

**N431 Care Plan #1**

Destiny Bell

Lakeview College of Nursing

N431: Adult Health II

Professor. Unrein

9/19/2023

**Demographics (3 points)**

<b>Date of Admission</b> 9-15-2023	<b>Client Initials</b> M.K	<b>Age</b> 51 years old	<b>Gender</b> Male
<b>Race/Ethnicity</b> African American	<b>Occupation</b> Unknown	<b>Marital Status</b> Married	<b>Allergies</b> No known allergies
<b>Code Status</b> FULL Code	<b>Height</b> 180.3 cm (5ft 11 inches)	<b>Weight</b> 101.2 kg (223 lbs. 1.7 oz)	

**Medical History (5 Points)****Past Medical History:**

- Anemia
- Barret's esophagus
- Cardiomyopathy
- Diabetes mellitus type 2
- Hypertension
- Hyperlipidemia
- Pulmonary hypertension
- Covid (7-6-2020)
- Closed displaced fracture of the fifth metacarpal on the left hand.

**Past Surgical History:**

- Right sided cardiac catheterization; 9-28-2016 and 4-24-2017
- Colonoscopy; 9-27-2016
- EGD/Colonoscopy; 10-2-2022
- Gastrostomy G tube placement; 9-8-2020

- Hemodialysis catheter insertion; 6-20-2023
- ICD insertion; 9-8-2017
- IR Peritoneal dialysis catheter insertion; 1-18-2021
- Tracheostomy; 9-5-2020

**Family History:**

- Diabetes Mellitus; Brother

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

- Denies any tobacco, recreational drug, or alcohol use.

**Assistive Devices:** none

**Living Situation:** Lives alone at home with his wife.

**Education Level:** Highschool diploma

**Admission Assessment**

**Chief Complaint (2 points):** Chest pain

**History of Present Illness – OLD CARTS (10 points):** M.K. is a 51-year-old African American male who presented to Carle on 9-15-2023 with a chief complaint of chest pain, in which his ICD delivered multiple shocks due to him being in ventricular tachycardia. Before arriving to the hospital, the patient did not try any at home treatment options. Patient denies having any aggravating or relieving factors for his chest pain.

**Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Ventricular Tachycardia

**Secondary Diagnosis (if applicable):** N/A

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

Ventricular tachycardia is an abnormal heart rhythm caused irregular electrical signals in the lower chambers of the heart (Mayo Clinic, 2022). This condition is also commonly referred to as V Tach or VT. Sustained VT is defined as VT that persists for longer than 30 seconds or VT associated with hemodynamic compromise (Capriotti, 2020). In a normal sinus rhythm, the heart beats about 60 to 100 times a minute whereas in ventricular tachycardia the heart beats an average of 100 or more beats a minute (Mayo Clinic, 2022). A rapid heartrate can prevent the heart chambers from filling with blood. As a result, the heart may not be able to supply the body with a sufficient amount of blood (Mayo Clinic, 2022). Patients experiencing an episode of ventricular tachycardia are aware of a sudden onset of rapid heart rate and may experience dyspnea, palpitations, and lightheadedness (Capriotti, 2020). Treatment for ventricular tachycardia includes medications, a cardioversion which the patient's ICD had tried to deliver a shock to correct his rhythm, and surgery to slow the heart or reset the heart rhythm (Mayo Clinic, 2022).

**Pathophysiology References (2) (APA):**

Capriotti, Theresa M. "Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives" 2<sup>nd</sup> ed. (2020). *F.A Davis Company*.

Mayo Clinic. (2022, February 2). *Ventricular tachycardia*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/ventricular-tachycardia/symptoms-causes/syc-20355138#:~:text=Ventricular%20tachycardia%20is%20caused%20by,enough%20blood%20to%20the%20body.>

**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
<b>RBC</b>	<b>4.10 – 5.70</b> <b>10<sup>6</sup> u/l</b>	<b>3.69</b>	<b>3.30</b>	Decreased red blood counts can be caused by a chronic illness. Decreased levels can also be caused by anemia or dietary deficiency (PhD Rn & Facs, 2021).
<b>Hgb</b>	<b>12.0-18.0</b> <b>g/dL</b>	<b>11.7</b>	<b>10.3</b>	Decreased hemoglobin levels can be caused by neoplasia (PhD Rn & Facs, 2021).
<b>Hct</b>	<b>37.0-51.0 %</b>	<b>34.7</b>	<b>31.3</b>	Decreased hematocrit levels can be related to dietary deficiency, anemia, or hyperthyroidism (PhD Rn & Facs, 2021).
<b>Platelets</b>	<b>140 – 400</b> <b>10<sup>3</sup> u/l</b>	<b>113</b>	<b>92</b>	Decreased platelets can be caused by acute or chronic infection (PhD Rn & Facs, 2021).
<b>WBC</b>	<b>4.0-11.0</b> <b>10<sup>3</sup> u/l</b>	<b>3.75</b>	<b>3.23</b>	Could be an indication of infection
Neutrophils	<b>1.60-7.70</b> <b>10<sup>3</sup> u/l</b>	1.97	n/a	
Lymphocytes	<b>1.0-4.90</b> <b>10<sup>3</sup> u/l</b>	1.07	n/a	
Monocytes	<b>0.0-1.10</b> <b>10<sup>3</sup> u/l</b>	0.42	n/a	
Eosinophils	<b>0.0-0.50</b> <b>10<sup>3</sup> u/l</b>	0.26	n/a	
Bands	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
<b>Na-</b>	<b>136-145</b> <b>mmol/L</b>	<b>132</b>	<b>134</b>	Decreased sodium levels can be due to deficient dietary intake, diarrhea, Addison's disease, and the administration of diuretics (PhD Rn & Facs, 2021).
<b>K+</b>	<b>3.5-5.1</b> <b>mmol/L</b>	4.7	4.2	

<b>Cl-</b>	<b>98-107 mmol/L</b>	<b>92</b>	<b>96</b>	Low levels of chloride can indicate heart failure or may be a sign of Addison's disease.
<b>CO2</b>	<b>22.0-29.0 Mmol/L</b>	<b>27.0</b>	<b>27.0</b>	
<b>Glucose</b>	<b>74-100 Mg/dL</b>	<b>118</b>	<b>199</b>	Elevated glucose could be related to recent illness, dehydration, or caused by certain medications.
<b>BUN</b>	<b>8-26 Mg/dL</b>	<b>50</b>	<b>54</b>	Elevated bun levels could result from decreased kidney function or could indicate dehydration.
<b>Creatinine</b>	<b>0.70-1.30 Mg/dL</b>	<b>14.48</b>	<b>13.91</b>	Medications such as ACE inhibitors can cause elevated creatinine levels other causes can be due to shock and possible dehydration (PhD Rn & Facs, 2021).
<b>Albumin</b>	<b>3.5 – 5.0 g/dL</b>	<b>3.2</b>	<b>2.6</b>	Low albumin levels can be a sign of liver disease, cirrhosis, or GI malabsorption (PhD Rn & Facs, 2021).
<b>Calcium</b>	<b>8.9-10.6 Mg/dL</b>	<b>9.1</b>	<b>7.9</b>	
<b>Mag</b>	<b>1.6-2.6 Mg/dL</b>	<b>2.3</b>	<b>2.2</b>	
<b>Phosphate</b>	<b>N/a</b>	<b>n/a</b>	<b>n/a</b>	
<b>Bilirubin</b>	<b>0.2-1.2 Mg/dL</b>	<b>0.4</b>	<b>n/a</b>	
<b>Alk Phos</b>	<b>40 – 150 u/L</b>	<b>171</b>	<b>n/a</b>	High alkaline phosphate levels can be caused by a variety of medications such as antibiotics and tetracyclines. Elevated phosphate can also result from cirrhosis and hyperparathyroidism (PhD Rn & Facs, 2021).
<b>AST</b>	<b>5 – 34 U/L</b>	<b>17</b>	<b>N/A</b>	
<b>ALT</b>	<b>0 – 55 U/L</b>	<b>15</b>	<b>N/A</b>	
<b>Amylase</b>	<b>23-85 U/L</b>	<b>N/A</b>	<b>N/A</b>	
<b>Lipase</b>	<b>0-160 U/L</b>	<b>N/A</b>	<b>N/A</b>	

Lactic Acid	0.5-2.0 Mmol/L	N/A	N/A	
Troponin	N/A	16	N/A	
CK-MB	N/A	N/A	N/A	
Total CK	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	0.9-1.1	N/A	N/A	
PT	11.7-13.8 seconds	N/A	N/A	
PTT	22.4-35.9 seconds	N/A	N/A	
D-Dimer	N/A	N/A	N/A	
BNP	N/A	N/A	N/A	
HDL	40 – 60 Mg/dL	n/a	41	
LDL	<100 Mg/dL	n/a	91	
Cholesterol	0 – 200 Mg/dL	n/a	160	
<b>Triglycerides</b>	<b>&lt;150 Mg/dL</b>	<b>n/a</b>	<b>165</b>	Could be due to poorly controlled type 2 diabetes, hypothyroidism, or liver or kidney disease
Hgb A1c	4-5.6 Mmol/L Non- diabetic	n/a	n/a	
TSH	0.270-4.200 Miu/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	CLEAR AND YELLOW	CLEAR AND LIGHT YELLOW	N/A	
pH	4.5-9	8.5	N/A	
Specific Gravity	1.005-1.035	1.009	N/A	
Glucose	NEG	NEG	N/A	
<b>Protein</b>	<b>NEG</b>	<b>TRACE</b>	<b>N/A</b>	<b>COULD INDICATE A FORMING UTI</b>
<b>Ketones</b>	<b>NEG</b>	<b>TRACE</b>	<b>N/A</b>	<b>PATIENT IS A DIABETIC</b>
WBC	0-25 U/L	2	N/A	
RBC	0-20 U/L	5	N/A	
Leukoesterase	NEG	NEG	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	N/A	N/A	N/A	
PaO <sub>2</sub>	N/A	N/A	N/A	
PaCO <sub>2</sub>	N/A	N/A	N/A	
HCO <sub>3</sub>	N/A	N/A	N/A	
SaO <sub>2</sub>	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	N/A	N/A	N/A	
Blood Culture	N/A	N/A	N/A	
Sputum Culture	N/A	N/A	N/A	
Stool Culture	N/A	N/A	N/A	

**Lab Correlations Reference (1) (APA):**

PhD Rn, P. K. D., & Facs, M. T. P. J. (2021). Mosby's Diagnostic and Laboratory Test Reference (Mosby's Diagnostic & Laboratory Test Reference) (15th ed.). Mosby.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points): NONE**

**Diagnostic Test Correlation (5 points): n/a**

**Diagnostic Test Reference (1) (APA):**

PhD Rn, P. K. D., & Facs, M. T. P. J. (2021). Mosby's Diagnostic and Laboratory Test Reference (Mosby's Diagnostic & Laboratory Test Reference) (15th ed.). Mosby.

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

**Home Medications (5 required)**

<b>Brand/Generic</b>	Acetaminophen	Insulin Glargine	Losartan	Pantoprazole	Calcitriol
<b>Dose</b>	500mg	5 units	12.5mg	40mg	0.25mcg
<b>Frequency</b>	Every 6 hours	Every morning	everyday	Twice a day	daily
<b>Route</b>	Oral	subcutaneous	oral	oral	Oral
<b>Classification</b>	Pharmacologic class: nonsalicylate, paraminophenol derivative Therapeutic class: antipyretic, nonopioid analgesic Pregnancy class: B	Long-acting insulin	Angiotensin II receptor antihypertensive	Proton pump inhibitor, antiulcer	Vitamin D analogue, antihypocalcemic
<b>Mechanism of Action</b>	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Also acts directly on the temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2	Replaces insulin that is normally produced by the body and helps move sugar from the blood into other body tissues where it is then used for energy.	Blocks the binding of angiotensin II to receptor sites in many tissues, including adrenal glands and vascular smooth muscle. Angiotensin II is a potent vasoconstrictor that also stimulates the adrenal cortex to secrete aldosterone. The inhibiting effects of angiotensin II reduce blood pressure.	interferes with gastric acid, secretion by inhibiting the hydrogen-potassium-adenosine triphosphate enzyme system, or proton pump, in gastric parietal cells. normally, the proton pump uses energy from hydrolysis of ATPase to drive H <sup>+</sup> and chloride out of parietal cells and into the stomach lumen in exchange for potassium, which leaves the stomach lumen and enters	Binds to specific receptors on the intestinal mucosa to increase calcium absorption from the intestine.

				parietal cells thus forming hydrochloric acid.	
<b>Reason Client Taking</b>	To manage and relieve pain.	Patient is a type 2 diabetic	To treat hypertension	To treat and manage gerd	To treat hypocalcemia
<b>Contraindications (2)</b>	Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe liver disease.	Do not administer if patient is in a hypoglycemic state and hypersensitivity to the drug or its components.	Concurrent aliskiren therapy, hypersensitivity to losartan or its components	Concurrent therapy with rilpivirine containing products, hypersensitivity to pantoprazole, lansoprazole or their components	Hypercalcemia, hypersensitivity to calcitriol or its components, and vitamin d toxicity
<b>Side Effects/Adverse Reactions (2)</b>	Hypotension, stridor, anxiety, fatigue, abdominal pain	Anxiety, confusion, dizziness	Hypotension, hyperkalemia, hyponatremia.	Chest pain, elevated serum creatine, hypomagnesemia	Erythema multiforme, lip swelling, rash
<b>Nursing Considerations (2)</b>	Use cautiously in patients with hepatic impairment Monitor renal function	Monitor for adverse effects such as hypoglycemia and do not inject into areas with any redness or swelling	Know that in some patients it may be more effective to give in two divided doses daily and monitor serum potassium level for signs of hyperkalemia	Monitor patient's urine output because pantoprazole can cause acute interstitial nephritis and monitor patient for diarrhea as this medication can result in clostridium difficile.	Check to be sure the patient is receiving enough calcium, store drug at room temperature and protect from heat and direct light.
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	Vital signs, pain level	Blood glucose level and orientation and reflexes	Blood pressure and renal function and monitor for muscle pain.	Vital signs and urine output and magnesium level as it can cause hypomagnesemia	Monitor BUN levels monitor AST and ALT and watch for signs of vitamin D toxicity.
<b>Client Teaching Needs (2)</b>	Do not exceed the recommended dosage daily. And do not take any other medications containing acetaminophen while taking this medication.	Use exactly as directed, never use if you have symptoms of hypoglycemia and how to administer insulin.	Avoid potassium containing salt substitutes and avoid exercising in hot weather and drinking excessive amounts of alcohol.	Teach patient to swallow medications whole and not to chew or crush the tablets. Advise patient to notify the physician if diarrhea occurs and becomes severe.	Warn patient not to take other forms of vitamin D while taking calcitriol and instruct the patient to take a missed dose as soon as possible

### Hospital Medications (5 required)

<b>Brand/Generic</b>	Folic acid	Metoprolol Succinate	Potassium chloride	Torsemide	Sevelamer Carbonate
<b>Dose</b>	1mg	12.5mg	40 meq	200mg	1600mg
<b>Frequency</b>	Daily	Daily each morning	Daily each morning	Daily	Three times a day with meals
<b>Route</b>	oral	Oral	oral	oral	oral
<b>Classification</b>	<b>Pharmacologic class:</b> <b>Hematinic</b> <b>Therapeutic class:</b> <b>antianemic, nutritional supplement</b> <b>Pregnancy: NA</b>	<b>Pharmacologic al:</b> beta1-adrenergic blocker <b>Therapeutic:</b> Antianginal, antihypertensive <b>Pregnancy class:</b> C	<b>Pharmacologic al:</b> Electrolyte cation <b>Therapeutic:</b> electrolyte replacement <b>Pregnancy class:</b> C	<b>Loop diuretic</b> <b>Antihypertensive</b>	<b>Polymeric phosphate binder, Phosphate binder</b>
<b>Mechanism of Action</b>	<b>Acts to normalize RBC production by binding with hemoglobin or by being oxidized and stored as hemosiderin or aggregated ferritin in reticuloendothelial cells of the bone marrow, liver, and spleen. Iron is an essential component of hemoglobin, myoglobin, and several enzymes, including catalase, cytochromes,</b>	<b>Inhibits stimulation of beta1 receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand. These effects help relieve angina, minimize cardiac tissue damage from a myocardial infarction, and help relieve symptoms of heart failure. Metoprolol</b>	<b>Acts as the major cation in intracellular fluid, activating as many enzymatic reactions essential for physiologic processes, including nerve impulse transmission and cardiac and skeletal muscle contraction. Potassium helps maintain electro-neutrality in cells by controlling the exchange of intracellular and</b>	<b>Blocks active chloride and sodium reabsorption in the ascending loop of Henle by promoting rapid excretion of sodium, chloride, and water. It also increases the production of renal prostaglandin, increasing the plasma renin level and renal vasodilation. As a result blood pressure drops, reducing</b>	<b>Inhibits phosphate absorption in the intestine by binding dietary phosphate, therefore lowering serum phosphorus level.</b>

	<b>and peroxidase. Iron is needed for catecholamine metabolism in normal neutrophil function</b>	also helps reduce blood pressure by decreasing renal release of renin (Jones & Bartlett, 2019).	extracellular ions. Potassium also helps maintain normal renal function and acid-base balance (Jones & Bartlett, 2019).	<b>preload and afterload</b>	
<b>Reason Client Taking</b>	<b>His RBC count is low</b>	<b>To treat and manage hypertension</b>	<b>To treat and manage hypokalemia.</b>	<b>To treat hypertension</b>	<b>To help control serum phosphate level</b>
<b>Contraindications (2)</b>	<b>Hemochromatosis, hemolytic anemia's, hemosiderosis, hypersensitivity to iron salts or their components, other anemic conditions unless accompanied by iron deficiency</b>	Contraindications include acute heart failure, cardiogenic shock; hypersensitivity to metoprolol, its components or other beta blockers, pulse less than 45 beats per minute (Jones & Bartlett, 2019)	Contraindications include acute dehydration, Addison's disease (untreated), hyperkalemia, severe hemolytic anemia (Jones & Bartlett, 2019).	<b>Anuric patients, hepatic coma, hypersensitivity to toremide or its components</b>	<b>Bowel obstruction, hypersensitivity to sevelamer carbonate, sevelamer hydrochloride or their components</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>CNS; dizziness, fever, headache, paresthesia, syncope CV: chest pain, hypertension, hypotension, tachycardia EENT: metallic taste, tooth discoloration GI: abdominal cramps, constipation, epigastric pain, nausea, stool discoloration, vomiting HEME: Hemachromatosis, hemolysis, Hemosiderosis RESP: dyspnea, wheezing SKIN:</b>	<b>CV:</b> arrhythmias, including bradycardia and AV block. <b>CNS:</b> Anxiety, confusion and CVA <b>HEME:</b> leukocytopenia	<b>CV:</b> arrhythmias, systole, bradycardia, cardiac arrest, ventricular fibrillation <b>Resp:</b> Dyspnea <b>Other:</b> hyperkalemia, anaphylaxis	<b>Hypotension, dry mouth, abdominal pain</b>	<b>Hypotension, dyspnea, abdominal pain</b>

	<p>Diaphoresis, flushing, pure rashes, rash, urticaria</p> <p>Other: anaphylaxis (with IV administration), angioedema, injection site discoloration</p>				
<b>Nursing Considerations (2)</b>	<ul style="list-style-type: none"> <li>• give iron tablets and capsules with a full glass of water or juice. Do not crush enteric coated tablets are open capsules</li> <li>• dilute and administer with a straw or place drops in the back of patient's throat, because iron solutions may stay in teeth. Mix that elixir form in water. Fer-in-sol drops or syrup maybe be extra juice or water.</li> </ul>	Use cautiously in patient's with angina or hypertension who also have congestive heart failure because beta blockers can further depress myocardial contractility (Jones & Bartlett, 2019). Monitor vital signs if patient develops bradycardia, dosage may need to be adjusted (Jones & Bartlett, 2019).	Administer oral potassium with or immediately after meals. Monitor serum potassium levels before and during administration of IV potassium as hyperkalemia can occur (Jones & Bartlett, 2019).	<b>Do not exceed 200mg in a single IV dose, and monitor serum electrolyte levels.as hypovolemia can occur</b>	<b>Give other drugs at least 1 hour before or 3 hours after to prevent interactions and be aware that severe hypophosphatemia may occur.</b>
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	Assess serum folate levels and assess hgb and hct prior to administration.	<b>Monitor vital signs such as blood pressure, ecg, heart rate, and respiratory rate.</b>	Potassium level and vital signs	<b>Serum electrolyte levels and fluid intake and output. And vital signs</b>	<b>Monitor blood pressure and monitor serum phosphorus level to determine the drug's effectiveness.</b>
<b>Client Teaching Needs (2)</b>	Do not crush enteric coated tablets and take exactly as directed.	Take exactly as directed. Take the medication whole, do not crush or chew tablets.	<b>Caution patient not to crush or chew enteric coated tablets unless instructed otherwise and advise patient to watch for changes in</b>	<b>Change position slowly to minimize the effects of orthostatic hypotension and advise patient to maintain an adequate fluid</b>	<b>Tell patient to take the drug with meals and to swallow tablets whole and instruct patient to report new onset or worsening of existing</b>

			stool and notify provider if stools become black and tarry.	intake.	constipation
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### Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). *2020 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett Learning.

### Assessment

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

<b>GENERAL:</b> <b>Alertness: Alert</b> <b>Orientation: Orientated x 3</b> <b>Distress: No apparent distress</b> <b>Overall appearance: well-kept</b>	<b>Patient is alert and oriented to time, month and place. Patient is calm and cooperative and does not appear to be in any acute distress. Patient appears well groomed and appropriate for given situation</b>
<b>INTEGUMENTARY:</b> <b>Skin color:</b> <b>Character: dry and intact</b> <b>Temperature: warm</b> <b>Turgor: normal</b> <b>Rashes: none</b> <b>Bruises: none</b> <b>Wounds: none</b> <b>Braden Score: 22</b> <b>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type:</b>	<b>Skin is warm, dry, intact, and elastic.</b> <b>No discoloration noted</b> <b>Pressure points without redness</b> <b>No drains present</b> <b>Patient has a laparoscopic incision on his lower left abdomen.</b> <b>Braden score is 22.</b>
<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	<b>Head and neck are normocephalic and symmetrical at rest and with movement. No edema, redness, or discoloration observed.</b> <b>Nares are patent with no drainage present.</b> <b>Lips and oral mucosa are pink, moist, and intact. Some teeth noted to be missing.</b>
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b> <b>S1, S2, S3, S4, murmur etc.</b> <b>Cardiac rhythm (if applicable): Normal sinus</b> <b>Peripheral Pulses: 3+</b> <b>Capillary refill: &lt;2 seconds</b>	<b>S1 and S2 are present, no murmurs heard upon auscultation. Peripheral pulses are equal strength and quality, 3+ bilaterally throughout. Capillary refill is less than 2 seconds on fingers and toes bilaterally. No edema visualized or palpated on upper or lower extremities.</b>

<p><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Location of Edema:</b></p>	<p><b>Homans sign is negative</b></p>
<p><b>RESPIRATORY:</b></p> <p><b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Breath Sounds: Location, character</b></p>	<p>Lung sounds are clear to auscultation bilaterally.</p> <p><b>No crackles, wheezes or rhonchi noted</b></p> <p><b>Breathing at a regular depth and pattern.</b></p>
<p><b>GASTROINTESTINAL:</b></p> <p><b>Diet at home: normal</b></p> <p><b>Current Diet; cardiac</b></p> <p><b>Height: 5 ft 11in</b></p> <p><b>Weight: 233 lbs 1.7 oz</b></p> <p><b>Auscultation Bowel sounds:</b></p> <p><b>Last BM: N/A</b></p> <p><b>Palpation: Pain, Mass etc.:</b></p> <p><b>Inspection:</b></p> <p>    <b>Distention:</b></p> <p>    <b>Incisions:</b></p> <p>    <b>Scars:</b></p> <p>    <b>Drains:</b></p> <p>    <b>Wounds:</b></p> <p><b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>    <b>Size:</b></p> <p><b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>    <b>Type:</b></p>	<p>Bowel sounds are normoactive and heard throughout all four quadrants. Last bowel movement is unknown.</p> <p><b>Abdomen is nondistended and soft in all quadrants.</b></p> <p><b>Abdomen is free of drains and wounds. A laparoscopic incision is noted in the left lower abdomen.</b></p>
<p><b>GENITOURINARY:</b></p> <p><b>Color:</b></p> <p><b>Character:</b></p> <p><b>Quantity of urine: N/A</b></p> <p><b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Inspection of genitals: N/A</b></p> <p><b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>    <b>Type:</b></p> <p>    <b>Size:</b></p>	<p><b>Patient denies any difficulties or pain with urination. Urine reported is clear, yellow and without a foul odor.</b></p>
<p><b>MUSCULOSKELETAL:</b></p> <p><b>Neurovascular status: cognitive</b></p> <p><b>ROM:</b></p> <p><b>Supportive devices:</b></p> <p><b>Strength:</b></p> <p><b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Fall Score: 9</b></p>	<p>Fall risk: 9</p> <p>Patient can ambulate independently and needs little to no assistance with ADL's. Patient currently has a steady gait.</p>

<b>Activity/Mobility Status:</b> <b>Independent (up ad lib)</b> <input type="checkbox"/> <b>Needs assistance with equipment</b> <input type="checkbox"/> <b>Needs support to stand and walk</b> <input type="checkbox"/>	
<b>NEUROLOGICAL:</b> <b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>if no -</b> <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	Patient has good judgment and thought processes are normal. Perceptive to touch, temperature, and pain. Patient is alert and orientated to person place and time. PERRLA is normal Strengths are 3+ and equal throughout bilateral extremities No gross focal or neurological deficits.
<b>PSYCHOSOCIAL/CULTURAL:</b> <b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	Patient reports having a good support system And a strong and loving home environment denies any home concerns, patient lives at home with his wife.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0731	74 bpm	137/82	18	98.3 F oral	97% room air
1138	78 bpm	138/79	20	97.8 F oral	99% room air

**Vital Sign Trends:** Vital signs are stable in a normal sinus rhythm, blood pressure systolic has slightly increased while diastolic decreased.

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>0731</b>	<b>numeric</b>	<b>Denies pain</b>	<b>N/A</b>	<b>N/A</b>	<b>Continue to monitor</b>
<b>1138</b>	<b>Numeric</b>	<b>Denies pain</b>	<b>N/A</b>	<b>N/A</b>	<b>Continue to monitor</b>

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV: 20g</b> <b>Location of IV: Left anterior lower forearm</b> <b>Date on IV: 9-17-2023</b> <b>Patency of IV: patent, flushes easily</b> <b>Signs of erythema, drainage, etc.: none</b> <b>IV dressing assessment: intact</b>	None

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>450ml</b>	<b>Voided x 2</b>

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

**Overview of care:** Patient was admitted after having an episode of ventricular tachycardia, the patient is scheduled to receive new batteries in his ICD on 9-19-2023.

**Procedures/testing done:** On admission, a CBC and CMP were analyzed as well as a urinalysis.

**Complaints/Issues:** patient voices no complaints or issues

**Vital signs (stable/unstable):** stable, patient is currently in normal sinus rhythm with his most recent set of vital signs being 138/79, pulse of 78 bpm, oxygen saturation of 99% on room air, and respirations are 20.

**Tolerating diet, activity, etc.:** tolerating cardiac diet

**Physician notifications:**

- Abnormal heart rhythm
- Elevated pulse rate

**Future plans for client:** patient is scheduled to have the batteries in his ICD replaced on 9-19-2023 due to the batteries being dead.

### Discharge Planning (2 points)

**Discharge location:** Home with spouse

**Home health needs (if applicable):** N/A

**Equipment needs (if applicable):** N/A

**Follow up plan:** Follow up with primary in 2-3 days

**Education needs:**

- How to manage and treat chest pain at home and when to seek emergency treatment
- Low sodium diet

### Nursing Diagnosis (15 points)

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

<b>Nursing Diagnosis</b> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority –</li> </ul>	<b>Rationale</b> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<b>Interventions (2 per dx)</b>	<b>Outcome Goal (1 per dx)</b>	<b>Evaluation</b> <ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to</li> </ul>

highest priority to lowest priority pertinent to this client				plan.
1. Acute pain related to abnormal electrical signals in the heart as evidenced by complaint of chest pain	<b>I chose this due to the patient having ga chief complaint of chest pain and being gin v-tach.</b>	1.monitor ecg 2.adminster acetaminophen for pain	1. verbalize relief from chest pain	<b>Patient did not have any pain or discomfort</b>
2. Impaired gas exchange related to rapid heart contraction as evidenced by tachycardia	<b>The patient presented to the hospital in an abnormal rhythm and very tachycardic</b>	1. promote breathing techniques 2.administer oxygen as needed	1. patient will have no complaints of difficulty breathing or dizziness	<b>Patient denied any complaint of shortness of breath and maintained an adequate oxygen saturation on room air</b>
3. Risk for decreased cardiac output related to irregular heart rhythm as evidenced by tachycardia	<b>The patient is in ventricular tachycardia which could affect his cardiac output and preload and afterload.</b>	1. Obtain vital signs regularly 2 assist with cardioversion	1. patient will maintain vital signs and return to a normal sinus rhythm	<b>The patient is currently in normal sinus rhythm and vital signs are stable.</b>
4. Risk for decreased cardiac tissue perfusion related to tachycardia	<b>The patient is experiencing tachycardia and presented with a chief complaint of</b>	1. Assist with ICD 2. administer antiarrhythmics	1. patient will remain free from tachycardic arrhythmias	<b>The patient maintained a normal sinus rhythm during the whole clinical hours.</b>

as evidenced by increased heart rate and complaint of chest pain	<b>chest pain</b>			
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**Other References (APA):**

Wagner, M. (2023, May 6). *Tachycardia: Nursing diagnoses & care plans*. NurseTogether. <https://www.nursetogether.com/tachycardia-nursing-diagnosis-care-plan/>

**Concept Map (20 Points):**

### Subjective Data

Patient states that he was experiencing an episode of chest pain that began on 9-15-2023 and which his ICD delivered multiple shocks to the patient.

### Nursing Diagnosis/Outcomes

1. Acute pain related to abnormal electrical signals in the heart as evidenced by complaint of chest pain
  - Outcome; verbalize relief from chest pain
2. Impaired gas exchange related to rapid heart contraction as evidenced by tachycardia
  - Outcome; Patient will have no complaints of difficulty breathing or dizziness
3. Risk for decreased cardiac output related to irregular heart rhythm as evidenced by tachycardia
  - Outcome: patient will maintain normal vital signs and return to a normal sinus rhythm
4. Risk for decreased cardiac tissue perfusion related to tachycardia as evidenced by increased heart rate and complaint of chest pain
  - Outcome; patient will remain free from tachycardic arrhythmias

### Objective Data

Patient is currently in a normal sinus rhythm and his most recent vital signs are as follows;  
 BP: 138/79  
 PULSE: 78 BPM  
 Resp: 20  
 Temp: 97.8 F oral  
 O2: 99% on room air

### Client Information

M.K is a 51 year old African American male with a past medical history of Anemia, Barret's esophagus, cardiomyopathy, diabetes mellitus type 2, Hypertension, Hyperlipidemia, Pulmonary hypertension, Covid and a closed displaced fracture of the fifth metacarpal on the left hand.

### Nursing Interventions

- Monitor ECG
- Administer acetaminophen as needed for pain
- Administer oxygen as needed
- Promote breathing techniques
- Obtain vital signs regularly
- Assist with cardioversion
- Assist with the patient's ICD
- Administer antiarrhythmics



