N431 Care Plan # 1

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Lakeview College of Nursing

N431: Adult Health II

Professor Unrein

9/28/23

Demographics (3 points)

Date of Admission 9/21/23	**Client Initials** R.M.S	**Age** 85 years old	**Gender** Female
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Divorced	**Allergies** Eliquis: high severity; unknown reaction Codeine: medium severity; N/V reaction Norvasc: medium severity; swelling reaction
Code Status Full Code	**Height** 152.4 cm	**Weight** 96.3 kg	

Medical History (5 Points)

Past Medical History: HTN, nonischemic cardiomyopathy, LBBS s/p AICD, HF with improved EF, paroxysmal atrial fibrillation, aortic stenosis, manners disease

Past Surgical History: adenoidectomy, bladder surgery (2007), left heart catheterization (10/23/15), cardiac defibrillation placement, cataract removal with implant (10/2011), ICD battery change (7/10/23), iridotomy/iridectomy, PR incise/drain bladder (10/2015) refractive surgery (bilaterally), tonsillectomy, tubal ligation

Family History: HTN in mother, father, paternal grandmother and grandfather, and maternal grandmother and grandfather

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient never smoked, used smokeless tobacco, no recreational drug or any drug use, patient does not drink alcohol

Assistive Devices: patient uses a walker

Living Situation: patient lives alone in her home

Education Level: some college

Admission Assessment

Chief Complaint (2 points): decreased urinary output

History of Present Illness – OLD CARTS (10 points): R.M.S is an 85-year-old white female who came to the emergency department with complaints of having decreased urinary output. The patient was admitted to the hospital about a week ago for an exacerbation of her heart failure. Patient reports that she has not been taking her Lasix since she has been home. For three days prior to the readmission, the patient noticed significantly decreased urine output and increased swelling in her lower extremities. The patient denies abdominal pain, no-foul smelling urine, no change in bowel habits, but isn't sure about weight change. The patient is not taking her Lasix because she thinks it will make her sick all the time.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): acute kidney injury

Secondary Diagnosis (if applicable): congestive heart failure exacerbation

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

Acute kidney injury (AKI) is where your kidneys suddenly stop working properly. It can range from minor loss of kidney function to complete kidney failure. AKI normally happens as a complication of another illness. This type of kidney damage is usually seen in older people who are unwell with other conditions and the kidneys are also affected. It is essential that an AKI is detected early and treated promptly. Without quick treatment, abnormal levels of salts and chemicals can buildup in the body, which affects the ability of other organs to work properly. If the kidney's shut down completely, this may require temporary support from a dialysis machine or lead to death (Capriotti, 2020). Signs and symptoms of an AKI include feeling sick or being sick, diarrhea, dehydration, peeing less than usual, confusion, and drowsiness (Phelps, 2020).

This patient noticed a significant decrease in urine output. An AKI can be diagnosed by getting your creatinine checked. This patient's creatinine level was elevated indicating an acute kidney injury. An AKI can be treated with a few interventions. For example, increasing water and other fluids if dehydrated, antibiotics, stopping certain medications, and possibly an indwelling catheter if presented with enough reason to insert one (Phelps, 2020). This patient will be starting IV antibiotics in the afternoon.

When someone has congestive heart failure (CHF), it is caused by high levels of cholesterol and or triglycerides in the blood as well as high blood pressure. Some risk factors of CHF include smoking, unhealthy diet, heavy alcohol use, and lack of physical activity. Signs and symptoms of CHF are shortness of breath, fatigue, weakness, and rapid or irregular heart rate (Phelps, 2020). Some diagnostic tests to detect CHF can include an EKG, stress test, or CT. A BNP blood test can be used to detect CHF. CHF can be treated with ACE inhibitors, angiotensin II receptor blockers and beta blockers (Capriotti, 2020). The patient is currently on Metoprolol Succinate and Diltiazem.

Pathophysiology References (2) (APA):

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

Phelps, L. L. (2020). *Spark's & Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

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)/mcL	**4.00**	**3.41**	**RBC are low due to the patient's AKI (Jones & Bartlett Learning,**

				2022).
Hgb	12.0-15.8 g/dL	**11.7**	**10.1**	**Hgb is low due to the patient's AKI (Jones & Bartlett Learning, 2022).**
Hct	36.0-47.0%	**37.3**	**32.3**	**Hct is low due to the patient's AKI (Jones & Bartlett Learning, 2022).**
Platelets	140-440 10(3)/mcL	**327**	**229**	Platelets are within normal limits.
WBC	4.00-12.00 10(3)/mcL	**7.51**	**7.34**	WBC are within normal limits
Neutrophils	47.0-73.0%	**63.1**	**59.2**	Neutrophils are within normal limits.
Lymphocytes	18.0-42.0%	**18.9**	**18.6**	Lymphocytes are within normal limits.
Monocytes	4.0-12.0%	**7.7**	**10.5**	Monocytes are within normal limits.
Eosinophils	0.0-5.0%	**0.5**	**1.2**	Eosinophils are within normal limits.
Bands	N/A	**N/A**	**N/A**	Bands were not obtained.

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-	135-145 mmol/L	137	141	Sodium is within normal limits.
K+	3.5-5.0 mmol/L	3.8	3.8	Potassium is within normal limits.
Cl-	98-107 mmol/L	104	106	Chloride is within normal limits.
CO2	21-31 mmol/L	**21.0**	25.0	**CO2 was low due to the patient's AKI (Jones & Bartlett Learning, 2022).**
Glucose	80-120 mg/dL	**142**	**122**	**Glucose was high due to the patient's AKI or depending on when the patient ate last, labs could have been drawn close to that time (Jones & Bartlett Learning, 2022).**
BUN	7-25 mg/dL	**56**	**33**	**BUN was high due to the patient's AKI (Jones & Bartlett Learning, 2022).**
Creatinine	0.50-1.00 mg/dL	**2.22**	**1.22**	**Creatinine was high due to the patients AKI (Jones & Bartlett Learning, 2022).**

Albumin	3.5-5.7 g/dL	3.7	3.4	Albumin is within normal limits.
Calcium	8.8-10.2 mg/dL	9.4	8.9	Calcium is within normal limits.
Mag	1.6-2.6 mg/dL	2.0	1.9	Mag is within normal limits.
Phosphate	34-104 mg/dL	N/A	N/A	Phosphate was not obtained.
Bilirubin	0.2-0.8 mg/dL	0.6	0.7	Bilirubin is within normal limits.
Alk Phos	40-150 U/L	131	96	Alk Phos is within normal limits.
AST	10-30 U/L	21	10	AST is within normal limits.
ALT	10-40 U/L	29	15	ALT is within normal limits.
Amylase	60-120 U/L	N/A	N/A	Amylase was not obtained.
Lipase	0-160 U/L	N/A	N/A	Lipase was not obtained.
Lactic Acid	0.5-2.2 mmol/L	N/A	N/A	Lactic acid was not obtained.
Troponin	0-0.01 ng/mL	N/A	N/A	Troponin was not obtained.
CK-MB	5-25 IU/L	N/A	N/A	CK-MB was not obtained
Total CK	F: 30-145 U/L M: 55-170 U/L	N/A	N/A	Total CK was not obtained.

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	2.1	N/A	INR was within normal limits.
PT	9.5-11.3 seconds	23.4	N/A	PT was within normal limits.
PTT	30-40	**60.3**	N/A	**PTT was high due to the patient's**

	seconds			**AKI (Jones & Bartlett Learning, 2022).**
D-Dimer	>250 mg/L FEU	N/A	N/A	D-Dimer was not obtained.
BNP	100-400 pg/mL	N/A	N/A	BNP was not obtained.
HDL	>60 mg/dL	N/A	N/A	HDL was not obtained.
LDL	<130 mg/dL	N/A	N/A	LDL was not obtained.
Cholesterol	<200 mg/dL	N/A	N/A	Cholesterol was not obtained.
Triglycerides	40-180 mmol/L	N/A	N/A	Triglycerides were not obtained.
Hgb A1c	<7 mg/dL	N/A	N/A	Hgb A1c was not obtained.
TSH	0.5-5.0 mIU/mL	N/A	N/A	TSH was not obtained.

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/yellow	N/A	N/A	Color and clarity were not obtained.
pH	4.6-8.0	N/A	N/A	pH was not obtained.
Specific Gravity	1.005-1.030	N/A	N/A	Specific Gravity was not obtained.
Glucose	Negative	N/A	N/A	Glucose was not obtained.
Protein	Negative	N/A	N/A	Protein was not obtained.
Ketones	Negative	N/A	N/A	Ketones were not obtained.
WBC	Negative	N/A	N/A	WBCs were not obtained.
RBC	Negative	N/A	N/A	RBCs were not obtained.
Leukoesterase	Negative	N/A	N/A	Leukoesterase was not obtained.

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	pH was not obtained.
PaO2	75-100 mmHg	N/A	N/A	PaO2 was not obtained.
PaCO2	35-45 mmHg	N/A	N/A	PaCO2 was not obtained.
HCO3	22-26 meq/L	N/A	N/A	HCO3 was not obtained.
SaO2	95-100%	N/A	N/A	SaO2 was not obtained.

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 >10,000	N/A	N/A	Urine culture was not obtained.
Blood Culture	Negative	N/A	N/A	Blood culture was not obtained.
Sputum Culture	Normal URT	N/A	N/A	Sputum culture was not obtained.
Stool Culture	Normal intestinal flora	N/A	N/A	Stool culture was not obtained.

Lab Correlations Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022*). 2022 Nurse's drug handbook* (20th ed.).

Diagnostic Imaging

All Other Diagnostic Tests (5 points): XR Chest AP or PA Only: stable cardiomegaly; mild vascular congestion is a new finding; no visible interstitial edema or pleural effusions.

Echo was coming to bedside at the end of the clinical day.

Diagnostic Test Correlation (5 points): The patient received the XR of her chest due to her having shortness of breath and recent CHF exacerbation. This diagnostic test uses X-rays to look at the structures and organs in your chest. It can help in detecting certain lung and heart problems as well as visualizing the internal organs of the chest which include food pipe and diaphragm.

Echocardiogram: the echo tech was coming in at the end of clinical so there are no results for this diagnostic test. This can help detect damage from a heart attack, where the supply of blood to the heart was suddenly blocked. For heart failure it can tell where the heart fails to pump enough blood around the body at the right pressure.

Diagnostic Test Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022*). 2022 Nurse's drug handbook* (20th ed.).

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

Home Medications (5 required)

Brand/Generic	**Metoprolol Tartrate (Toprol-xi)**	**Lipitor (Atorvastatin)**	**Furosemide (Lasix)**	**Dabigatran Etexrate (Pradaxa)**	**Diltiazem HCL (Cardizem CL)**
Dose	75 mg	40 mg	20 mg	150 mg	120 mg
Frequency	Q12 hours	Every day	Every day	Twice daily	daily
Route	PO	PO	PO	PO	PO
Classification	Pharmacological: Beta Blocker Therapeutic:	Pharmacological: hyperlipidemia Therapeutic: lower cholesterol	Pharmacological: Diuretics Therapeutic: reduce fluid in body	Pharmacological: anticoag Therapeutic: anticoag	Pharmacological: Calcium blockers Therapeutic: lower BP
Mechanism of Action	Blocks beta 1 receptors	Competitively inhibits 3-	Inhibits the luminal Na-K-Cl	Reversibly binds to the active site	Inhibit the cellular influx of calcium ions during

	with minimal effects on beta 2 receptors tissues (Jones & Bartlett Learning, 2022).	hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase. [2] By preventing the conversion of HMG-CoA to mevalonate, statin medications decrease cholesterol production in the liver (Jones & Bartlett Learning, 2022).	cotransporter (Jones & Bartlett Learning, 2022).	on the thrombin molecule, preventing thrombin-mediated activation of coagulation factors (Jones & Bartlett Learning, 2022).	membrane depolarization of cardiac and vascular smooth muscle (Jones & Bartlett Learning, 2022).
Reason Client Taking	CHF/HTN	Lower cholesterol	CHF	High PTT	HTN
Contraindications (2)	Cardiogenic shock Decompensated heart failure	Active liver disease Alcohol abuse	Severe renal impairment Hypokalemia	Active bleeding History of hypersensitivity	Second- or third-degree AV blocks Cardiogenic shock
Side Effects/Adverse Reactions (2)	Renal impairment Systolic blood pressure below 100 mm Hg (Jones & Bartlett Learning, 2022).	Headaches Nosebleeds (Jones & Bartlett Learning, 2022).	Dry mouth Confused/dizzy (Jones & Bartlett Learning, 2022).	Bleeding Heartburn (Jones & Bartlett Learning, 2022).	Weakness Constipation (Jones & Bartlett Learning, 2022).
Nursing Considerations	Monitor BP and monitor	Monitor lipid levels	Monitor daily weight	Obtain PT/INR/PTT	Monitor BP Monitor for arrhythmias

(2)	for side effects (Jones & Bartlett Learning, 2022).	Monitor for adverse effects (Jones & Bartlett Learning, 2022).	Monitor I/Os (Jones & Bartlett Learning, 2022).	Assess bleeding risks (Jones & Bartlett Learning, 2022).	(Jones & Bartlett Learning, 2022).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Obtain BP and check edema before admin	Obtain baseline cholesterol, triglycerides, and LFTs	Monitor daily weight/edema Monitor electrolytes	Check coag labs prior to admin Determine any potential adverse side effects	Check BP before admin Assess baseline renal and liver function
Client Teaching Needs (2)	Take as directed Do not skip or double up on missed doses	Don't break tablets and take every day around the same time	Take as directed, do not double up if you miss a dose	Take as directed, do not split, crush, or chew tablets	Take as directed Take at same time each day even if not feeling well

Hospital Medications (5 required)

Brand/Generic	**Amiodarone (Pacerone)**	**Acetaminophen (Tylenol)**	**Heparin (Lipo-Hepin)**	**Milrinone in 5% dextrose (Primacor)**	**Ondansetron (Zofran)**
Dose	400 mg	500 mg	951 units per hour	24.075 mcg per minute	4 mg
Frequency	BID	Every 4 hours prn	continuous	continuous	Daily prn
Route	PO	PO	IV	IV	PO IV available
Classification	Pharmacological : antiarrhythmic Therapeutic: decrease HR	Pharmacological : Analgesic Therapeutic: decrease pain/fever	Pharmacological : anticoag Therapeutic: decrease clotting ability of blood	Pharmacological: Inotropic drug Therapeutic: improve cardiac contractility	Pharmacological : Antiemetic/ Antivertigo Therapeutic: prevent N/V
Mechanism of Action	blocks potassium currents that cause repolarization of the heart muscle during the third	Reduction of the COX pathway activity by acetaminophen is thought to inhibit the synthesis of	Inactivating thrombin and activated factor X (factor Xa) through an antithrombin	A phosphodiesterase 3 inhibitor that works to increase the heart's contractility and	Blocking the action of serotonin, a natural substance that may cause nausea and

	phase of the cardiac action potential (Jones & Bartlett Learning, 2022).	prostaglandins in the central nervous system (Jones & Bartlett Learning, 2022).	(AT)-dependent mechanism (Jones & Bartlett Learning, 2022).	decrease pulmonary vascular resistance (Jones & Bartlett Learning, 2022).	vomiting (Jones & Bartlett Learning, 2022).
Reason Client Taking	Heart rhythm problems	Pain/fever	Prevent blood clots	Cardiac support	N/V
Contraindications (2)	Cardiogenic shock Sinus bradycardia	Hepatic impairment Active hepatic disease	Active uncontrollable bleed Platelet count is too low	severe obstructive aortic or pulmonic valvular disease	Hypersensitivity to Zofran Don't take with tramadol
Side Effects/Adverse Reactions (2)	Cough Dizziness (Jones & Bartlett Learning, 2022).	Rash and Itching (Jones & Bartlett Learning, 2022).	Blood in urine Bleeding gums (Jones & Bartlett Learning, 2022).	Constipation Numbness/tingling (Jones & Bartlett Learning, 2022).	Blurred vision Swelling (Jones & Bartlett Learning, 2022).
Nursing Considerations (2)	Tele monitoring Monitor RR (Jones & Bartlett Learning, 2022).	Monitor AST/ALT/ BUN/Cr Routinely assess pain level and temp (Jones & Bartlett Learning, 2022).	Adjust doses prn Check if compatible with other IV solutions (Jones & Bartlett Learning, 2022).	Monitor I/Os Daily weight (Jones & Bartlett Learning, 2022).	Admin slowly over 2-5 min Assess for chest pain or discomfort (Jones & Bartlett Learning, 2022).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor Potassium levels and monitor EKG	Assess pain/fever Monitor liver labs	PT/INR/PTT labs Assess for signs of bleeding	Check BP/HR prior to admin Monitor renal and electrolytes	Assess dizziness or drowsiness Monitor potassium and magnesium
Client Teaching Needs (2)	Know how to take pulse Avoid grapefruit juice	Do not take more than 4,000 mg/24 hours Do not take with alcohol	Know S/S of toxicity Be careful to not injury self	Know how to take HR/BP Withhold dose if HR/BP are low	Take as directed Do not chew tablet

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022*). 2022 Nurse's drug handbook* (20th ed.).

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented to person, place, time, and situation. Patient is in no acute distress and well-groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 19 **Drains present: Y☐ N ☒** **Type:**	Skin is normal for ethnicity, warm, and dry. There is some **bruising at old IV site** 20 G in right AC, clean, dry, and intact. **Patient has two wounds. Surgical left upper chest wound (7/10/23) and left anterior groin MASD (9/21/23).**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Auricles are pink and moist with no lesions noted bilaterally. Bilateral pulses are palpable and 2+. PERRLA, EOMs intact. Sclera is white bilaterally, cornea clear bilaterally, conjunctiva pink bilaterally, lids are pink and moist without lesions. Septum is midline, turbinates are pink and moist bilaterally and no visible bleeding or polyps present. Frontal and maxillary sinuses are nontender to palpation bilaterally. **Teeth are missing**, oral mucosa is dry and pink with no lesions noted**.** .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐**	Clear S1 and S2 without murmurs, gallops, or rubs. **Apical pulse irregular. Heart sounds have a valve click** Normal sinus rhythm, peripheral pulses +2 bilaterally. **Edema in right and left legs and ankles bilaterally.**

Location of Edema: right and left legs bilaterally and ankles bilaterally	
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	Respiratory rhythm and pattern are shallow and unlabored with accessory muscle use. Patient has infrequent nonproductive cough. All lung fields are clear and diminished.
GASTROINTESTINAL: **Diet at home:** regular **Current Diet:** npo, but will be put on cardiac, low saturated fat/low cholesterol diet after procedure **Height:** 152.4 cm **Weight:** 96.3 kg **Auscultation Bowel sounds:** normoactive **Last BM:** 9/24/23 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** N/A **Incisions:** N/A **Scars:** N/A **Drains:** N/A **Wounds:** in skin assessments, nothing on abdomen **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Abdomen is nondistended, soft, and nontender to palpation. Patient showed no nonverbal indications of pain.
GENITOURINARY: **Color:** yellow **Character:** clear **Quantity of urine:** 350 mL **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: External** **Size: N/A**	Patient has no pain with urination, gets up to the toilet with a walker. Patient had 1 void throughout the shift via external catheter. Voided urine 350 mL. **Patient has urinary retention upon admission**. No PO intake due to patient being NPO for a procedure.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐**	Patient has full range of motion. Hand grips and pedal pushes and pulls demonstrate normal and equal strength bilaterally. Patient uses a walker.

Fall Risk: Y ☒ N☐ **Fall Score: 15** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk ☐**	
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is alert and able to answers questions. Speech is clear and appropriate for age and situation. No numbness or tingling.
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):**	Patient was calm, cooperative, and accepting. Care and procedure were explained. Safe and supportive environment. Thoughts and feelings acknowledged. Patient's daughter has been in the room all morning and is very supportive and involved in her mother's care.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	66 bpm	**133/79 mmHg**	18 bpm	97.7 degrees Fahrenheit	97% on room air
1100	68 bpm	**146/76 mmHg**	**29 bpm**	98.1 degrees Fahrenheit	92% on room air

Vital Sign Trends: Patients vitals were stable at my initial assessment. The patient's BP and RR trended up at my 1100 assessment. O2 is applied as needed. Although the 1100 BP is slightly higher than the 0800 vitals, the doctor is going to increase her metoprolol dose to 100 mg instead of 75 mg due to potentially having portal HTN.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Numeric pain scale 0-10	N/A	0	N/A	N/A
1100	Numeric pain scale 0-10	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G **Location of IV:** right antecubital **Date on IV:** 9/21/23 **Patency of IV:** IV patent **Signs of erythema, drainage, etc.:** none **IV dressing assessment:** clean, dry, and intact	Saline Lock present No fluids or medications running currently

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
0 (patient is NPO for a procedure)	350 urine output 0 bowel movements

Nursing Care

Summary of Care (2 points)

Overview of care: The patient had a calm morning. I completed my head-to-toe assessment and vitals at 0800 and 1100. The patient's vitals were stable. The patient did not complain of any pain. Before leaving I checked on my patient and asked if she needed anything. Patient had no needs.

Procedures/testing done: Patient is going to have a right heart catheterization

Complaints/Issues: none

Vital signs (stable/unstable): none

Tolerating diet, activity, etc.: Patient NPO due to a procedure, diet not advanced yet

Physician notifications: none

Future plans for client: potential TEE later in the day or on 9/26/23

Discharge Planning (2 points)

Discharge location: home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: see cardiologist and endocrinologist, diet modifications, med compliance, may need to come back for cardioversion

Education needs: med compliance and diet modifications

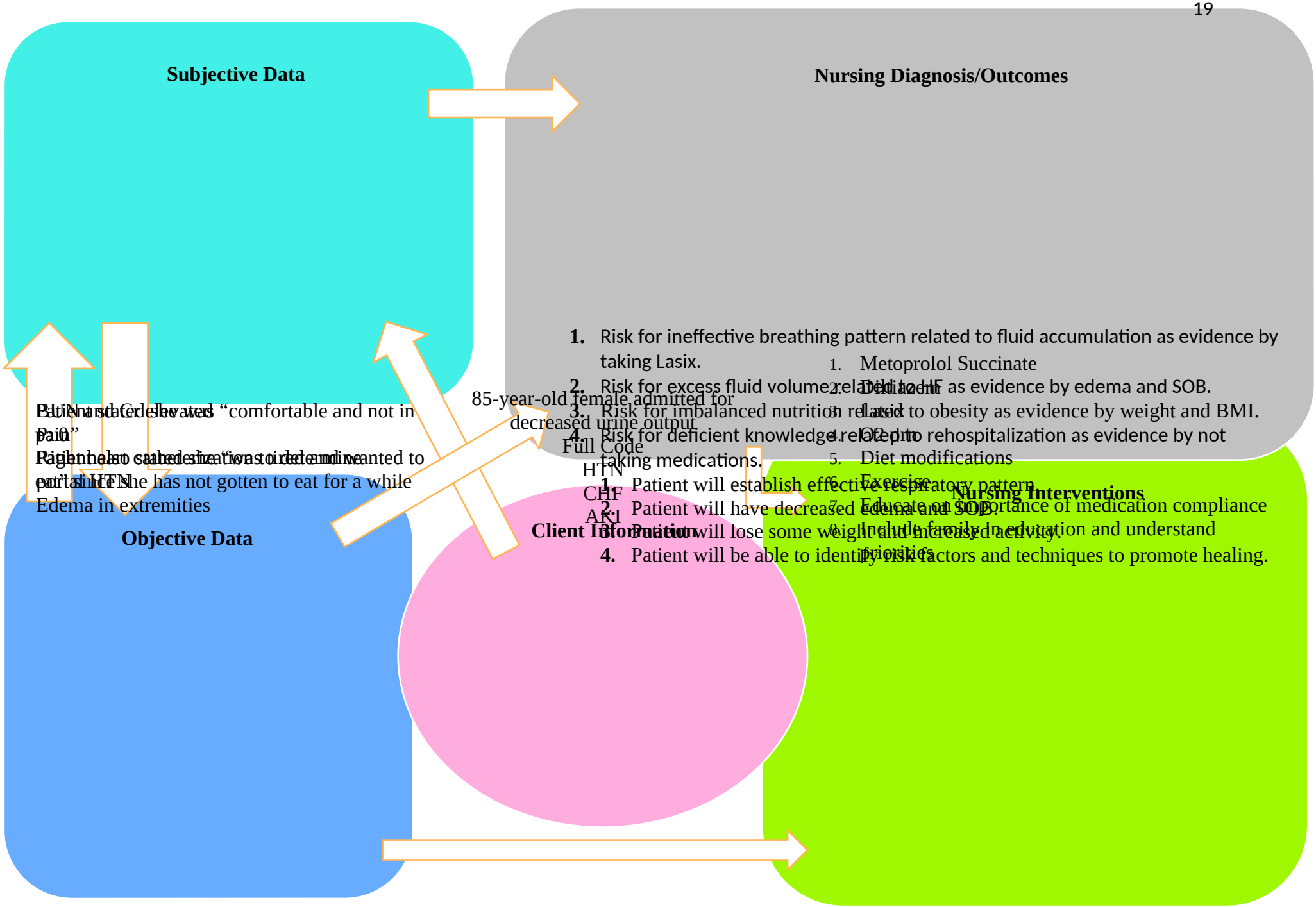
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for ineffective breathing pattern related to fluid accumulation as evidence by taking Lasix.	I chose the diagnosis d/t the patient's SOB and respirations.	**1.**Metoprolol Succinate **2.** Diltiazem	**1.** Patient will establish effective respiratory pattern	Patient exhibits improved respirations and SOB.
2. Risk for excess	I chose this	**1.** Lasix	**1.** Patient	Patient exhibits

fluid volume related to HF as evidence by edema and SOB.	diagnosis because heart failure results in poor perfusion of the kidneys and can lead to fluid overload	**2.**O2 prn	will have decreased edema and SOB.	decreased fluid volume.
3. Risk for imbalanced nutrition related to obesity as evidence by weight and BMI.	I chose this diagnosis because the patient is overweight and does not follow the recommended diet.	**1.**Diet modifications **2.** Exercise	**1.** Patient will lose some weight and increased activity.	Patient will exhibit understanding of what could happen if she does not take care of herself.
4. Risk for deficient knowledge related to rehospitalization as evidence by not taking medications.	I chose this diagnosis d/t the patient not following doctor's orders and being hospitalized within three days of discharge.	**1.**Educate on importance of medication compliance **2.** Include family in education and understand priorities	**1.** Patient will be able to identify risk factors and techniques to promote healing.	Patient will exhibit understanding of medication compliance.

Other References (APA):

Concept Map (20 Points)


Subjective Data
Patient stated she was "comfortable and not in pain"
Patient stated she "was tired and wanted to eat" since she has not gotten to eat for a while
Objective Data
Nursing Diagnosis/Outcomes
1. Risk for ineffective breathing pattern related to fluid accumulation as evidence by taking Lasix.
2. Risk for excess fluid volume related to HF as evidence by edema and SOB.
3. Risk for imbalanced nutrition related to obesity as evidence by weight and BMI.
4. Risk for deficient knowledge related to rehospitalization as evidence by not taking medications.
1. Patient will establish effective respiratory pattern.
2. Patient will have decreased edema and SOB.
3. Patient will lose some weight and increased activity.
4. Patient will be able to identify risk factors and techniques to promote healing.
Nursing Interventions
1. Metoprolol Succinate
2. Lasix
3. O2 prn
4. Diet modifications
5. Exercise
6. Education on importance of medication compliance
7. Include family in education and understand priorities
85-year-old female admitted for decreased urine output
Full Code
HTN
CHF
AKI
Client Information