alk Phos (units/L)	34-104	83	N/A	Normal range
AST (units/L)	13-39	19	N/A	Normal range
ALT (units/L)	7-52	16	N/A	Normal range
Amylase (units/L)	40-140	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Lipase (units/L)	0-160	9.3	N/A	Normal range
Lactic Acid	0.5-2.0	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Troponin (ng/mL)	0-0.04	0.079	N/A	Elevated due to decreased in cardiac output resulting in cardiac muscle tissue damage (Van Leeuwen & Bladh, 2021).
CK-MB (µg/L)	5-25	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Total CK (U/L)	22-198	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.

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	<1.0	N/A	N/A	N/A; Laboratory value was not

				tested for and/or not included in today's lab report.
PT	10-14 seconds	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
PTT	30-40 second	33	N/A	N/A; this lab was ordered as a baseline for the heparin drip started in the emergency department prior to transfer to Carle Foundation Hospital.
D-Dimer	<500	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
BNP	<100	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
HDL (mg/dL)	>60	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
LDL (mg/dL)	<100	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Cholesterol (mg/dL)	<150	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Triglycerides (mg/dL)	<150	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Hgb A1c	<5.7%	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
TSH (mU/L)	0.4-4.0	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.

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	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
pH	5.0-9.0	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in

				today's lab report.
Specific Gravity	1.001-1.030	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Glucose	Negative	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Protein	Negative	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Ketones	Negative	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
WBC	Negative	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
RBC	Negative	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Leukoesterase	Negative	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.

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; Laboratory value was not tested for and/or not included in today's lab report.
PaO2 mm Hg	90-100	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
PaCO2 mEq/L	35-45	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
HCO3 mEq/L	22-26	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in

				today's lab report.
SaO2 %	95-100	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.

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; Laboratory value was not tested for and/or not included in today's lab report.
Blood Culture	Negative	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Sputum Culture	Negative	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.
Stool Culture	Negative	N/A	N/A	N/A; Laboratory value was not tested for and/or not included in today's lab report.

Lab Correlations Reference (1) (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications* (11th ed.) F. A. Davis Company.

Sarah Bush Lincoln Hospital. (2022). *Lab Values*. Sarah Bush Lincoln Hospital.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

1-view chest x-ray was performed on 6/9/23 which showed no acute infiltrate or congestion, finding of cardiomegaly with left ventricular prominence. Aorta is unremarkable. The patient had this diagnostic test done to rule out other pathological processes that could have been

causing his chest pain. Chest x-rays are used to look at the heart, lungs and musculoskeletal structures in the chest cavity as well as assist in the diagnosis of heart and lung conditions.

Electrocardiogram (EKG) was performed on 6/9/23 which showed a normal sinus rhythm with first degree heart block. And EKG is performed to study the electrical function of the heart during the cardiac cycle. This diagnostic exam can aid in the diagnosis of cardiac dysthymias, damage to the heart, any infection or enlargement as well as past myocardial infarctions. My patient had this done due to the complaints of chest pain.

Diagnostic Test Correlation (5 points):

Diagnostic Test Reference (1) (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications* (11th ed.) F. A. Davis Company.

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

Hospital Medications (5 required)

PATIENT WAS ONLY GIVEN 2 MEDS IN EMERGENCY ROOM

Brand/Generic	Nitro-Dur/ Nitroglycerin	Hep-Lock/Heparin	N/A	N/A	N/A
Dose	0.4 mg	25000 units/500mL	N/A	N/A	N/A
Frequency	Every 5 minutes as needed x 3	Continuous drip	N/A	N/A	N/A

Route	Sublingual	IV	N/A	N/A	N/A
Classification	Pharmacologic: Nitrates Therapeutic: Antianginal (Jones & Bartlett Learning, 2021)	Pharmacologic: antithrombotic Therapeutic: anticoagulants (Jones & Bartlett Learning, 2021)	N/A	N/A	N/A
Mechanism of Action	“Increases coronary blood flow by dilating coronary arteries and improving collateral flow to ischemic regions” (Vallerand & Sanoski, 2023)	“Potentiates the inhibitory effect of antithrombin on factor Xa and thrombin. In low doses, prevents the conversion of prothrombin to thrombin by its effects on factor Xa” (Vallerand & Sanoski, 2023)	N/A	N/A	N/A
Reason Client Taking	Unstable Angina	MI Prophylaxis	N/A	N/A	N/A
Contraindications (2)	<ol style="list-style-type: none"> 1. Severe anemia 2. Uncorrected hypovolemia (Vallerand & Sanoski, 2023) 	<ol style="list-style-type: none"> 1. Uncontrolled bleeding. 2. Renal or liver impairment. (Vallerand & Sanoski, 2023) 	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	<ol style="list-style-type: none"> 1. Tachycardia 2. Hypotension 	<ol style="list-style-type: none"> 1. Bleeding 2. Drug induced hepatitis 	N/A	N/A	N/A
Nursing Considerations (2)	Monitor patient’s vital signs frequently, place on continuous cardiac monitoring.	Bleeding precautions. Have protamine sulfate on hand for antidote.	N/A	N/A	N/A
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assessment of chest pain. Monitor blood pressure and pulse before	aPTT baseline and every 6 hours to monitor effects. Monitor platelet count.	N/A	N/A	N/A

	administration				
Client Teaching Needs (2)	Change position slowly to prevent orthostatic hypotension. Do not take with alcohol.	Signs and symptoms of unusual bleeding. Avoid NSAIDs.	N/A	N/A	N/A

Home Medications (5 required)

Brand/Generic	Lasix/Furosemide	Lipitor/Atorvastatin calcium	Lopressor/ Metoprolol tartrate	Clopidogrel/ Plavix	Norvasc/amlodipine
Dose	20 mg	40 mg	50 mg	75 mg	2.5mg
Frequency	Daily	Daily	Daily	Daily	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Pharmacologic: Loop diuretic Therapeutic: Antihypertensive (Jones & Bartlett Learning, 2021)	Pharmacologic: HMG-CoA reductase inhibitor Therapeutic: Antihyperlipidemic (Jones & Bartlett Learning, 2021)	Pharmacologic: Beta ₁ -adrenergic blocker Therapeutic: Antianginal (Jones & Bartlett Learning, 2021)	Pharmacologic: P2Y Platelet Inhibitor Therapeutic: Platelet aggregation inhibitor (Jones & Bartlett Learning, 2021)	Pharmacologic: Calcium channel blocker Therapeutic: Antianginal, antihypertensive (Jones & Bartlett, 2023)
Mechanism of Action	Medication blocks the reabsorption of sodium and chloride in the loop of Henle by encouraging excretion of water, sodium, and chloride by the kidney, decreasing fluid volume and, thus, lowering blood pressure (Jones & Bartlett Learning, 2021).	Medication inhibits the synthesis of HMG-CoA reductase through the increased formation of LDL receptors on the liver. This lowers lipid levels in the blood plasma (Jones & Bartlett Learning, 2021).	Medication “inhibits stimulation of beta ₁ -receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand. These effects help relieve angina” (Jones & Bartlett Learning, 2021, p. 872)	“Binds to ADP receptors on the surface of activated platelets” (Jones, 2022).	Binds to dihydropyridine and non-dihydropyridine cell membrane receptor sites on myocardial and vascular smooth muscle cells and inhibits influx of extracellular calcium channels. (Jones & Bartlett, 2023)
Reason Client Taking	Hypertension	Hyperlipidemia	Angina	Unstable angina	Hypertension
Contraindications (2)	1. Anuria 2. Hypokalemia (Jones & Bartlett Learning, 2021).	1. Active hepatic disease 2. Continued idiopathic elevation of serum transamina	1. Heart block greater than first degree 2. Sinus bradycardia	Active pathological bleeding or hypersensitivity to clopidogrel (Jones, 2022).	1. Systolic blood pressure less than 90 mm Hg. 2. Increased risk of

		se (Jones & Bartlett Learning, 2021).	(Jones & Bartlett Learning, 2021).		hypotension in older adults. (Vallerand & Sanoski, 2023)
Side Effects/Adverse Reactions (2)	Dizziness, Arrhythmia (Jones & Bartlett Learning, 2021).	Hypertension, CVA or current MI (Jones & Bartlett Learning, 2021).	CVA, Blurred vision (Jones & Bartlett Learning, 2021).	Hypotension, angioedema, acute liver failure, etc. (Jones, 2022).	1. Arrhythmias 2. Hypotension (Jones & Bartlett, 2023)
Nursing Considerations (2)	Monitor potassium, Obtain periodic weights during furosemide therapy (Jones & Bartlett Learning, 2021).	Monitor liver profile of patients with history of liver disease, Monitor blood glucose (Jones & Bartlett Learning, 2021).	Monitor for high dosage in patients with asthma, Monitor for worsened heart failure (Jones & Bartlett Learning, 2021).	Obtain CBC. Monitor patients who take aspirin with clopidogrel due to the increased risk of bleeding. (Jones, 2022).	1. Monitor blood pressure when changing dosing. 2. Monitor patients with impairment of renal function. (Jones & Bartlett, 2023)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Signs and symptoms of electrolyte imbalance. Check blood pressure daily.	Liver function test Complete metabolic panel.	Monitor pulse and blood pressure daily before administration.	Baseline CBC. Bleeding precautions	Check Blood Pressure and pulse daily before administration. Check baseline complete metabolic panel.
Client Teaching Needs (2)	Check blood pressure and signs and symptoms of orthostatic hypotension.	Signs of jaundice and how to monitor blood sugar.	How to check blood pressure and pulse properly.	Use electric razor when shaving. Signs and symptoms of jaundice.	How to check blood pressure and pulse at home. Signs and symptoms of orthostatic hypotension

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023). *2022 nurse's drug handbook* (21st ed.). Jones & Bartlett Learning.

Vallerand, A. H., & Sanoski, C. A. (2023). *Davis's drug guide for Nurses*. F.A. Davis.

Assessment

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

GENERAL: Alertness: Orientation:	A&O x 4, patient was alert and oriented to person, place, situation and time. The patient was well groomed, clean and neat and in no acute
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Distress: Overall appearance:	distress.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Patients skin appears thin and dry. The skin is intact, pale and warm to touch upon palpation. Skin color is pink and appropriate for ethnicity. Skin turgor is normal mobility with visible rebound. No rashes, lesions, wounds. Braden Score: 19 which indicates he is at no risk of pressure ulcers.
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck are symmetrical; trachea is midline without deviation. Thyroid is not palpable. No noted nodules. Bilateral carotid pulse palpable and 2+. Lump nodes nonpalpable throughout head and neck. Ears auricles are symmetrical bilaterally, no visible or palpable deformities, lumps or lesions. Patient does not wear hearing aids. Eyes are symmetrical, bilateral white sclera, bilateral cornea clear, bilateral conjunctiva pink and moist, no visible drainage. PERRLA bilaterally. EOMs intact bilaterally. Nose is midline with no deviated septum. Good dentation noted. Tongue and buccal mucosa pink and moist. No lesions noted.
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: bilateral lower extremities	S1 and S2 heart sounds were audible. No murmur, S3, S4 sounds heard. Cardiac rhythm is regular at steady rate. Peripheral pulses palpable bilaterally throughout and are 2+ and equal in strength and beat. Capillary refill is less than 3 seconds in fingers and toes. 1+ edema noted in bilateral lower extremities
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	Wheezes and crackles heard anteriorly and posteriorly bilaterally. Respiratory rate was assessed while patient was in sitting position and was 20 respirations per minute and were symmetrical and regular. No accessory muscles

	were used for respiration. No chest deformities were observed. Patient also denied any coughing or sputum production.
GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Regular texture and consistency, no restrictions. Regular texture and consistency, no restrictions. 180.3 cm 117.9 kg Bowel sounds present and active in all four quadrants. Last BM: 06/09/23 No palpable masses, no pain with palpation. Distention: None noted Incisions: None Scar: None Drains: None Wounds: None
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:	Did not visualize. Patient self ambulates to the bathroom. Patient does not have any urinary complaints. Patient stated he urinated the usual amount for him and noticed no color changes in his urine
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 60 (low risk) Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	Alert and oriented Active range of motion all extremities, walks on his own. Supportive devices: None Strength: 5/5 noted in all extremities. Patient does not assistance with ADLs. Fall score on 6/9/23 is 60 (low risk) on the Morse Fall Scale. Good activity and mobility status.

<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: Mental Status: Speech: Sensory: LOC:</p>	<p>MAEW: Upper extremities are equal in strength bilaterally; lower extremities are equal in strength bilaterally. PERRLA: intact bilaterally. Strength: 5/5 noted in all extremities. A&O x 4. Patient alert and oriented to person, place, time, location. Mental Status: Alert and Oriented Speech: Clear Sensory: Intact bilaterally all extremities. LOC: Alert and Oriented.</p>
<p>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):</p>	<p>Coping methods: He attends church related events, prays frequently and socializes with friends. Developmental level: 12th grade education Religion: Christian Personal/Family: Lives alone in the same town as his son.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0902	68 bpm	132/82 Mm/hg	20 breaths/minute	36.7 degrees Celsius	100% on 2L of oxygen via nasal cannula
1038	67 bpm	120/67 Mm/hg	18 breaths/minute	36.7 degrees Celsius	99% on 2L of oxygen via nasal cannula

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0902	Numeric	Chest	6	Sharp, stabbing	SL Nitroglycerin, 2L supplemental O2
1038	Numeric	Chest	5	Sharp, stabbing	Change position, elevated head of the bed

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20 gauge
Location of IV:	Right forearm and left upper arm
Date on IV:	6/9/23
Patency of IV:	Flushes easily
Signs of erythema, drainage, etc.:	None
IV dressing assessment:	Clean, dry and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
500 mL	0mL

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

Overview of care: Obtained 2nd IV access, gave SL nitroglycerin, administer heparin drip, prepared patient for transfer to Carle Foundation Hospital Heart and Vascular center.

Procedures/testing done: EKG and Chest X-Ray

Complaints/Issues: Sharp stabbing chest pain

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient was NPO and bedrest.

Physician notifications: Notified of elevated troponin level and EKG results.

Future plans for client: Send patient to a heart and vascular facility.

Discharge Planning (2 points)

Discharge location: To Carle Foundation Hospital via EMS

Home health needs (if applicable): Not applicable

Equipment needs (if applicable): Not applicable

Follow up plan: Not applicable

Education needs: Not applicable

Nursing Diagnosis (15 points)

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

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Decreased cardiac output related to ischemic cardiomyopathy evidence by	Patient showed EKG changes in the emergency	1. Auscultate heart and lung sound every 4 hours and report	1. The patient will not have chest pain, dyspnea, fatigue or	Patient was receptive and agreeable with the recommendation.

<p>electrocardiogram changes of first-degree heart block (Phelps, 2020).</p>	<p>department.</p>	<p>abnormalities as soon as they develop (Phelps, 2020).</p> <p>2. Instruct patient to report chest pain right away because it may signal myocardial hypoxia or injury (Phelps, 2020).</p>	<p>other forms of discomfort after activity.</p>	
<p>2. Acute pain related to unstable angina as evidenced by patient stating, “my chest pain is sharp, stabbing and 6 out of 10” (Phelps, 2020).</p>	<p>Patient had chest discomfort and was exhibiting acute pain.</p>	<p>1. Manipulate the environment to promote periods of uninterrupted rest (Phelps, 2020).</p> <p>2. Assess patient’s signs and symptoms of pain behavioral cues and administer pain medication as prescribed (Phelps, 2020).</p>	<p>1. Patient discusses characteristics of pain, including location, duration, and frequency (Phelps, 2020).</p>	<p>Patient was receptive to the recommendations, the patient did not like being in pain.</p>
<p>3. Activity intolerance related to unstable angina as evidenced by exertional discomfort (Phelps, 2020).</p>	<p>Patient was having fatigue and chest pain with exertion.</p>	<p>1. Discuss with the patient the need for activity because the lack of activity can cause physical deconditioning (Phelps, 2020).</p>	<p>1. The patient’s blood pressure, pulse and respirations will remain within the normal parameters (Phelps, 2020).</p>	<p>The patient would like to do his normal activities without having discomfort, he was agreeable with the recommended suggestions.</p>

		2. Gradually increase activity to meet patient's ability, activity progression will build strength and endurance (Phelps, 2020).		
4. Risk for decreased cardiac tissue perfusion related to coronary artery spasm as evidence by patient complaint of chest pain (Phelps, 2020).	Patient could have decreased perfusion to the cardiac muscle when chest pain is present and having spasms.	1. Assess hemodynamic status including blood pressure, heart rate, oxygen saturation and respiratory rate for any abnormalities (Phelps, 2020). 2. Provide patient with information regarding modifiable risk factors (Phelps, 2020).	1. The patient will not experience any signs or symptoms of decreased cardiac tissue perfusion (Phelps, 2020).	The patient would like to get back to normal daily life and was agreeable with the plan.

Other References (APA):

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data



Nursing Diagnosis/Outcomes

BP: 132/82
 Pulse: 68 bpm
 RR: 20 resp/min
 Temp: 36.7 Celcius
 O2 Sat: 100% on 2 Liters of oxygen

Objective Data

Chest pain 6/10 on admit
 Chest pain sharp and stabbing
 Shortness of breath

64-year-old male Capillary refill 2 seconds
 history of Congestive heart failure,
 Chronic obstructive pulmonary disease,
 Coronary artery disease, Obesity, Diabetes
 mellites type II, Activity intolerance
 Hyperlipidemia, Ischemic
 cardiomyopathy, Myocardial infarction x
 4, Cardiac stent placement

Client Information

1. Decreased cardiac output related to ischemic cardiomyopathy evidence by electrocardiogram changes of first-degree heart block (Phelps, 2020).
 -The patient will not have chest pain, dyspnea, fatigue or other forms of discomfort after activity.
Administer the patient's signs and symptoms of pain behavioral cues and administer pain medication as prescribed (Phelps, 2020).
2. Acute pain related to unstable angina as evidence by patient stating, "my chest pain is sharp, stabbing and 6 out of 10" (Phelps, 2020).
 -Patient discusses characteristic of pain, including location, duration, and frequency (Phelps, 2020).
Discuss with the patient the importance of increasing the level of activity as tolerated. Gradually increase activity to meet patient's ability, activity progression will build strength and endurance (Phelps, 2020).
3. Activity intolerance related to unstable angina as evidence by exertional discomfort (Phelps, 2020).
 -The patient's blood pressure, pulse and respirations will remain within the normal parameters (Phelps, 2020).
Assess hemodynamic status including blood pressure, heart rate, oxygen saturation and respiratory rate for any abnormalities (Phelps, 2020).
4. Risk for decreased cardiac tissue perfusion related to coronary artery spasm as evidence by patient complaint of chest pain (Phelps, 2020).
 - The patient will not experience any signs or symptoms of decreased cardiac tissue perfusion (Phelps, 2020).
Auscultate heart and lung sound every 4 hours and report abnormalities as soon as they develop (Phelps, 2020).
 Instruct patient to report chest pain right away because it may signal myocardial hypoxia or injury (Phelps, 2020).

Nursing Interventions

1. Provide patient with information regarding modifiable risk factors (Phelps, 2020).

