

**N311 Care Plan 1**

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N311: Foundations of Professional Practice

Professor Hartke

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### Demographics

<b>Date of Admission</b> 07/20/23	<b>Client Initials</b> B.S.	<b>Age</b> 75	<b>Gender</b> M
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Retired Farmer	<b>Marital Status</b> Married	<b>Allergies</b> None
<b>Code Status</b> Full Code	<b>Height</b> 177.8 cm	<b>Weight</b> 110.4 kg	

### Medical History

**Past Medical History:** Hypertension (HTN), Fractured Right Humerus

**Past Surgical History:** Right Humerus Repair (10/12/2011)

**Family History:** Parents deceased; No medical history of parents or grandparents; Patient has no siblings

**Social History:** Patient reports “I have two beers every Saturday night when going out for a nice dinner with my wife”. Patient denies any past/current tobacco use. Patient denies any past/current use of illicit or street drugs.

### Admission Assessment

**Chief Complaint:** Chest Pain

**History of Present Illness: OLD CARTS:** On July 20<sup>th</sup>, 2023, a 75-year-old Caucasian male with the initials B.S. was admitted into hospital at 10:00 with complaints of left sided chest pain that began after waking up. The patient states pain began 2 hours prior to arriving at the emergency department (08:00), and that pain subsided after 3 hours of mild discomfort (11:00). The patient described pain as “A dull, uncomfortable pressure”, and rated it a 6/10. The patient said the pain was only on the left side of his chest, and that it increased with ambulation and while performing his morning routine. The patient finds the only relieving factor to be sitting down and resting till it subsides; however, there is no immediate relief to the pain. The patient

states “I have already been to the emergency department in both January and April of this year, but this pain is the most uncomfortable of all my visits”.

### **Primary Diagnosis**

**Primary Diagnosis on Admission:** Heart Failure

**Secondary Diagnosis:** Chronic Hypertension

### **Pathophysiology**

#### **Pathophysiology of the Disease:**

Heart failure is a disease in which the weakened ventricles of the heart are not able to effectively pump blood throughout the body. Within the United States, heart failure is diagnosed in more than 550,000 patients each year and is the most common cause of hospitalization (Capriotti, 2020). It is statistically proven that a person’s risk of having heart failure gradually increases with both age and weight gain, and that individuals 65 years and older are placed at highest risk.

Heart failure of systolic dysfunction is due to insufficient ejection of blood volume into the arterial circulation, and diastolic dysfunction is due to the ventricles not being capable of relaxing and expanding to allow adequate blood volume to fill (Capriotti, 2020). As a result of the ventricles filling with more blood, muscle fibers lengthen and tighten, creating a more forceful contraction of the heart. Baroreceptors detect this decrease in cardiac output, leading to stimulation of the sympathetic nervous system. Stimulation of baroreceptors leads to the release of vasopressin, causing fluid retention; favoring hyponatremia which is an important prognostic factor in heart failure (Schwinger, 2021). Chronic activation of the sympathetic nervous system can aid in ventricular dysfunction and ultimately a decline in renal perfusion. Left ventricular

dysfunction increases pulmonary pressure pulmonary and congestion occurs, this leading to dyspnoea and tachypnoea (Schwinger, 2021).

In mild or moderate heart failure a patient may not present with any symptoms or appear in any discomfort. In more moderate to severe heart failure, pulses are more diminished, cyanosis is present in the lips and nailbeds, and jugular distention can be observed in the neck (Capriotti, 2020). Left and right sided heart failure may present a variety of symptoms including fatigue, hypoxia, coarse pulmonary crackles, lethargy, chest pain, pitting lower leg edema, distended jugular vein, and liver congestion. Diagnostic testing such as BNP's and troponins are tested from blood, chest x-rays, electrocardiogram's (ECG), echocardiograms, and cardiac catheterization can all be completed in helping to identify a patient with heart failure. These tests examine for irregularities in arrhythmia, ventricle sizes, abnormal lab values, ejection fraction, and pulmonary congestion.

A variety of treatments are available for someone who is diagnosed with heart failure. Basic lifestyle changes such as adapting to a low-fat diet, quitting smoking, and increasing physical activity are all beneficial (Capriotti, 2020). Patients may also make the decision with their provider to have a pacemaker or cardiac defibrillator, or to take beta-blockers and ACE inhibitors. For patients with excess fluid, diuretics are heavily recommended in order to help enhance the body's ability to excrete water by decreasing sodium retention and blood volume. In the most extreme cases, surgical intervention of a cardiac transplant is an option that could be explored given a patient's circumstances.

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

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2<sup>nd</sup> ed.). F.A. Davis Company.

Schwinger R. H. G. (2021). Pathophysiology of heart failure. *Cardiovascular diagnosis and therapy*, 11(1), 263–276. <https://doi.org/10.21037/cdt-20-302>

### Vital Signs

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
10:00	82	160/94	20	36.6 C	96%

### Pain Assessment

Time	Scale	Location	Severity	Characteristics	Interventions
10:00	6/10	Left Side of Chest	Mild	Dull, Pressure	Aspirin