

N321 Care Plan #1

Lakeview College of Nursing

Brittney J. Burns

September 22, 2023

**Demographics (3 points)**

<b>Date of Admission</b> 09/15/23	<b>Client Initials</b> KC	<b>Age</b> 49	<b>Gender</b> M
<b>Race/Ethnicity</b> White Non-Hispanic	<b>Occupation</b> Unemployed	<b>Marital Status</b> S	<b>Allergies</b> Bee Venom, Penicillin G
<b>Code Status</b> Full	<b>Height</b> 185.4 cm, 6'1	<b>Weight</b> 123.832 kg, 273 lb.	

**Medical History (5 Points)**

**Past Medical History: Arthritis, Bone spur bilateral leg, diabetes (HCC), HNT, Enlarged heart, Carpal tunnel syndrome right arm, hyperlipidemia**

**Past Surgical History: Bilateral hip replacement, Appendectomy, tonsillectomy**

**Family History: Mother- cancer, Father Alzheimer's, Arthritis, diabetes, HNT. Both mother and father are deceased.**

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

**The client denies tobacco, alcohol, and drug use.**

**Assistive Devices: Cane**

**Living Situation: Lives alone, apartment**

**Education Level: High school graduate, some college**

**Admission Assessment**

**Chief Complaint (2 points): SOB**

**History of Present Illness – OLD CARTS (10 points): On September 15, a non-Hispanic white male with a past medical history of hypertension and high cholesterol diabetes was brought in as a patient noted shortness of breath for three weeks. The client initially thought it was because of the black mold he found in his home. The patient has a past**

**medical history of an enlarged heart. He had an elevated D timer at the time of the ER visit. He has not taken his meds for some time, as they were stolen. The case manager was notified. The client noted elevated lactic acid, unsure if it is secondary to metformin, and an X-ray was done. There is possible pneumonia. CT did not show any PE. The client denies fever, chills, vomiting, and nausea.**

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points): Pneumonia**

**Secondary Diagnosis (if applicable): Enlarged heart, Cardiomegaly.**

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

Pneumonia is a prevalent disease and carries a heavy burden in all populations. A study carried out by the *US Centers for Disease Control and Prevention* (CDC) aimed at estimating its burden in North America found that CAP accounted for the eighth leading cause of mortality in the United States and the seventh leading cause of mortality in Canada after adjusting for various gender and age differences (Jain et al., 2023). So, what exactly is pneumonia? Pneumonia has been defined as an infection of lung parenchyma. (Jain et al., 2023). There are three types of pneumonia; community-acquired pneumonia (CAP) is acquired outside of a hospital setting. Hospital-acquired pneumonia (HAP) is acquired within 48 hours (about 2 days) of a patient being admitted into a hospital and not incubating at admission. There is also ventilator-associated pneumonia (VAP), any pneumonia acquired 48 hours after endotracheal incubation.

Researchers have found that in the lower respiratory tract, there is a delicate balance between the living organisms and the innate and acquired local and systemic defensive mechanisms. When the balance is upset, pneumonia, an inflammation of the lung parenchyma,

results. The local macrophages serve to guard the lung against external infections. The macrophages' inflammatory response causes the histological and clinical characteristics of pneumonia. When macrophages engulf pathogens, signaling molecules or cytokines like TNF- $\alpha$ , IL-8, and IL-1 are released, which attract inflammatory cells like neutrophils to the infection site. They also deliver these antigens to T cells, which activate complement, activate cellular and humoral defense mechanisms, and produce antibodies against these pathogens. As a result, the lung parenchyma becomes inflamed, and the lining capillaries become "leaky," which highlights the etiology of pneumonia and results in exudative congestion.

Cardiomegaly is an umbrella designation for various conditions leading to heart enlargement, which usually remains undiagnosed until the symptoms ensue. It has become increasingly prevalent and carries a high mortality rate. Cardiomegaly means enlargement of the heart (Hina et al., 2022). Both hereditary and non-genetic factors are involved in the complex process of cardiac remodeling and hypertrophy development. Dilated hypertrophy, fibrosis, and contractile dysfunction are the three most critical pathophysiological alterations that result in cardiomegaly. Cardiomegaly is generally diagnosed through imaging techniques that measure the size and efficiency of the heart.

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

Jain V, Vashisht R, Yilmaz G, et al. Pneumonia Pathology. [Updated 2023 Jul 31]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK526116/>

Amin H, Siddiqui WJ. Cardiomegaly. [Updated 2022 Nov 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK542296/>

### Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.30 10(6) mL	5.26	5.52	
Hgb	13.0-16.5 g/dl	14.6	15.6	
Hct	38.0-50%	44.5	46.7	
Platelets	140-440 10 (3) mcL	138	156	
WBC	4.00-12.00 10 (3) mcL	10.00	10.50	
Neutrophils	47.0-73.0%	55.2	60.9	
Lymphocytes	19.0-49%	35.4	28.5	
Monocytes	3.0-13.0%	5.3	7.3	
Eosinophils	0.0-8.0%	3.2	2.5	
Bands	0.0-1.0%	0.9	0.8	

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-	135-144 mmol/L	139	137	
K+	3.5-5.1 mmoL/L	4.2	4.1	
Cl-	98-108 mmoL/L	107	104	
CO2	20-31	<b>19</b>	21	The causes of decreased CO <sub>2</sub>

	<b>mmoL/L</b>			levels are as follows: shortness of breath, reduction of pulmonary perfusion and increased alveolar dead space, and MV hyperventilation (Hu et al., 2020).
<b>Glucose</b>	<b>70-99 mg/dL</b>	<b>268</b>	<b>179</b>	<b>Not taking his medication. Hyperglycemia is blood glucose greater than 125 mg/dL while fasting and greater than 180 mg/dL 2 hours postprandial. A patient has impaired glucose tolerance, or pre-diabetes, with a fasting plasma glucose of 100 mg/dL to 125 mg/dL (Mouri et al., 2023).</b>
<b>BUN</b>	<b>7-25 mg/dL</b>	<b>11</b>	<b>22</b>	
<b>Creatinine</b>	<b>0.5-1.00 mg/dL</b>	<b>1.07</b>	<b>1.03</b>	<b>Sign of blocked kidney function, possible UTI. Creatinine is an amino acid compound derived from creatine. It is released into the plasma at a constant rate, freely filtered by the glomerulus, and is not reabsorbed or metabolized by the kidney (Asif et al., 2020).</b>
<b>Albumin</b>	<b>3.5-5.7 g/dL</b>	<b>4.3</b>	<b>4.6</b>	
<b>Calcium</b>	<b>8.8-10.2</b>	<b>9.2</b>	<b>9.6</b>	
<b>Mag</b>		<b>N/A</b>	<b>N/A</b>	
<b>Phosphate</b>		<b>N/A</b>	<b>N/A</b>	
<b>Bilirubin</b>		<b>0.7.</b>	<b>0.9</b>	
<b>Alk Phos</b>		<b>73</b>	<b>72</b>	
<b>AST</b>		<b>N/A</b>	<b>N/A</b>	
<b>ALT</b>		<b>N/A</b>	<b>N/A</b>	
<b>Amylase</b>		<b>N/A</b>	<b>N/A</b>	

<b>Lipase</b>		<b>N/A</b>	<b>N/A</b>	
<b>Lactic Acid</b>		<b>3.8</b>	<b>N/A</b>	

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>INR</b>		<b>N/A</b>	<b>N/A</b>	
<b>PT</b>		<b>N/A</b>	<b>N/A</b>	
<b>PTT</b>		<b>N/A</b>	<b>N/A</b>	
<b>D-Dimer</b>		<b>1,086</b>	<b>N/A</b>	<b>Elevated but negative for PE; there are several physiologic states or medical conditions that may cause patients to have an elevated D-dimer in the absence of PE, DVT, or DIC. These include but are not limited to pregnancy, malignancy, cigarette smoking, trauma, or infection, or sepsis ( Bounds, et al., 2023).</b>
<b>BNP</b>		<b>616</b>	<b>N/A</b>	
<b>HDL</b>		<b>25</b>	<b>N/A</b>	
<b>LDL</b>		<b>68</b>	<b>N/A</b>	
<b>Cholesterol</b>		<b>149</b>	<b>N/A</b>	
<b>Triglycerides</b>		<b>282</b>	<b>N/A</b>	
<b>Hgb A1c</b>		<b>8.6</b>	<b>N/A</b>	
<b>TSH</b>		<b>N/A</b>	<b>N/A</b>	

**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		N/A	N/A	
pH		N/A	N/A	
Specific Gravity		N/A	N/A	
Glucose		N/A	N/A	
Protein		N/A	N/A	
Ketones		N/A	N/A	
WBC		N/A	N/A	
RBC		N/A	N/A	
Leukoesterase		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	NEG	N/A	N/A	
Blood Culture	NEG	PENDING	N/A	
Sputum Culture	NEG	N/A	N/A	
Stool Culture	NEG	N/A	N/A	

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

Bounds EJ, Kok SJ. D Dimer. [Updated 2023 Jul 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK431064/>

Hu, D., Li, J., Gao, R., Wang, S., Li, Q., Chen, S., Huang, J., Huang, Y., Li, M., Long, W., Liu, Z., Guo, L., & Wu, X. (2021). Decreased CO<sub>2</sub> Levels as Indicators of Possible Mechanical Ventilation-Induced Hyperventilation in COVID-19 Patients: A Retrospective Analysis. *Frontiers in public health*, 8, 596168.  
<https://doi.org/10.3389/fpubh.2020.596168>

Asif, A. A., Hussain, H., & Chatterjee, T. (2020). Extraordinary Creatinine Level: A Case Report. *Cureus*, 12(7), e9076. <https://doi.org/10.7759/cureus.9076>

Mouri MI, Badireddy M. Hyperglycemia. [Updated 2023 Apr 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from:  
<https://www.ncbi.nlm.nih.gov/books/NBK430900/>

### **Diagnostic Imaging**

#### **All Other Diagnostic Tests (5 points):**

##### **X-ray chest single view**

##### **Findings: A single portable view made of the chest in poor inspiratory effort demonstrates:**

- 1. The heart size to be normal**
- 2. The hilar perihilar and the apical structures are unremarkable.**
- 3. Mild right infra hilar opacity may suggest at the electrons or pneumonia mild linear discoid plate-like atelectasis.**
- 4. The costophrenic angles are cleared**
- 5. No mediastinal or osseous abnormality.**

##### **CT Chest w/ Contrast**

##### **Findings:**

- 1. The heart size is normal. No pericardial effusion.**

2. **The thoracic aorta is of normal caliber. There is no evidence of aneurysm enlargement.**
3. **The main pulmonary artery, right pulmonary artery, left pulmonary artery, and segmental lobar pulmonary arterial branches show no embolism evidence.**
4. **Enlarged lore paratracheal and right subcarinal calcified lymphocytes related to old gradual disease small nodes noted no evidence of any hilar lymphadenopathy in the cardiopulmonary window.**
5. **Pleural effusions larger on the right.**
6. **No pneumothorax.**
7. **Ground glass appearance of lung fields, which is nonspecific. It may be related to congestion, proper infra hilar opacite, probably atelectasis, and pneumonia.**
8. **Portions of the abdomen imaged are unremarkable.**

**Diagnostic Test Correlation (5 points):**

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

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

**Home Medications (5 required)**

<b>Brand/ Generic</b>	<b>glimepiride Amaryl</b>	<b>atorvastatin Lipitor</b>	<b>amloDIPIN E besylate Norvasc</b>	<b>metoprolol succinate Toprol-XL</b>	<b>desvenlafax ine succinate Pristiq</b>
<b>Dose</b>	<b>1mg</b>	<b>2mg</b>	<b>10mg</b>	<b>25mg</b>	<b>100mg</b>
<b>Frequency</b>	<b>Daily</b>	<b>Daily NOC</b>	<b>Daily</b>	<b>Daily</b>	<b>Daily</b>
<b>Route</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>
<b>Classificatio n</b>	<b>Antidiabeti c</b>	<b>Antihyperlipid emic</b>	<b>Calcium blocker</b>	<b>Beta-blocker</b>	<b>Antidepress ants</b>
<b>Mechanism of Action</b>	<b>Stimulant insulin release from beta cells in the pancreas.</b>	<b>Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and</b>	<b>Binds to dihydropyr idine and non- dihydropyr idine cell membrane receptor</b>	<b>Inhibits stimulation of beta receptor sites, located mainly in the heart, resulting in</b>	<b>The exact mechanism of the antidepress ant action of desvenlafax ine is</b>

		cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown.	sites on the myocardial and vascular smooth muscle cells and inhibits influx of extracellular calcium ions across slower calcium channels.	decreased cardiac excitability, cardiac output, and myocardial	unknown, but is thought to be related to the potentiation of serotonin and norepinephrine in the central nervous system, through inhibition of their reuptake. Non-clinical studies have shown that desvenlafaxine is a potent and selective SNRI.
<b>Reason Client Taking</b>	<b>Diabetes</b>	To control lipid levels as an adjunct to diet in primary hypercholesterolemia and mixed dyslipidemia.	<b>Hypertension</b>	Managing hypertension alone or in conjunction with antihypertensives.	<b>Depression</b>
<b>Contraindications (2)</b>	Hypersensitivity to glimepiride, sulfonamide derivatives, or their components .	Pregnancy, breastfeeding, unexplained persistent rise in serum transaminase level.	Hypersensitivity to amlodipine or its components	For angina and hypertension : Cardiogenic shock, heart block greater than first degree, overt cardiac	Allergy to desvenlafaxine or venlafaxine , bipolar disorder (manic depression)

				failure, sinus brady.	
<b>Side Effects/Adverse Reactions (2)</b>	<b>Arrhythmias, hypoglycemia</b>	<b>Hypoglycemia, Stevens-Johnson syndrome</b>	<b>Pancreatitis, hypotension</b>	<b>CVA, Bronchospasm</b>	<b>Suicidal thoughts or behavior, Low sodium levels in the blood</b>
<b>Nursing Considerations (2)</b>	<b>Monitor fasting blood glucose level to determine response to glimepiride. Expect to switch patient to insulin therapy as prescribed during physical stress, such as infection, surgery, and trauma.</b>	<b>Monitor diabetic patient's blood glucose levels because atorvastatin therapy can affect blood glucose control. Be aware that atorvastatin may be used with colestipol or cholestyramine for additive antihyperlipidemic.</b>	<b>Use amlodipine cautiously in patients with heart block, heart failure, impaired renal function, hepatic disorder, or severe aortic stenosis. Monitor blood pressure while adjusting dosage, especially patients with severe aortic stenosis, because symptomatic hypotension may occur.</b>	<b>Use cautiously in patients with angina or hypertension who have congestive heart failure because beta blockers such as metoprolol can further depress myocardial contractility, worsening heart failure. If patient with heart failure develops symptomatic bradycardia, expect to decrease the metoprolol dosage.</b>	

**Hospital Medications (5 required)**

<b>Brand/ Generic</b>	<b>cefuroxime Axetil</b>	<b>empagliflo zin Jardiance</b>	<b>Enoxaparin sodium  Lovenox</b>	<b>furosemide Lasix</b>	<b>azithromy cin Zithroma x</b>
<b>Dose</b>	<b>500 mg</b>	<b>10mg</b>	<b>40mg</b>	<b>40mg</b>	<b>250mg</b>
<b>Frequency</b>	<b>Six doses 2x daily</b>	<b>Daily</b>	<b>Daily</b>	<b>Daily</b>	<b>Daily</b>
<b>Route</b>	<b>Oral</b>	<b>Oral</b>	<b>Sub-Q injection</b>	<b>Intravenous</b>	<b>Oral</b>
<b>Classification</b>	<b>Antibiotic</b>	<b>Antidiabe tic</b>	<b>Anticoagulant</b>	<b>Antihyperten sive, diuretic</b>	<b>Antibiotic</b>
<b>Mechanism of Action</b>	<b>Interferes with bacterial cell wall synthesis by inhibiting the final step in the cross- linking peptidoglycan strands.</b>	<b>Inhibits sodium glucose cotranspo rter 2 in the kidneys, which prevents glucose reabsorpti on. This decreases blood glucose levels.</b>	<b>Potentiates the action of antithrombin III a coagulation inhibitor. By binding with antithrombin II, enoxaparin rapidly binds with and inactivates clotting factor.</b>	<b>Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation.</b>	<b>Binds to a ribosomal subunit of susceptibl e bacteria, blocking peptide translocat ion and inhibiting RNA- dependent protein synthesis.</b>
<b>Reason Client Taking</b>	<b>CAP</b>	<b>Diabetes managem ent</b>	<b>To prevent DVT</b>	<b>To reduce edema caused by cirrhosis, heart failure, and renal</b>	<b>CAP</b>

				disease.	
<b>Contraindications (2)</b>	<b>Hypersensitivity to cefuroxime</b>	<b>Dialysis therapy, end-stage renal impair</b>	<b>Hyperkalemia , hematemesis</b>	<b>Anuria, hypersensitivity to furosemide or its components.</b>	<b>History of cholestatic jaundice or hepatic dysfunction associated with prior use of azithromycin.</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Hepatic Fever, Anaphylaxis</b>	<b>Ketoacidosis, Angioedema</b>	<b>A-Fib, CHF</b>	<b>Azotemia, hemolytic anemia</b>	<b>Leukopenia, hypotension</b>
<b>Nursing Considerations (2)</b>	<b>Obtain culture and sensitivity result., if possible and as ordered before giving the drug. Monitor bleeding time and PT as ordered. Be prepared to administer Vitamin K, if ordered to treat hypothermia.</b>	<b>Monitor patients' blood pressure and cholesterol level throughout empagliflozin therapy.</b>	<b>Use enoxaparin with extreme caution in patients with a history of heparin induced thrombocytopenia.</b>	<b>Be aware of patients who are allergic to sulfonamides may also be allergic to furosemide. Monitor patients closely.</b>	<b>Monitor elderly patients closely for arrhythmias because they are more susceptible to drug effects on the QT interval. Obtain culture and sensitivity test results before starting therapy if possible.</b>

**Medications Reference (1) (APA):**

Assessment

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

<p><b>GENERAL: No apparent distress</b>  <b>Alertness: A&amp;O x4</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance: Neat</b></p>	
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature: 97</b>  <b>Turgor: Normal</b>  <b>Rashes: none present</b>  <b>Bruises: none present</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></p>	
<p><b>HEENT: Atraumatic, symmetrical bilaterally.</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Note:</b>  <b>Teeth:</b></p>	
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds: S1 S2 sounds</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b></p>	

<p><b>Capillary refill: 3 seconds</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b>  <b>Clear</b></p>	
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home: Regular</b>  <b>Current Diet Cardiac</b>  <b>Height: 6'1</b>  <b>Weight: 273 lbs</b>  <b>Auscultation Bowel sounds: within normal limits</b>  <b>Last BM: 9/15/23</b>  <b>Palpation: Pain, Mass etc.: Void of pain and masses</b>  <b>Inspection:</b>              <b>Distention: WDL</b>              <b>Incisions: None</b>              <b>Scars: LLQ scar</b>              <b>Drains: none</b>              <b>Wounds: none</b>  <b>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>              <b>Size:</b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>              <b>Type:</b></p>	
<p><b>GENITOURINARY: DID NOT COLLECT</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>              <b>Type:</b>              <b>Size:</b></p>	
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status: WDL</b>  <b>ROM: WDL</b></p>	

<p><b>Supportive devices: Cane</b>  <b>Strength: WDL</b>  <b>ADL Assistance: Y</b> <input type="checkbox"/> <b>N</b> <input checked="" type="checkbox"/>  <b>Fall Risk: Y</b> <input type="checkbox"/> <b>N</b> <input checked="" type="checkbox"/>  <b>Fall Score: 21</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Cane</b>  <b>He needs support to stand and walk</b> <input type="checkbox"/></p>	
<p><b>NEUROLOGICAL:</b>  <b>MAEW: Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>  <b>PERLA: Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>  <b>Strength Equal: Y</b> <input checked="" type="checkbox"/> <b>N</b> <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: A&amp;O x4</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion and what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
3 am	92	111/81	18	97	98%
8am	95	116/86	18	97	98%

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

Time	Scale	Location	Severity	Characteristics	Interventions
8:30	0-10	Flank	3	Throbbing	Meds were given on time

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**IV Assessment (2 Points)**

IV Assessment	Fluid Type/Rate or Saline Lock
<b>Size of IV:22</b> <b>Location of IV: Posterior rt hand</b> <b>Date on IV: 9/18/23</b> <b>Patency of IV: clean, dry, intact</b> <b>Signs of erythema, drainage, etc.: No</b> <b>IV dressing assessment: clean, dry new dressing</b>	

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
480mL	Void 3x

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care: The patient was anxious, fearful, nervous, and upset. However, he was cooperative.**

**Procedures/testing done: Grievance was being filed against the House supervisor due to a rooming dispute.**

**Complaints/Issues: Shortness of breath and flank pain. Complaint against house supervisor.**

**Vital signs (stable/unstable): Stable**

**Tolerating diet, activity, etc.: Tolerating cardiac diet. The patient was able to ambulate the room.**

**Physician notifications: Flank pain**

**Future plans for the client: Transferred to HMMC**

**Discharge Planning (2 points)**

**Discharge location: HMMC**

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

**Equipment needs (if applicable): Glucometer**

**Follow-up plan: Sleep apnea consult, Hyperlipidemia restart**

**Education needs Anger management, Grief counseling, and proper medication administration.**

**Nursing Diagnosis (15 points)**

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

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include complete nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<p><b>Rationale</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Interventions</b></p> <p><b>(2 per dx)</b></p>	<p><b>Outcome Goal</b></p> <p><b>(1 per dx)</b></p>	<p><b>Evaluation</b></p> <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 plan.</li> </ul>
<p><b>1. Decreased cardiac output related to diabetic medication not being taken as evidenced by</b></p>	<p><b>The client’s medication was stolen from his home, and he has not</b></p>	<p><b>1. Teach the patient and family about the prescribed diet,</b></p>	<p><b>1. Understand the importance of following a prescribed</b></p>	<p><b>New medication was sent to the pharmacy to correct the issue.</b></p>

<p>abnormal glucose labs</p>	<p><b>been taking his medication as prescribed.</b></p>	<p><b>medications (name, dosage, frequency, and therapeutic and adverse effects), prescribed activity level, simple methods for lifting and bending, and stress-reduction techniques. These measures involve patients and their families in care.</b></p> <p><b>2. Family about reportable symptoms of possible cardiac problems. Dizziness, digestion, nausea, shortness of breath, unusual fatigue, weakness, and retrosternal pain. Knowing the symptoms of decreased cardiac</b></p>	<p><b>diet, taking medications as ordered, and maintaining activity level.</b></p>	
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		<p><b>functioning gives the patient greater control over the situation and encourages compliance with the treatment plan.</b></p>		
<p><b>2. Ineffective tissue perfusion (cardiopulmonary) related to pneumonia as evidenced by shortness of breath.</b></p>	<p><b>The patient was diagnosed with pneumonia.</b></p>	<p><b>1. Begin oxygen support using the most minor concentration needed to make the patient comfortable; monitor closely to avoid oxygen toxicity.</b></p> <p><b>2. Avoid respiratory depressants such as opioids, sedatives, and paralytics to facilitate patients' recovery.</b></p>	<p><b>1. Patients' ABG levels are within normal parameters.</b></p>	<p><b>The patient was educated on how pneumonia could also affect the cardiopulmonary system. The patient was educated on how the shortness of breath affects the lungs and heart.</b></p>
<p><b>3. Anxiety related to a new diagnosis, as evidenced by the patient asking questions about the next step of</b></p>	<p><b>The patient was being transferred to another facility with a cardiac</b></p>	<p><b>1. Give the patient a clear, concise explanation of anything about to</b></p>	<p><b>1. The patient communicates with the nurse or family</b></p>	<p><b>The patient explained to the student nurse why this was causing so much anxiety. The</b></p>

<p>their care.</p>	<p><b>unit to start getting a pacemaker.</b></p>	<p><b>occur. Avoid information overload; anxious patients cannot assimilate many details. Anxiety may impair a patient's cognitive abilities.</b></p> <p><b>2. Attend to patients' comfort needs to increase trust and reduce anxiety.</b></p>	<p><b>members to gain reassurance, information, or emotional support.</b></p>	<p><b>patient revealed that his father died from complications of the heart.</b></p>
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**Other References (APA):**

**Phelps, L. L. (2023). *Nursing diagnosis reference manual*. Wolters Kluwer.**

**Concept Map (20 Points):**

### Subjective Data

### Nursing Diagnosis/Outcomes

Medication has not been taken home. The patient reports elevated lactic acid. Denies fever chills vomiting and nausea.

K.C, 49 non Hispanic white male. Unemployed

### Objective Data

### Client Information

1. Ineffective tissue perfusion related to hypoxia and decreased oxygenation evidenced by shortness of breath.  
Outcome: New medication was ordered to correct the medication error. These measures involve patients and their families in care.
2. Decreased cardiac output related to diabetic medication not being taken as evidenced by abnormal glucose labs  
Outcome: The patient was educated on how pneumonia could also affect the cardiovascular system. The patient was educated on how to take medication correctly. The patient was educated on how to take medication correctly.

3. Ineffective tissue perfusion related to hypoxia and decreased oxygenation evidenced by shortness of breath, cyanosis, and weakness.  
Outcome: The patient was educated on how to take medication correctly. The patient was educated on how to take medication correctly. The patient was educated on how to take medication correctly.

1. Begin oxygen support using the most minor concentration needed to make the patient comfortable; monitor closely to avoid oxygen





