

N431 Care Plan # 1

Chiquita Baker

Lakeview College of Nursing

N431: Adult Health II

Professor Tasha Unrein, MSN, RN, CV-BC

9/20/2023

Demographics (3 points)

Date of Admission 9/18/2023	Client Initials M.K	Age 51	Gender Male
Race/Ethnicity African American	Occupation Not employed	Marital Status Married	Allergies No known allergies
Code Status Full code	Height 5'11	Weight 223 lbs	

Medical History (5 Points)

Past Medical History: The patient has a medical history including anemia, Barrett's esophagus, cardiomyopathy, and CKD stage 3 due to diabetes mellitus.

Past Surgical History: The patient has a past surgical history that includes a cardiac catheterization (9/28/2016) and (4/24/2017), colonoscopy (9/27/2016), EGD/colonoscopy (10/2/2022), gastrostomy tube placement (9/8/2020), hemodialysis catheter insertion (6/20/2023), ICD insertion (9/8/2017), IR tunneled dialysis catheter insertion (7/31/2020), and a tracheostomy (9/5/2020).

Family History: The patient reports that he has a brother who has diabetes.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient reports never smoked. He has never used smokeless tobacco. He reports that he does not drink alcohol or use drugs.

Assistive Devices: N/a

Living Situation: The patient reports that he lives with his wife.

Education Level: The patient graduated high school and did not attend college.

Admission Assessment

Chief Complaint (2 points): The provider called the patient back to replace the generator in his ICD.

History of Present Illness – OLD CARTS (10 points): M.K. is a 51-year-old male with a significant history of HFrEF (EF of 35-39% 8/20), SCD placement, ESRD on PD, insulin-dependent type II DM c/b non-proliferative diabetic nephropathy, HLD, and pulmonary HTN. He initially presented on (9/15/2023) with complaints of chest pain and a sensation as if someone punched him in the chest, consistent with prior AICD shocks. While in the ED, they attempted to interrogate his ICD multiple times and could not do so due to activity issues. A cardiology physician was consulted who thought it was a good idea for the patient to be discharged home with close outpatient follow-up in interrogation. The workup at that time was unremarkable. They captured the interrogation and gave reassuring labs and other findings; he was discharged home. Upon further evaluation by EP, the interrogation was concerning, and he was recommended to return to the hospital. On presentation, he was hemodynamically stable. The CXR noted no acute cardiopulmonary findings.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Replace the battery in his ICD.

Secondary Diagnosis (if applicable): N/A

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

Ventricular tachycardia is a potentially life-threatening arrhythmia, and it is responsible for most sudden cardiac deaths in the United States. Ventricular tachycardia is a heart rhythm problem caused by irregular electrical signals in the heart's lower chambers (ventricles) (Mayo Clinic, 2022). This condition is also known as V-tach or VT. A normal, healthy heart beats about 60 to 100 beats per minute at rest. The heart beats faster with V-tach, usually 100 or more beats per minute. When the heart beats too quickly, it prevents its chambers from correctly filling with

blood. As a result, the heart cannot pump enough oxygenated blood through to the body's tissues and cells. If this happens, you could experience shortness of breath and lightheadedness or even lose consciousness.

Ventricular arrhythmias can occur in structurally normal and structurally abnormal hearts (Mayo Clinic, 2022). Some patients don't have any underlying heart issues except some abnormality in their electrical system of the ventricles that can cause the heart to go out of rhythm. These can appear as extra beats or a rapid array of beats that occur in a row. Most people with V-tach have other heart problems that cause it, the most common cause is ischemic heart disease, also known as coronary artery disease, heart failure, myocarditis, cardiomyopathy, and heart valve disease. Brief episodes of v-tach that last only a few seconds will not cause harm, but episodes lasting longer than a few seconds can be life-threatening. Ventricular tachycardia is severe and requires emergent intervention because if it lasts more than 30 seconds (called sustained ventricular tachycardia), it may lead to ventricular fibrillation and sudden cardiac death (Mayo Clinic, 2022). As mentioned before, when the heart is pumping rapidly, it cannot pump enough blood to the rest of the body, so organs and tissues do not get the oxygen they need to function correctly.

Signs and symptoms may include chest pain, dizziness, palpitations, lightheadedness, and shortness of breath. To diagnose a patient with ventricular tachycardia, a healthcare provider will discuss your symptoms, perform a physical examination, collect your medical history, and order labs. The most common test the provider will order is an ECG/EKG, also known as an electrocardiogram, which records the electrical signals in the heart. It's a noninvasive test that uses small electrodes attached to the chest and arms and records the timing and strength of electrical signals as they travel through the heart.

In this patient's case, he already has an ICD, or an Implantable cardioverter-defibrillator, implanted for years. This battery-powered device is implanted under the skin near the collarbone; wires connect it to the heart. It continuously monitors the heartbeat and delivers precisely calibrated electrical shocks when an irregular rhythm is detected (American Heart Association, 2022). If the ICD has a pacemaker feature, it detects when the heartbeat is too slow and sends electric signals to your heart. When the heartbeat is too fast or chaotic, it gives defibrillation shocks to the abnormal rhythm (American Heart Association, 2022), and it works 24 hours a day.

This patient is here in the hospital to get the battery replaced in his ICD. It works correctly, but the batteries must be replaced every 5 to 7 years (American Heart Association, 2022). Other treatment options include antiarrhythmics, which can be taken orally or by IV infusion to slow a fast heart rate; beta and channel blockers may also be given with these. While in the hospital, this patient is on a continuous infusion of an antiarrhythmic called Amiodarone. This medication treats fast or irregular arrhythmias by slowing down overactive electric signals in the heart, which stabilizes the heart's rhythm. After his battery is replaced, he will be monitored for 24 hours, and then he can go home to continue his everyday life.

Pathophysiology References (2) (APA):

American Heart Association. (2022, November 18). *Implantable Cardioverter Defibrillator (ICD)*. American Heart Association. Retrieved September 20, 2023, from <https://www.heart.org/en/health-topics/arrhythmia/prevention--treatment-of-arrhythmia/implantable-cardioverter-defibrillator-icd>

Mayo Clinic. (2022, February 2). *Ventricular tachycardia - Symptoms and causes*. Mayo Clinic.

Retrieved September 20, 2023, from

<https://www.mayoclinic.org/diseases-conditions/ventricular-tachycardia/symptoms-causes/syc-20355138>

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	4.40 – 5.80 mcl	N/A	3.30	The patient has anemia. (Pagana, 2019)
Hgb	13.0 – 16.5 g/dL	N/A	10.3	The patient has anemia. (Pagana, 2019)
Hct	38.0 – 50.0 %	N/A	31.3	The patient has anemia. (Pagana, 2019)
Platelets	140 – 440 mcl	N/A	92	The patient has an acute infection. (Pagana, 2019)
WBC	4.00 – 12.00 mcl	N/A	3.23	The patient has an autoimmune disease. (Pagana, 2019)
Neutrophils	1.40 – 5.30 mcl	N/A	1.64	
Lymphocytes	19.0 – 49.0 %	N/A	26.6	
Monocytes	3.0 – 13.0 %	N/A	11.8	
Eosinophils	0.0 – 8.0 %	N/A	7.2	
Bands	0 - 5	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-	136 – 145 mmol/L	N/A	134	The patient has chronic renal insufficiency. (Pagana, 2019)

K+	3.5 – 5.1 mmol/L	N/A	4.3	
Cl-	98 – 107 mmol/L	N/A	110	The patient is dehydrated. (Pagana, 2019)
CO2	22 – 30 mmol/L	N/A	27.0	
Glucose	74 – 100 mg/dL	N/A	199	The patient has diabetes mellitus. (Pagana, 2019)
BUN	8 -26 mg/dL	N/A	54	The patient is dehydrated. (Pagana, 2019)
Creatinine	0.70 – 1.30 mg/dL	N/A	13.91	The patient has reduced renal blood flow. (Pagana, 2019)
Albumin	3.5 – 5.0 g/dL	N/A	N/A	
Calcium	8.9 – 10.6 mg/dL	N/A	7.9	The patient has renal failure. (Pagana, 2019)
Mag	1.6 – 2.6 md/dL	N/A	2.2	
Phosphate	3.0 – 4.5 mg/dL	N/A	N/A	
Bilirubin	0.2 – 1.2 mg/dL	N/A	N/A	
Alk Phos	40 – 150 u/L	N/A	N/A	
AST	5 – 34 u/L	N/A	N/A	
ALT	0 – 55 u/L	N/A	N/A	
Amylase	60 – 120 u/L	N/A	N/A	
Lipase	8 – 78 u/L	N/A	N/A	
Lactic Acid	0.50 – 2.20 mmol/L	N/A	N/A	
Troponin	0.00 – 0.03 ng/L	N/A	N/A	
CK-MB	0.5 – 3.6 ng/mL	N/A	N/A	
Total CK	30 – 200 u/L	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	0.8 – 1.1	N/A	N/A	
PT	10.1 – 13.1 sec	N/A	N/A	
PTT	25 – 36 sec	N/A	N/A	
D-Dimer	0 – 622 ng/mL	N/A	N/A	
BNP	0 – 100 pg/mL	N/A	N/A	
HDL	➤ 60	N/A	N/A	
LDL	< 130	N/A	N/A	
Cholesterol	< 200	N/A	N/A	
Triglycerides	40 – 180 mmpl/L	N/A	N/A	
Hgb A1c	4.0 – 6.0 %	N/A	N/A	
TSH	0.300 – 5.000 mlu/L	N/A	N/A	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Yellow & Clear	N/A	N/A	
pH	5.0 – 9.0	N/A	N/A	
Specific Gravity	1.003 – 1.030	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative mg/dL	N/A	N/A	
Ketones	Negative mg/dL	N/A	N/A	
WBC	Negative 0 –	N/A	N/A	

	5/hpf			
RBC	Negative 0 – 2/ hpf	N/A	N/A	
Leukoesterase	Negative	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	
PaO2	80 – 100 mm Hg	N/A	N/A	
PaCO2	35 – 45 mm Hg	N/A	N/A	
HCO3	22 – 26 mEq/L	N/A	N/A	
SaO2	95%–100%	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 < 10,000 Positive > 100,000	N/A	N/A	

Blood Culture	Negative	N/A	N/A	
Sputum Culture	Normal upper respiratory tract	N/A	N/A	
Stool Culture	Normal intestinal flora	N/A	N/A	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): N/A

Diagnostic Test Correlation (5 points): N/A

Diagnostic Test Reference (1) (APA): N/A

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

Home Medications (5 required)

Brand/ Generic	Calcitriol / Rocaltrol	Acetaminophen/ Tylenol	Folic acid/ Vitamin B9	Insulin glargine/ Lantus	Losartan/ Cozaar
Dose	0.25 mcg	500 mg	1 mg	5 units	25 mg
Frequency	Daily	Every 6 hours	Daily	Daily	Daily
Route	Oral	Oral	oral	subcutaneous	Oral

Classification	Vitamin D analogs	Non-salicylate	vitamins	Long-acting insulins	Antihypertensive
Mechanism of Action	Binds to specific receptors on intestinal mucosa to increase calcium absorption from the intestine.	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.	stimulates the production of red blood cells, white blood cells, and platelets in persons suffering from certain megaloblastic anemias	Binds to the insulin receptor, a heterotetrameric protein consisting of two extracellular alpha units and two transmembrane beta units.	Blocks binding of angiotensin II to receptor sites in many tissues.
Reason Client Taking	Treat hypocalcemia in dialysis patients.	To relieve mild to moderate pain.	To improve heart health	To reduce blood sugar	To manage hypertension
Contraindications (2)	Hypersensitivity to calcitriol or its components, Vitamin D toxicity	Hypersensitivity to acetaminophen or its components, severe hepatic impairment	Patients who have a stent in the heart, patients who have low vitamin B12 levels	Symptoms of hypoglycemia, episodes of diabetic ketoacidosis	Concurrent aliskiren therapy, hypersensitivity to losartan or its components
Side Effects/ Adverse Reactions (2)	Erythema multiforme, anaphylaxis	Hypotension, abdominal pain	Nausea, bloating depression	Anxiety, hives, fast heartbeat	Hypotension, dizziness
Nursing Considerations (2)	Check to be sure the patient receives enough calcium and monitor closely for vitamin D toxicity.	Use cautiously in patients with hepatic impairment and monitor renal function in patients on long-term therapy.	Monitor the blood counts and folate levels regularly and adjust the maintenance dose if there is a threat of relapse.	Monitor patient response to therapy, and monitor for adverse effects	Monitor blood pressure and renal function, periodically monitor for serum potassium levels.
Key Nursing Assessment(s) /Lab(s) Prior to Administration	Assess the client for signs of hypercalcemia.	Assess the patient's pain level.	Assess the patient for adventitious sounds.	Assess patients' blood pressure, pulse, respirations,	Assess the patient's blood pressure before administration

				and adventitious breath sounds.	ion.
Client Teaching Needs (2)	Store the medication away from light, heat, and moisture, and warn the patient not to take other forms of vitamin D while taking calcitriol.	Teach the patient that tablets may be crushed or swallowed whole but that extended-release forms should not be broken, chewed, crushed, or split.	Folic acid should be taken with a full glass of water, take as directed by the provider.	Teach the patient to use insulin glargine precisely as directed and how to check blood glucose before taking insulin.	Advise patient to avoid exercising in hot weather and drinking excessive amounts of alcohol, and warn patient to tell all prescribers of losartan therapy.

Hospital Medications (5 required)

Brand/ Generic	Humalog /Lispro	Renvela/ Sevelamer carbonate	Nexterone / amiodarone	Tums/ calcium carbonate	Potassium chloride
Dose	1 – 20 units	1,600 mg	360 mg	500 mg	40 mEq
Frequency	Before meals/ At bedtime	TID	Continuou s	Every 6 hours PRN	Daily
Route	Subcutaneous	Oral	Infusion	Oral	Oral
Classification	Rapid-acting human insulin analog	Phosphate binder	Class III antiarrhyt hmic	Antacid	Electrolyte replacement
Mechanism of Action	Replacing the insulin that is normally	Inhibits phosphate absorption in	Acts on the cardiac	Increases levels of intracellular and extracellular	Acts as the major cation in

	produced by the body and helping move sugar from the blood into other body tissues where it is used for energy.	the intestine by binding dietary phosphate, lowering serum phosphorus level.	cell membrane , prolonging repolarization and the refractory period and raising the ventricular fibrillation threshold	calcium, which is needed to maintain homeostasis	intracellular fluid, activating many enzymatic reactions essential for physiologic processes, including nerve impulse transmission and cardiac and skeletal muscle contraction
Reason Client Taking	To control hyperglycemia	To control serum phosphate levels in patients on dialysis	To treat or prevent life-threatening, recurrent ventricular fibrillation .	To treat reflux, provide antacid effects	To prevent hypokalemia
Contraindications (2)	Sensitivity to insulin lispro, patient experiencing hypoglycemia	Bowel obstruction, hypersensitivity to sevelamer carbonate	Bradycardia that causes syncope, cardiogenic shock	Concurrent use of calcium supplements, hypercalcemia	Addison's disease, a disorder that may delay drugs passing through the GI tract
Side Effects/ Adverse Reactions (2)	Hypoglycemia, weight gain, anxiety	Hypotension, thrombosis	Bradycardia, cardiac arrest	Hypotension, hypercalcemia	Arrhythmias, ventricular fibrillation
Nursing Considerations (2)	Lispro insulin is given 15 minutes before meals; store insulin in a cool place away from direct sunlight. Refrigeration is preferred.	Monitor blood pressure frequently, monitor serum Phosphorus levels to determine the drug's effectiveness.	Check the patient's implantable cardiac device and monitor the patient's vital signs and	Be aware that patients with kidney failure on dialysis may develop hypercalcemia when treated with calcium; monitor serum calcium levels.	Monitor serum potassium levels before and during administration and regularly assess the patient for signs of

			oxygen level often during and after administering amiodarone.		hypokalemia.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess the patient's blood glucose regularly	Assess the patient's blood pressure before administering.	Monitor ECG before and during treatment.	Review the patient's serum calcium levels before administration.	Review the patient's medical history before administering potassium chloride.
Client Teaching Needs (2)	Do not inject where the skin is thick, lumpy, tender, or bruised. Inject lispro in the thighs, stomach, upper arms, or buttocks and rotate injection sites.	Caution the patient to take other drugs 1 hour before or 3 hours after sevelamer. Inform the patient of the potential need for fat-soluble vitamins and folic acid supplements.	Explain that the patient will need frequent monitoring and laboratory tests during treatment and advise the patient to avoid grapefruit juice while receiving amiodarone.	Urge the patient to chew chewable tablets thoroughly before swallowing and to drink a glass of water afterward, remind the patient to take calcium separate from other prescribed drugs.	Instruct the patient to take the drug with or right after food, Teach the patient how to take his radial pulse, and advise him to notify the provider about significant changes in heart rate or rhythm.

Medications Reference (1) (APA):

Jones & Bartlett Learning, (2023). Nurse's Drug Handbook (22nd ed.). Jones & Bartle

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert and responsive Person, place, situation, time No acute distress Appropriate
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Usual for ethnicity Intact, dry Warm Normal elasticity No rashes No bruises No wounds 21
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Normocephalic and atraumatic No abnormal findings present. PERRLA present, EOM intact No polyps, lumps, bumps, or bleeding No dentures
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 type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:	Normal heart sounds S1, S2 present Normal 3+ Less than 3 seconds
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	Respirations are regular and unlabored, and breath sounds clear throughout bilaterally.
GASTROINTESTINAL: Diet at home: Current Diet Height: Weight:	Regular Cardiac diet 5'11 223 lbs

Sensory: LOC:	Clear Normal sensory Alert – awake and answers 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):	Talking with his wife and watching TV. The patient can read and write and graduated high school. N/A The patient lives alone with his wife

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1238	77	138/79	20	97.8	99%
1305	74	139/80	20	98.1	99%

Vital Sign Trends: The patient's vital signs remained within his normal limits.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
N	O	P	A	I	N
N	O	P	A	I	N

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G Location of IV: left forearm Date on IV: 9/16/2023 Patency of IV: patent	Saline lock

Signs of erythema, drainage, etc.: none IV dressing assessment: occlusive dressing	
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Intake and Output (2 points)

Intake (in mL)	Output (in mL)
960 mL	0 (Dialysis Patient)

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was in an okay mood; I delivered his medications at 1:15 p.m. I got his vitals and attempted a head-to-toe assessment, which he refused. He stated that he was ready to go home and didn't want to be bothered; the nurse and I left the room at that point.

Procedures/testing done: N/A

Complaints/Issues: N/A

Vital signs (stable/unstable): The patient's vital signs were regular and stable.

Tolerating diet, activity, etc.: The patient tolerates his cardiac diet well and has no problems with eating or drinking.

Physician notifications: None

Future plans for client: To continue taking his medications as prescribed and call the provider if he has any complications with the new battery in his ICD.

Discharge Planning (2 points)

Discharge location: The patient will be discharged home with his wife.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Contact the provider's office if he experiences any complications.

Education needs: N/A

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 rate, rhythm, and electrical conduction alterations, as evidenced by increased heart rate, dysrhythmias, and ECG changes.	The client came to the hospital complaining of chest pain and shortness of breath.	1. Give oxygen as indicated by the patient’s symptoms, oxygen saturation, and ABGs 2. Assist the patient in assuming a high fowlers position.	1. The patient will demonstrate adequate cardiac output as evidenced by vital signs within acceptable limits.	The patient’s cardiac output remains adequate.
2. Risk for unstable blood glucose levels related to insufficient diabetes management as evidenced by blood sugar level of 145 mg/dL	The client has a long history of diabetes mellitus.	1. Teach the patient how to perform home glucose monitoring. 3. Stress the importance of achieving blood glucose control to reduce complications.	1. The patient will achieve and maintain glucose in a satisfactory range.	The patient sustained a fasting blood glucose level of less than 140 mb/dL

1. Impaired urinary elimination related to disease process as evidenced by decreased urine output.	The patient is on dialysis due to renal failure.	<ol style="list-style-type: none"> 1. Closely monitor the patient's intake and output. 2. Explain the importance of dialysis. 	1. The Patient will participate in dialysis treatment as prescribed.	The patient's urinalysis remains normal, and he avoids bladder distention.
2. Impaired skin integrity related to surgical incisions as evidenced by tight skin sutures.	This patient is having the battery replaced in his ICD, and then it has to be sutured closed.	<ol style="list-style-type: none"> 1. Disinfect the site with antiseptic. 2. Apply appropriate wound dressings. 	1. The patient will remain free of purulent drainage in the wound	The patient's incisions remain clear, pink, and free from purulent drainage.

Other References (APA):

Phelps, L. L. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual*. Wolters Kluwer.

Concept Map (20 Point

Subjective Data

The patient stated, "I feel better, and I'm ready to go home".

The patient's blood pressure was 138/79.

The patient stated, "How long do I have to stay here after the battery is changed?"

The patient showed no signs of pain.

The patient ate and tolerated his cardiac diet well.

Objective Data

Diagnosis

- 1. Decreased cardiac output related to rate, rhythm, and electrical conduction alterations, as evidenced by increased heart rate, dysrhythmias, and ECG changes.
- 2. Risk for unstable blood glucose levels related to insufficient diabetes management as evidenced by blood sugar level of 145 mg/dL
- 3. Impaired urinary elimination related to disease process as evidenced by decreased urine output.
- 4. Impaired skin integrity related to surgical incisions as evidenced by tight skin sutures.

Outcomes

- 1. The patient will demonstrate adequate cardiac output as evidenced by vital signs within acceptable limits.
- 2. The patient will achieve and maintain glucose in a satisfactory range.
- 3. The patient will participate in dialysis treatment as prescribed.
- 4. The patient will remain free of purulent drainage in the wound.

Client Information

Date of admission: 9/18/2023

Client Initials: M.K

Age: 51

Gender: Male

Race: African American

Occupation: Not employed

Marital status: Single

Allergies: No known allergies

Code status: Full code

Height: 5'11"

Weight: 223 lbs

Nursing Diagnosis/Outcomes

- 1. Give oxygen as indicated by the patient's symptoms, oxygen saturation, and ABGs.
- 2. Assist the patient in assuming a high fowlers position.
- 3. Teach the patient how to perform home glucose monitoring.
- 4. Stress the importance of achieving blood glucose control to reduce complications.
- 5. Closely monitor the patient's intake and output.
- 6. Explain the importance of dialysis.
- 7. Disinfect the site with antiseptic.
- 8. Apply appropriate wound dressings.

Nursing Interventions

