N431 Care Plan # 2

Jayda Davis

Lakeview College of Nursing

N431: Adult Health II

Professor Christina Smalley

July 7th, 2023

Demographics (3 points)

Date of Admission 7/7/2023	**Client Initials** P.L.	**Age** 70 years	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** Codeine & Clarithromycin
Code Status Full Code	**Height** 160 cm	**Weight** 111.6 kg	

Medical History (5 Points)

Past Medical History: Diabetes, asthma, hyperlipidemia, peptic ulcer disease, hypertension, atrial fibrillation, obstructive sleep apnea, fibromyalgia, & chronic obstructive pulmonary disorder.

Past Surgical History: Colonoscopy in 2011 & 2022 and upper gastrointestinal endoscope in 2022.

Family History: Mother- hypertension and congestive heart failure. Father- diabetes and stroke.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient smoked tobacco and used half a pack a day for 30 years, pt. has stopped smoking in 2021 and has been free from smoking cigarettes for 2 years. No drug or alcohol use.

Assistive Devices: The patient uses a walker.

Living Situation: The patient lives at home with a walker.

Education Level: Highschool diploma

Admission Assessment

Chief Complaint (2 points): Shortness of breath

History of Present Illness – OLD CARTS (10 points): The patient arrives at the emergency room via ambulance for complaints of shortness of breath, generalized weakness, heart palpitations, and diaphoresis. The patient states, "She can't catch her breath." The patient's heart rate was 195, and blood pressure was 93/54. The patient states she felt weak and short of breath one day before coming to the emergency room. The patient says moving and lying down make her shortness of breath worse. Nothing makes it better. The patient states she has been treated for this before.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Atrial fibrillation

Secondary Diagnosis (if applicable): N/A

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

Atrial fibrillation is a cardiac arrhythmia caused by rapid, irregular electrical activity in the heart's atria. It disrupts the normal electrical signaling pathways that coordinate the contraction of the ventricles and atria (Capriotti, 2020). Signs and symptoms of atrial fibrillation include angina, shortness of breath, weakness, heart palpitations, syncope, and dizziness (John Hopkins, 2023).

With atrial fibrillation, the ventricle becomes overwhelmed with fast contractions (John Hopkins, 2023). The ventricles beat faster than they should and do not have time to fill with blood and pump it out (John Hopkins, 2023). This causes blood pooling in the atria due to the blood not moving into the ventricles and not being pumped out to the rest of the body (John Hopkins, 2023). The loss of coordinated atrial contraction reduces atrial contribution to ventricular filling, which leads to decreased cardiac output (Capriotti, 2020). The irregular

ventricular response associated with atrial fibrillation can result in an inefficient contraction pattern and future compromised cardiac output (Capriotti, 2020).

In atrial fibrillation, there will be a rapid and irregular heartbeat, and blood pressure will be low due to decrease cardiac output (Capriotti, 2020). It is important to check thyroid function, cardiac enzymes, kidney function, and electrolyte levels, as these are affected by atrial fibrillation (Capriotti, 2020). Magnesium, potassium, and calcium imbalances can affect the development of atrial fibrillation (Capriotti, 2020). Serum creatinine, blood urea nitrogen, and glomerular filtration rate may be assessed to look at kidney function due to decreased cardiac output and renal perfusion (Capriotti, 2020).

Atrial fibrillation is diagnosed by an electrocardiogram (ECG) to examine the electrical activity in the heart (John Hopkins, 2023). An echocardiogram may also provide detailed images of the heart's structure and function to see if any underlying issues contribute to atrial fibrillation (Capriotti, 2020). Treatment of atrial fibrillation includes medications to control the heart rate and rhythm (John Hopkins, 2023). Anticoagulants are also used to help prevent blood clots, as atrial fibrillation typically causes the blood to be thicker (John Hopkins, 2023). Cardioversion may also shock the heart and restore it to normal sinus rhythm (Capriotti, 2020). Lifestyle modifications like maintaining a healthy weight, managing stress, exercising regularly, and smoking cessation can help manage atrial fibrillation (Capritotti, 2020).

The patient presented to the hospital with shortness of breath, weakness, tachycardia, and heart palpitations. The patient was placed on a cardiac monitor with atrial fibrillation and rapid ventricular response. The patient was given amiodarone to help slow the heart rate and given oxygen to help with her shortness of breath. An ECG, chest x-ray, complete blood count, cardiac enzymes, and comprehensive metabolic panel were ordered to see if any changes in the patient

were contributing to the atrial fibrillation flare-up. Results showed a decrease in red blood cells, hemoglobin, and hematocrit and an increase in BNP.

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719641470

John Hopkins Medicine. (2023). *What is afib?* John Hopkins Medicine. Retrieved from https://www.hopkinsmedicine.org/health/conditions-and-diseases/atrial-fibrillation.

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)	3.80-5.30	3.76	N/A	RBC are decreased because in atrial fibrillation, anemia is associated because there are not enough healthy red blood cells to carry oxygen to the organs (Capriotti, 2020).
Hgb (g/dL)	12.0-15.8	10.2	N/A	HGB are decreased because in atrial fibrillation, anemia is associated because there are not enough healthy red blood cells to carry oxygen to the organs (Capriotti, 2020).
Hct (%)	36.0-47.0	32.6	N/A	HCT are decreased because in atrial fibrillation, anemia is associated because there are not enough healthy red blood cells to carry oxygen to the organs (Capriotti, 2020).
Platelets (x10^3/μL)	140-440	434	N/A	N/A
WBC (x10^3/μL)	4.00-12.00	11.00	N/A	N/A
Neutrophils (%)	47-73	55.0	N/A	N/A
Lymphocytes	18-42	35.3	N/A	N/A

(%)				
Monocytes (%)	4.0-12.0	7.8	N/A	N/A
Eosinophils (%)	0.0-5.0	1.0	N/A	N/A
Bands (%)	0.0-10.0	N/A	N/A	N/A

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na+ (mEq/L)	136-145	138	N/A	N/A
K+ (mEq/L)	3.5-5.1	4.2	N/A	N/A
Cl- (mEq/L)	98-107	106	N/A	N/A
CO2 (mEq/L)	21-31	22	N/A	N/A
Glucose (mg/dL)	74-109	233	N/A	Glucose is increased because the patient has diabetes. The pancreas is not producing enough insulin, creating hyperglycemia (Capriotti, 2020).
BUN (mg/dL)	7-25	22	N/A	N/A
Creatinine (mg/dL)	0.7-1.3	0.89	N/A	N/A
Albumin (g/dL)	3.5-5.2	3.7	N/A	N/A
Calcium (mg/dL)	8.6-10.3	9.3	N/A	N/A
Mag (mEq/L)	1.6-2.6	2.0	N/A	N/A
Phosphate (mg/dL)	2.4-4.5	2.5	N/A	N/A
Bilirubin (mg/dL)	0.3-1.0mg/ dL	0.4	N/A	N/A
Alk Phos (units/L)	34-104units/L	103	N/A	N/A

AST	13-39 units/L	18	N/A	N/A
ALT	7-52 units/L	12	N/A	N/A
Amylase	29-103 units/L	N/A	N/A	N/A
Lipase	11-82 units/L	N/A	N/A	N/A
Lactic Acid	<2.5	N/A	N/A	N/A
Troponin	0.000-0.040	0.030	N/A	N/A
CK-MB (%)	5-25 µg/L	N/A	N/A	N/A
Total CK (units/L)	22-198 U/L	N/A	N/A	N/A

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	<1	1.2	N/A	INR is elevated because the patient is taking warfarin which slows the amount of time it takes for the blood to clot (Capriotti, 2020).
PT (seconds)	10-14	14.4	N/A	PT is elevated because the patient is taking warfarin which slows the amount of time it takes for the blood to clot (Capriotti, 2020).
PTT (seconds)	30-40	34	N/A	N/A
D-Dimer	<500	N/A	N/A	N/A
BNP (pg/mL)	<100	2,004	N/A	BNP is elevated due to atrial fibrillation, causing increased pressure and stretching of the heart muscle. The heart is not effectively pumping the way it should because of cardiac stress and ventricular dysfunction (Capriotti, 2020).
HDL (mg/dL)	>40	N/A	N/A	N/A

LDL (mg/dL)	<130	N/A	N/A	N/A
Cholesterol (mg/dL)	<200	N/A	N/A	N/A
Triglycerides (mg/dL)	<150	N/A	N/A	N/A
Hgb A1c	<5.7%	N/A	N/A	N/A
TSH (mU/L)	0.4 – 4.0	N/A	N/A	N/A

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Clear to slightly hazy, Yellow to amber	N/A	N/A	N/A
pH	5.0 – 9.0	N/A	N/A	N/A
Specific Gravity	1.001 – 1.030	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative or trace	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	0 – 5	N/A	N/A	N/A
RBC	0 – 5	N/A	N/A	N/A
Leukoesterase	Negative	N/A	N/A	N/A

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	7.35 – 7.45	N/A	N/A	N/A
PaO2	X – x	N/A	N/A	N/A
PaCO2	35 – 45	N/A	N/A	N/A
HCO3	22 – 26	N/A	N/A	N/A
SaO2	95 – 100	N/A	N/A	N/A

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Capriotti, T. M. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719641470

OSF Sacred Heart Medical Center. (2023). *Lab Values.* OSF Sacred Heart Medical Center

Diagnostic Imaging

All Other Diagnostic Tests and Correlations (5 points):

1. **Chest X-Ray 07/7/2023-** This patient had a chest x-ray to examine the heart and lungs. The patient presented to the hospital for shortness of breath, weakness, and heart

palpitations. The patient has a history of atrial fibrillation, chronic obstructive pulmonary disorder, and asthma. The chest X-ray can show abnormalities like inadequate lung expansion, pneumothorax, and fluid in the lungs (Capriotti, 2020, p. 480). The chest X-ray also looks at the shape and size of the heart (Capriotti, 2020. P. 480). The patient's results showed borderline cardiomegaly. No consolidation or pneumothorax was seen and calcified granuloma is noted.

2. **Electrocardiogram (EKG) 12 lead 07/7/2023-** The patient had a 12-lead electrocardiogram (EKG) done to view the electrical activity in the heart (Capriotti, 2020, p. 371). Twelve leads are recorded to view the heart's electrical forces from different positions on the body (Capriotti, 2020, p. 371). This test was ordered because the patient was short of breath, had a heart rate of 195 beats per minute, and had chest pain. This test showed atrial fibrillation with rapid ventricular rate.

Diagnostic Test Reference (1) (APA):

Capriotti, T. M. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719641470

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

Home Medications (5 required)

Brand/Generic	Warfarin/ Coumadin	Senna/ Docusate sodium	Tylenol/ Acetaminophen	The patient only had 3 medications listed.	N/A	N/A
Dose	5 mg	100 mg	650 mg	N/A	N/A	N/A

Frequency	Daily	BID	PRN	N/A	N/A	N/A
Route	PO	PO	PO	N/A	N/A	N/A
Classification	Coumadin derivative & Anticoagulant.	Sulfonic acid & stool softener	Nonsalicylate, Para-aminophenol derivative & Antipyretic, nonopioid analgesic	N/A	N/A	N/A
Mechanism of Action	"Interferes with the liver's ability to synthesize vitamin-K dependent clotting factors, depleting clotting factors II (prothrombin), VII, IX, and X. Depleting vitamin K-dependent clotting factors and interfering with the clotting cascade, warfarin prevents coagulation" (Jones, 2022).	"Irritates the luminal sensory nerve endings which stimulate colonic motility and reduce colonic water absorption" (Jones, 2022).	"Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system" (Jones, 2022).	N/A	N/A	N/A
Reason Client Taking	To prevent clots caused by atrial fibrillation.	To treat constipation	To manage pain	N/A	N/A	N/A
Contraindications (2)	Bleeding and central nervous system hemorrhage (Jones, 2022).	Nausea or vomiting Intestinal obstruction (Jones, 2022)	Severe hepatic impairment Severe active liver disease (Jones, 2022)	N/A	N/A	N/A

Side Effects/Adverse Reactions (2)	Hypotension and ecchymosis (Jones, 2022).	Cramping Diarrhea (Jones, 2022)	Hypotension Oliguria (Jones, 2022)	N/A	N/A	N/A
Nursing Considerations (2)	Monitor INR and PT levels. Avoid I.M. injections during therapy due to increase risk of bleeding (Jones, 2022).	Ensure the patient is getting adequate fluid intake. Assess for abdominal distention, bowel sounds, and pattern of bowel function (Jones, 2022).	Monitor renal function. Monitor liver function (Jones, 2022).	N/A	N/A	N/A
Key Nursing Assessment(s)/Lab(s) Prior to Administration	PT/INR levels and CBC.	Check electrolyte levels.	ALT/AST levels and BUN/creatinine levels.	N/A	N/A	N/A
Client Teaching Needs (2)	Educate about bleeding precautions. Instruct patient to take drug at the same time each evening.	Increase fluid intake. Monitor for stomach pain, cramps, and diarrhea**.**	Do not mix alcohol with this medication. Take with medication with 8oz of water.	N/A	N/A	N/A

Hospital Medications (5 required)

Brand/Generic	Furosemide/ Lasix	Amiodarone/ Nexterone	The patient only had two medications listed.	N/A	N/A

Dose	80 mg	150 mg	N/A	N/A	N/A
Frequency	One dose	One dose	N/A	N/A	N/A
Route	IV	IV	N/A	N/A	N/A
Classification	Loop diuretic & Antihypertensive	Benzofuran derivative & Class III antiarrhythmic	N/A	N/A	N/A
Mechanism of Action	"Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation" (Jones, 2022).	"Acts on cardiac cell membranes, prolonging repolarization and the refractory period and raising ventricular fibrillation threshold. Drug relaxes vascular smooth muscles and improves myocardial blood flow" (Jones, 2022).	N/A	N/A	N/A
Reason Client Taking	To reduce fluid caused by heart failure.	To slow down the heart rate.	N/A	N/A	N/A
Contraindications (2)	Anuria and hypoalbuminemia (Jones, 2022).	Bradycardia that causes syncope and cardiogenic shock (Jones, 2022).	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	Ototoxicity Muscle pains (Jones, 2022).	Hypotension Bradycardia (Jones, 2022)	N/A	N/A	N/A
Nursing Considerations (2)	Monitor blood glucose. Obtains patient's weight before therapy (Jones, 2022).	Monitor heart rate and blood pressure. Monitor serum amiodarone	N/A	N/A	N/A

		levels (Jones, 2022).			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Blood pressure, BUN, blood glucose, creatinine, electrolyte, and uric acid levels.	Check blood pressure and heart rate. Monitor thyroid and liver levels	N/A	N/A	N/A
Client Teaching Needs (2)	Teach the patient to lower sodium intake. Advise to check blood glucose, as this can cause hyperglycemia.	Do not drink grapefruit juice while on this medication. Educate on the importance of frequent lab value checks while on this medication.	N/A	N/A	N/A

Medications Reference (1) (APA):

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

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A/O x4. Patient was alert and oriented. Patient was well groomed. Patient was in acute distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 17 **Drains present: Y☐ N ☒** **Type:**	The patient's skin color was pale compared to ethnicity. The patient's skin was loose and was cool, clammy, and sweaty. Skin turgor was less than three seconds. The patient was free from rashes, lesions, and bruises. Braden score is 17.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patients head and neck are symmetrical. Thyroid is non palpable. Trachea is midline with no deviation. Bilateral carotid pulses are palpable and 2+. Bilateral sclera white, bilateral conjunctiva is pink, and bilateral cornea is clear. Bilateral lids are pink and moist without any lesions or discharge. PERRLA is bilaterally and EOM's intact bilaterally. The nose is midline, and the septum is midline. Turbinate's are moist and pink bilaterally with no visible drainage or polyps. Bilateral frontal sinuses are nontender to palpation. Tongue and buccal mucosa were pink, and moist, with no lesions. Patient had 3 teeth missing.
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:**	S1 and S2 heart sounds were clear and audible without murmurs. Cardiac rhythm is irregular, and tachycardia is present. Carotid and radial pulses were palpable and are 3+. Dorsalis pedis pulses were 2+ in feet bilaterally. Capillary refill was less than <3 seconds in fingers and toes bilaterally. No jugular vein distention was seen. Patient had 2+ pitting edema in feet bilaterally.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒**	Crackles were noted in lung sounds during auscultation. No wheezes or rhonchi were noted.

Breath Sounds: Location, character	No accessory muscles were used for respiration.
GASTROINTESTINAL: **Diet at home:** Regular **Current Diet:** N/A **Height:** 160 cm **Weight:** 111.6 kg **Auscultation Bowel sounds:** **Last BM:** 7/5/23 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	The patient was on a regular diet at home. The doctors had not yet put in an order for the diet at the hospital. The patient's weight was 111.6 kg, and height was 160 cm. Active bowel sounds in all four quadrants. The abdomen was free of scars, drains, incisions, and wounds. The patient has no ostomy, nasogastric, or feeding tubes. The patient's last bowel movement was on 7/5/23.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Did not assess patient's urine or genitals.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** 60 **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk ☒**	Intact neurovascular status. The patient has an active range of motion in both arms and both legs. The patient uses a walker to move around. Both arms are a 5/5 with strength. Both legs are a 4/5 with strength. The patient is a fall risk and needs up assistance with walking and ADL's. The fall score is 60.

NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient is A/O x4. The patient's strength was equal in both arms. The patient has 4/5 strength in both legs. The patient is awake and oriented to her surroundings. The patient has clear speech and can answer questions appropriately.
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):**	The patient enjoys being with her husband and children. The patient likes to attend church and pray to cope. The patient's developmental level is appropriate for her age. The patient has lots of support from her family.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1330	189 bpm	93/54 mmHg	24 resp/min	37.0˚C oral	89% on room air
1530	128bpm	114/72 mmHG	20 resp/min	37.3˚C oral	94% on 3L nasal cannula

Vital Sign Trends: Blood pressure, pulse, and respiration were unstable.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1330	Numeric	Chest pain	8/10	Heavy/pressure	Given oxygen.
1515	Numeric	Chest pain	4/10	Pressure	Not appropriate at this time.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20g **Location of IV:** Left AC **Date on IV:** 7/7/23 **Patency of IV:** Flushes easily **Signs of erythema, drainage, etc.:** N/A **IV dressing assessment:** IV dressing is clean and intact.	No fluids were running at this time. Saline lock in place.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Did not assess drink or food intake.	Did not assess urine output.

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was an active participant in her care. The patient had got an EKG, chest x-ray, and labs drawn. The patient was waiting to get medication. The student nurse did a head-to-toe assessment.

Procedures/testing done: CBC, CMP, PT/INR, EKG, and chest x-ray.

Complaints/Issues: The patient complained of chest pain, shortness of breath, and feeling weak.

Vital signs (stable/unstable): Unstable: Pulse and respirations were high & blood pressure and oxygen levels were low.

Tolerating diet, activity, etc.: The patient did not have a diet established in the emergency room. The patient was feeling weak and feeling very short of breath, so the patient did not get out of bed.

Physician notifications: Referral to cardiology and admission for the patient to stay in the hospital.

Future plans for client: The patient would be transferred to Carle hospital**.**

Discharge Planning (2 points)

Discharge location: Unable to determine at this time.

Home health needs (if applicable): Unable to determine at this time.

Equipment needs (if applicable): Unable to determine at this time.

Follow up plan: Unable to determine at this time.

Education needs: Unable to determine at this time.

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. Impaired gas exchange related to	This nursing diagnosis was chosen because the	1.Monitor oxygen saturation continuously	**1**. Patient will not be short of breath; respirations, lung	The patient responded well to the interventions being placed. The

altered oxygen supply as evidenced by decreased O2 saturations (89% & 94%), shortness of breath, crackles in lungs, fast heart rate (189 bpm & 128 bpm), increased respiration rate (24), and decreased RBCs (3.76), Hgb (10.2), and Hct (32.6).	patient was in atrial fibrillation, causing decreased oxygen levels and impaired gas exchange.	with a pulse oximeter. **2.**Elevate the head of bed, maintain an upright position, and maintain continuous oxygen via nasal cannula.	sounds, and oxygen saturation will return to normal limits.	patient felt more comfortable elevating the head of the bed and placing oxygen on her to help with her oxygen saturation.
2. Decreased cardiac output related to atrial fibrillation as evidenced by chest pain, palpitations, increased heart rate (189 bpm & 128 bpm), weakness, hypotension (93/54 &	This was chosen because the patient showed decreased cardiac output symptoms due to atrial fibrillation.	**1.** Monitor vital signs (BP, pulse, respirations) and changes in skin color and level of consciousness. **2**.Administer antiarrhythmic medication per doctor's orders.	**1.** Patient will achieve and maintain cardiac output with blood pressure and pulse in normal range. The patient will have reduced cardiac arrhythmias.	The patient understood the interventions being placed to monitor her vital signs and to control the arrhythmias she was experiencing.

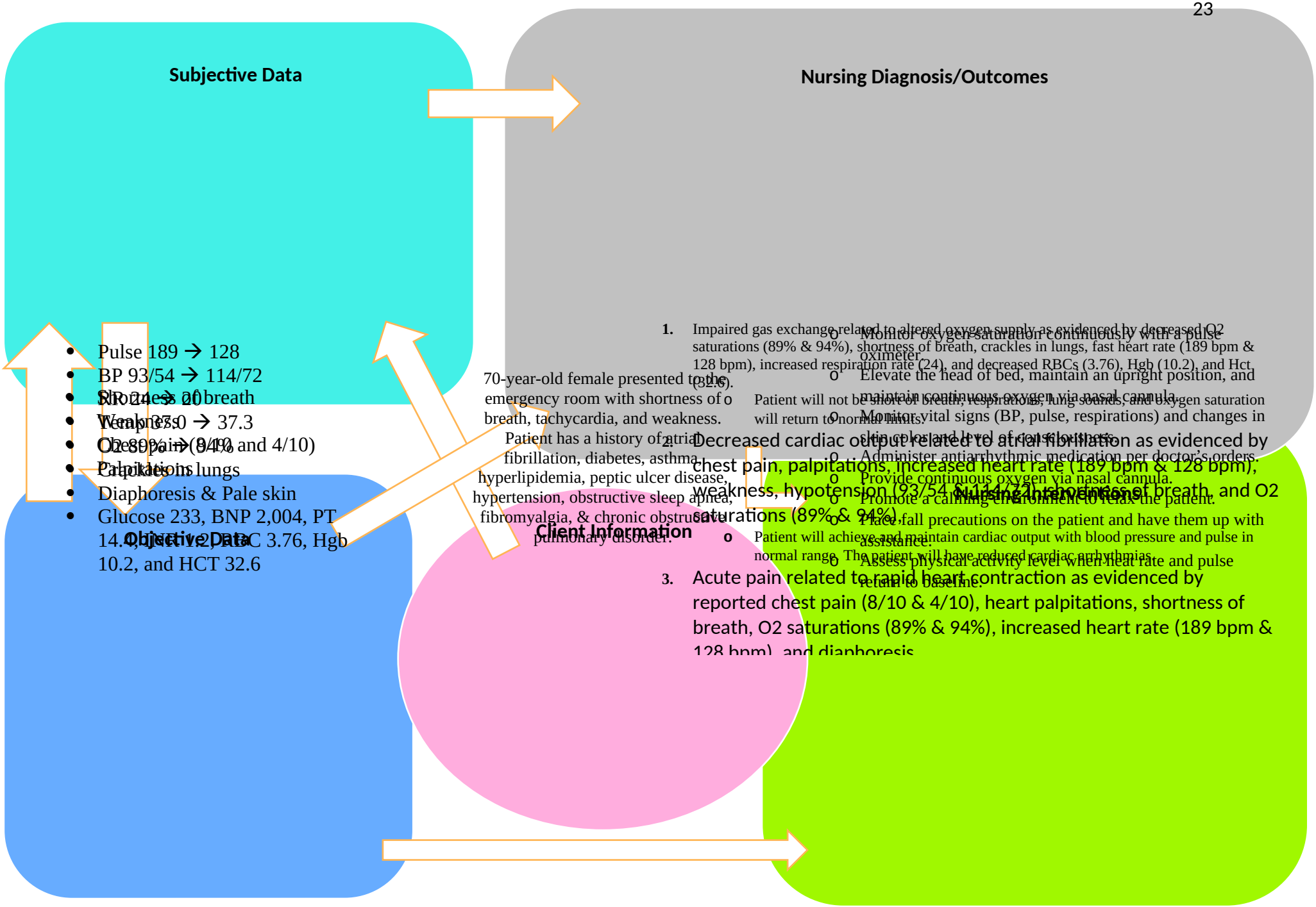
114/72), shortness of breath, and O2 saturations (89% & 94%),				
3. Acute pain related to rapid heart contraction as evidenced by reported chest pain (8/10 & 4/10), heart palpitations, shortness of breath, O2 saturations (89% & 94%), increased heart rate (189 bpm & 128 bpm), and diaphoresis.	This was chosen because the patient had chest pain and symptoms due to her rapid heartbeat, which caused her acute pain.	**1.**Provide continuous oxygen via nasal cannula. **2.**Promote a calming environment to relax the patient.	**1.** Patient will verbalize relief from chest pain.	The patient understood the interventions being placed. The patient knew her rapid heartbeats could cause chest pain and other associated symptoms with tachycardia. The patient did not want pain medicine but just wanted to get relief from the chest pain she was experiencing.
4. Decreased activity intolerance related to irregular tachycardia as evidenced by complaints of weakness, increased	This was chosen because the patient was experiencing irregular fast heartbeats, making her feel weak and short of breath.	**1.**Place fall precautions on the patient and have them up with assistance. **2.** Assess physical activity level when heat rate and pulse return to	**1.** Patient will return to normal activity tolerance.	The patient responded well to the interventions to promote her safety and well-being due to her weakness and shortness of breath from the irregular tachycardia she was experiencing.

heart rate (189 bpm & 128 bpm), hypotension (93/54 & 114/72), O2 saturations (89% & 94%), and shortness of breath.		baseline.		

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
Pulse 189 → 128
BP 93/54 → 114/72
RR 24 → 20
Temp 37.0 → 37.3
O2 89% → 94%
Chest pain (8/10 and 4/10)
Palpitations
Diaphoresis & Pale skin
Glucose 233, BNP 2,004, PT 14.4, INR 1.2, RBC 3.76, Hgb 10.2, and HCT 32.6
Objective Data
70-year-old female presented to the emergency room with shortness of breath, tachycardia, and weakness.
Patient has a history of atrial fibrillation, diabetes, asthma, hyperlipidemia, peptic ulcer disease, hypertension, obstructive sleep apnea, fibromyalgia, & chronic obstructive pulmonary disorder.
Client Information
1. Impaired gas exchange related to altered oxygen supply as evidenced by decreased O2 saturations (89% & 94%), shortness of breath, crackles in lungs, fast heart rate (189 bpm & 128 bpm), increased respiration rate (24), and decreased RBCs (3.76), Hgb (10.2), and Hct (32.6).
Patient will not be short of breath, respirations, lung sounds, and oxygen saturation will return to normal limits.
2. Decreased cardiac output related to atrial fibrillation as evidenced by chest pain, palpitations, increased heart rate (189 bpm & 128 bpm), weakness, hypotension (93/54 & 114/72), shortness of breath, and O2 saturations (89% & 94%).
Patient will achieve and maintain cardiac output with blood pressure and pulse in normal range. The patient will have reduced cardiac arrhythmias.
3. Acute pain related to rapid heart contraction as evidenced by reported chest pain (8/10 & 4/10), heart palpitations, shortness of breath, O2 saturations (89% & 94%), increased heart rate (189 bpm & 128 bpm), and diaphoresis
Nursing Interventions
o Monitor oxygen saturation continuously with a pulse oximeter.
o Elevate the head of bed, maintain an upright position, and maintain continuous oxygen via nasal cannula.
o Monitor vital signs (BP, pulse, respirations) and changes in skin color and level of consciousness.
o Administer antiarrhythmic medication per doctor's orders.
o Provide continuous oxygen via nasal cannula.
o Promote a calming environment to relax the patient.
o Place fall precautions on the patient and have them up with assistance.
o Assess physical activity level when heart rate and pulse return to baseline.