

N441 Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 09/26/2023	Client Initials CE	Age 76	Gender Male
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Widower	Allergies None
Code Status Full Code	Height 178 cm	Weight 73.9 kg	

Medical History (5 Points)

Past Medical History: CAD, COPD, Chronic hypoxemic respiratory failure (2,5L O2 at home), chronic peptic ulcer disease, melanoma, CHF (EF 42%), anemia, chronic foley, lung cancer, lymphoma, PAD, pulmonary hypertension.

Past Surgical History: Aneurysm, skin biopsy, and esophogastroduodenoscopy.

Family History: Father: Lung cancer, Brother: Colon cancer, MI, tuberculosis, and skin cancer.

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

Smokes tobacco 1 packs/day for 35 years and no longer smokes (quit 6 years ago); No alcohol use.

Assistive Devices: Walker, wheelchair, and home oxygen.

Living Situation: Lives with son and his son's wife.

Education Level: High school

Admission Assessment

Chief Complaint (2 points): Abdominal pain

History of Present Illness – OLD CARTS (10 points): The patient began having increased shortness of breath, weakness, and confusion. The patient had been experiencing increased shortness of breath and weakness for 2-3 days prior to coming to the ER. The patient described this feeling as not being able to do his normal, routine activities. He stated that he had been trying to eat and drink, but he has not been able to. He has not taken anything other than his

normal daily meds to help alleviate or treat the symptoms. The patient did not and is not experiencing pain at this time.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Sepsis with metabolic acidosis

Secondary Diagnosis (if applicable): Pancytopenia

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

Sepsis is a critical condition with a significant global health impact. It is a severe dysfunction of organs due to an imbalanced response of the body to infection that has spread to the patient's blood stream. Organ dysfunction occurs because sepsis leads to increased coagulopathy, leading to damage done to the microvascular system within the patient's body. Damage done to this system prevents organs from receiving vital resources to perform and function properly. The body begins to become weak because of the massive inflammatory process as this process takes a lot of energy (Jarczak et al., 2021). This patient was experiencing weakness because of these inflammatory processes.

Lactate is a common indicator of sepsis and is used to help the early diagnosis of sepsis. This is released when the tissue in the body is hypoxic because the cells in the body begin to perform anaerobic metabolism. This process leads to the production of lactic acid (Jarczak et al., 2021). This patient's first lactic acid level was 7.8 and then later 3.6. These are both very high values and are consistent with sepsis.

Signs and symptoms of this disease process are weakness, shortness of breath, fever, nausea, vomiting, hypotension, and tachycardia. A high WBC count can also be consistent with this process (Jarczak et al., 2021). This patient, however, was not experiencing fever,

hypotension, or tachycardia, making it interesting to the providers and nurses. The patients WBC was also low, but this is likely due to the patient's pancytopenia.

Sepsis leads to damaged organs, and these organs include the lungs and the kidneys in the case of this patients. This massive inflammatory process can lead to acute injuries of these organs. For the lungs, this process can exacerbate underlying comorbidities (Jarczak et al., 2021). For this patient, His history of COPD has likely been exacerbated due to sepsis. The patient's kidneys are also experiencing stress due to the sepsis which has lead to acute kidney injury as evidenced by increased BUN and creatinine.

Blood cultures are the best way to confirm if the patient has sepsis. This uses incubation of the client's blood to grow the bacteria (if there is any) over the course of a few days. Unfortunately, this takes valuable time, so other forms of diagnosis must be used initially. Providers must order broad spectrum antibiotics while they wait for the results of blood cultures to come back (Jarczak et al., 2021). This patient had blood cultures drawn that morning and were pending.

Pathophysiology References (2) (APA):

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

Jarczak, D., Kluge, S., & Nierhaus, A. (2021). Sepsis—pathophysiology and therapeutic concepts. *Frontiers in Medicine*, 8. <https://doi.org/10.3389/fmed.2021.628302>

Jones & Bartlett Learning. (2023). *2022 nurse's drug handbook* (21st ed.). Jones & Bartlett Learning.

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive manual of laboratory and diagnostic tests with nursing implications* (9th ed.). F.A. Davis Company.

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 (x10⁶/μL)	4.28 – 5.56	2.30	N/A	The patient's RBC is low likely due to the pt.'s current history of cancer and chemotherapy treatment. These can cause pancytopenia in clients. The patient also has a history of anemia, putting the patient at risk for even lower blood count values (Capriotti, 2020).
Hgb (g/dL)	13.0 – 17.0	6.2	N/A	The patient's Hgb is low likely due to the pt.'s current history of cancer and chemotherapy treatment. These can cause pancytopenia in clients. The patient also has a history of anemia, putting the patient at risk for even lower blood count values (Capriotti, 2020).
Hct (%)	38.1 – 48.9	20.5	N/A	The patient's Hct is related to Hgb and is low likely due to the pt.'s current history of cancer and chemotherapy treatment. These can cause pancytopenia in clients. The patient also has a history of anemia, putting the patient at risk for even lower blood count values (Capriotti, 2020).
Platelets (x10³/μL)	149 – 393	116	N/A	The patient's RBC is low likely due to the pt.'s current history of cancer and chemotherapy treatment. These can cause pancytopenia in clients. The patient also has a history of anemia, putting the patient at risk for even lower blood count values (Capriotti, 2020).
WBC (x10³/μL)	4.0 – 11.7	6.5	N/A	N/A
Neutrophils (%)	45.3 – 79.0	68.1	N/A	N/A
Lymphocytes (%)	11.8 – 45.9	22.5	N/A	N/A
Monocytes (%)	4.4 – 12.0	7.5	N/A	N/A

Eosinophils (%)	0.0 – 6.3	1.2	N/A	N/A
Bands (%)	0.2 – 1.6	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
Na+ (mEq/L)	136 – 145	136	N/A	N/A
K+ (mEq/L)	3.5 – 5.1	4.0	N/A	N/A
Cl- (mEq/L)	98 – 107	100	N/A	N/A
CO₂ (mEq/L)	21 – 31	14	N/A	The patient is likely compensating for metabolic acidosis by expelling extra CO ₂ , doing so raises the body's pH away from acidotic conditions. The patient's kidneys are not producing and retaining enough bicarbonate (Capriotti, 2020).
Glucose (mg/dL)	74 – 109	117	N/A	N/A
BUN (mg/dL)	7 – 25	36	N/A	The patient has acute renal failure, resulting in a decreased ability of the kidneys to filter urea from the blood. This is likely related to the patient's metabolic acidosis (Capriotti, 2020).
Creatinine (mg/dL)	0.7 – 1.3	2.25	N/A	The patient has acute renal failure, resulting in a decreased ability of the kidneys to filter creatinine from the blood. This is likely related to the patient's metabolic acidosis (Capriotti, 2020).
Albumin (g/dL)	3.5 – 5.2	4.1	N/A	N/A
Calcium (mg/dL)	8.6 – 10.3	9.0	N/A	N/A
Mag (mEq/L)	1.6 – 2.4	2.4	N/A	N/A
Phosphate (mg/dL)	2.5 – 4.5	N/A	N/A	N/A
Bilirubin (mg/dL)	0.3 – 1.0	0.8	N/A	N/A
Alk Phos (units/L)	34 – 104	76	N/A	N/A
AST	13 – 39	23	N/A	N/A
ALT	7 – 52	18	N/A	N/A
Amylase	40 – 140	N/A	N/A	N/A
Lipase	11 – 82	N/A	N/A	N/A
Lactic Acid	0.5 – 2.0	7.8	3.6	The Patient likely has sepsis due to this value being so high. The patient had blood cultures drawn in the

				morning, so they will result in 1-2 days later. The patient is currently getting first line antibiotics until these cultures result. The patient has also been slowly getting fluids (slowly due to CHF) throughout the morning to bring the lactic down (Capriotti, 2020).
Troponin	<0.03	<0.01	N/A	N/A
CK-MB (%)	<4% total CK	N/A	N/A	N/A
Total CK (units/L)	30 – 223_ (female pts.), 55 – 170 (male pts.)	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	0.8 – 1.1	N/A	N/A	N/A
PT (seconds)	10.1 – 13.1	N/A	N/A	N/A
PTT (seconds)	25 – 36	N/A	N/A	N/A
D-Dimer	<662	N/A	N/A	N/A
BNP (pg/mL)	<100	1,920	N/A	This patient has a history of CHF and has symptoms of worsening shortness of breath and weakness consistent with congestive heart failure (Capriotti, 2020).
HDL (mg/dL)	>60	N/A	N/A	N/A
LDL (mg/dL)	<100	N/A	N/A	N/A
Cholesterol (mg/dL)	<150	N/A	N/A	N/A
Triglycerides (mg/dL)	<150	N/A	N/A	N/A
Hgb A1c	<5.7%	N/A	N/A	N/A
TSH (mU/L)	0.4 – 4.0	Pending	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 to slightly hazy, Yellow to amber	Yellow	N/A	The patient is in acute renal failure, resulting in more concentrated urine due to poor perfusion to the kidneys (Capriotti, 2020).
pH	5.0 – 9.0	5.0	N/A	N/A
Specific Gravity	1.003 – 1.030	1.020	N/A	N/A
Glucose	Negative	Negative	N/A	N/A
Protein	Negative	1+ (A)	N/A	The patient is in acute renal failure, resulting in the breakdown of the renal tissue. This yields more protein in the urine due to excreting the tissue (Capriotti, 2020).
Ketones	Negative	Negative	N/A	N/A
WBC (per hpf)	0 – 5	14 (H)	N/A	The patient is in acute renal failure, resulting in the breakdown of the renal tissue. The inflammatory response associated with tissue breakdown increases urine WBC counts (Capriotti, 2020).
RBC (per hpf)	0 – 2	>100	N/A	The patient is in acute renal failure, resulting in the breakdown of the renal tissue. Renal tissue breakdown leads to more RBC in the urine (Capriotti, 2020).
Leukoesterase	Negative	1+	N/A	The patient is in acute renal failure, resulting in the breakdown of the renal tissue. Urine leukoesterase is elevated with the inflammatory response of renal failure (Capriotti, 2020).

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	7.23	N/A	The patient is in metabolic acidosis because of acute renal failure causing poorer filtration

				of the blood and poorer retention of sodium bicarbonate. This lowers the blood pH. The patient also has a very high lactic acid value, leading to an increase in acidity (Capriotti, 2020).
PaO2 (mm Hg)	75 – 100	76	N/A	N/A
PaCO2 (mm Hg)	35 – 45	37.0	N/A	N/A
HCO3 (mEq/L)	22 – 26	15.3	N/A	The patient is in metabolic acidosis because of acute renal failure causing poorer retention of sodium bicarbonate. This lowers the blood pH, causing the blood to become more acidic (Capriotti, 2020).
SaO2 (%)	95 – 100	96	N/A	N/A

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	N/A	N/A	N/A
Blood Culture	Negative	Pending	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A
Pleural Culture	Negative	Not yet collected	N/A	N/A

Lab Correlations Reference (1) (APA):

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

Sarah Bush Lincoln Health Center. (2023). *Lab values*. Sarah Bush Lincoln Health Center.

Diagnostic Imaging

All Diagnostic Tests and Correlations (5 points):

1. **Electrocardiogram (EKG) 09/26/2023** – This patient’s history and present illness indicates an EKG to understand if there has been any changes to his underlying heart rhythm, so the provider ordered an EKG. The EKG showed normal sinus rhythm with some ST depression.
2. **Chest X-ray (CXR) 09/19/2023** – This patient’s history and present illness (specifically the shortness of breath) indicates a chest X-ray to understand if there is a reason for the patient’s shortness of breath and weakness, so the provider ordered a chest X-ray. The image revealed mild heart enlargement, trace pleural fluid, and a concern for fluid overload with interstitial edema.

Diagnostic Test Reference (1) (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis’s comprehensive manual of laboratory and diagnostic tests with nursing implications* (9th ed.). F.A. Davis Company.

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

Home Medications (5 required) Patients reports taking only 4 home medications

Brand/Generic	Lasix/ Furosemide	Ecotrin/ Aspirin	Lipitor/ Atorvastatin calcium	Prozac/ Fluoxetine hydrochloride	Ventolin/ Albuterol
Dose	40 mg	81mg tablet	40 mg	20 mg	2.5 mg
Frequency	Daily	Once daily	Daily	Daily	PRN
Route	PO	PO	PO	PO	Inhaled
Classification	Pharmacologic : Loop diuretic Therapeutic: Antihypertensive (Jones & Bartlett Learning, 2023)	Pharmacologic : “Salicylate” Therapeutic: “Antiplatelet” (Jones & Bartlett Learning, 2023)	Pharmacologic : HMG-CoA reductase inhibitor Therapeutic: Antihyperlipidemic (Jones & Bartlett	Pharmacologic : Selective serotonin reuptake inhibitor (SSRI) Therapeutic: Antidepressant (Jones &	Pharmacologic : adrenergic Therapeutic: Bronchodilators

			Learning, 2021)	Bartlett Learning, 2021)	
Mechanism of Action	Medication blocks the reabsorption of sodium and chloride in the loop of Henle by encouraging excretion of water, sodium, and chloride by the kidney, decreasing fluid volume and, thus, lowering blood pressure (Jones & Bartlett Learning, 2023).	Medication “Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammatory response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside” (Jones & Bartlett Learning, 2023, p. 1002).	Medication inhibits the synthesis of HMG-CoA reductase through the increased formation of LDL receptors on the liver. This lowers lipid levels in the blood plasma (Jones & Bartlett Learning, 2021).	Medication prevents the reuptake of synaptic serotonin, which increases levels of serotonin in the synaptic gap between nerves and may alleviate symptoms of depression (Jones & Bartlett Learning, 2021).	Medication “Binds to beta2-adrenergic receptors in airway smooth muscle, leading to activation of adenyl cyclase and increased levels of cyclic-3, 5-adenosine monophosphate (cAMP). Increases in cAMP activate kinases, which inhibit the phosphorylation of myosin and decrease intracellular calcium. Decreased intracellular calcium relaxes smooth muscle airways. Relaxation of airway smooth muscle with subsequent bronchodilation. Relatively selective for beta2 (pulmonary) receptors”

Reason Client Taking	History of CHF	To reduce the risk of MI, stroke, and to reduce inflammation and pain.	Hyperlipidemia	Depression	Pt. uses albuterol for shortness of breath and wheezing due to COPD history.
Contraindications (2)	1. Anuria 2. Hypokalemia (Jones & Bartlett Learning, 2021).	1. Active bleeding 2. coagulation disorders (Jones & Bartlett Learning, 2021).	1. Active hepatic disease 2. Continued idiopathic elevation of serum transaminase (Jones & Bartlett Learning, 2021).	1. Pimozide therapy 2. IV methylene blue or linezolid within 14 days (Jones & Bartlett Learning, 2021).	1. Arrhythmias 2. Hyperthyroidism (Jones & Bartlett Learning, 2021).
Side Effects/Adverse Reactions (2)	Dizziness, Arrhythmia (Jones & Bartlett Learning, 2021).	“GI bleeding and CNS depression” (Jones, 2022). (Jones & Bartlett Learning, 2021).	Hypertension, CVA or MI (Jones & Bartlett Learning, 2021).	Hyponatremia, Prolonged QT interval (Jones & Bartlett Learning, 2021).	Nervousness and restlessness (Jones & Bartlett Learning, 2021).
Nursing Considerations (2)	Monitor potassium, Obtain periodic weights during furosemide therapy (Jones & Bartlett Learning, 2021).	Be aware that aspirin can cause stomach ulcers and can thin the blood. (Jones & Bartlett Learning, 2021).	Monitor liver profile of patients with history of liver disease, Monitor blood glucose (Jones & Bartlett Learning, 2021).	Monitor for signs of increased or suddenly decreased depression, Monitor closely for evidence of GI bleeding (Jones & Bartlett Learning, 2021).	“Assess lung sounds before and after, and monitor vital signs” (Jones & Bartlett Learning, 2021).
Key Nursing	Respirations,	Assess for	Blood glucose,	Assess risk for	Assess the

Assessment(s)/ Lab(s) Prior to Administration	BP, Pulse should be monitored	signs of stomach ulcers and bleeding risks.	Blood pressure should be monitored	gastric ulcer (such as concurrent NSAID therapy)	patient’s Heart rate and do not give if tachycardic. Auscultate the patient’s lungs before and after administration
Client Teaching needs (2)	Given slowly to avoid nausea, Report lightheadednes s	Teach the client to recognize bloody stool and gastric pain.	Take before bed, take a missed dose as soon as you think of it	Report changes in concentration and memory, avoid suddenly stopping	Do not take this medication more than prescribed. Take this medication when you are feeling shortness of breath and wheezy.

Hospital Medications (5 required)

Brand/ Generic	Zofran/ Ondansetron	Protonix/ Pantoprazole sodium	cefepime	vancomycin	Ketorolac/ Toradol
Dose	4 mg	40 mg	1 g	750 mg	30 mg
Frequency	Q6 PRN for nausea	Daily	Q12	Q24	PRN q6h
Route	IV push	PO	IV piggyback	IV piggyback	IVP
Classification	Pharmacologi c: 5-HT3 antagonists Therapeutic: antiemetics (Jones & Bartlett Learning, 2021)	Pharmacologi c: Proton pump inhibitor Therapeutic: Antiulcer (Jones & Bartlett Learning, 2021)	Pharmacologi c: cephalosporin antibiotics Therapeutic: antibiotic (Jones & Bartlett Learning, 2023)	Pharmacologi c: glycopeptide antibiotics Therapeutic: antibiotic (Jones & Bartlett Learning, 2021)	Pharmacologi c: NSAID Therapeutic: Analgesic (Jones & Bartlett Learning, 2021)
Mechanism of Action	Medication “Blocks the effects of serotonin at 5-	Medication decreases the secretion of gastric acids	Medication “inhibits bacterial cell wall synthesis	Medication “Inhibits cell wall synthesis by binding to	Medication blocks cyclooxygena se activity,

	HT3 receptor sites (selective antagonist) located in vagal nerve terminals and the chemoreceptor trigger zone in the CNS” (Jones & Bartlett Learning, 2021, p. 803).	by inhibiting the proton pump system in gastric parietal cells. Typically, H ⁺ and Cl ⁻ are driven into the stomach in exchange for K ⁺ , but this medication prevents the exchange of H ⁺ and K ⁺ , preventing the formation of additional HCl (Jones & Bartlett Learning, 2021).	by covalently binding enzymes responsible for the final step in transpeptidation during peptidoglycan wall synthesis” (Jones & Bartlett Learning, 2023, p. 539).	the D-Ala-D-Ala terminal of the growing peptide chain during cell wall synthesis, resulting in inhibition of the transpeptidase, which prevents further elongation and cross-linking of the peptidoglycan matrix” (Jones & Bartlett Learning, 2021, p. 658).	which in turn prevents prostaglandin synthesis. Prostaglandins are responsible for swelling and pain during the inflammatory response, so the severity of these symptoms is lessened by inhibiting prostaglandin synthesis. (Jones & Bartlett Learning, 2021).
Reason Client Taking	This patient is taking this medication for nausea when needed.	GERD prophylaxis	Sepsis	Sepsis	Pain
Contraindications (2)	“Congenital long QT syndrome and concurrent use of apomorphine (Jones & Bartlett Learning, 2021).	<ol style="list-style-type: none"> 1. Rilpivirine product therapy 2. Substituted benzimidazoles (Jones & Bartlett Learning, 2021).	<ol style="list-style-type: none"> 1. Severe kidney disease 2. High seizure risk (Jones & Bartlett Learning, 2021).	<ol style="list-style-type: none"> 1. Hypersensitivity 2. Severe kidney injury (Jones & Bartlett learning, 2021).	<ol style="list-style-type: none"> 1. Active peptic ulcer Cerebrovascular bleeding (Jones & Bartlett Learning 2021).
Side Effects/Adver	“Serotonin syndrome and	Reduction of antiviral	Seizures and confusion	Tinnitus and loss of	GI bleeding, Thrombocyto

se Reactions (2)	headache” (Jones & Bartlett Learning, 2021).	effectiveness, <i>Clostridium difficile</i> infection (Jones & Bartlett Learning, 2021).	(Jones & Bartlett Learning, 2021).	balance (Jones & Bartlett Learning, 2021).	penia (Jones & Bartlett Learning, 2021).
Nursing Considerations (2)	“Assess patient for nausea and monitor ECG in patients with hypokalemia” (Jones & Bartlett Learning, 2021).	Do not give to patients who have had a positive <i>H. pylori</i> infection within four weeks of treatment. Determine whether patient takes this medication at home and, if so, whether that treatment has lasted for greater than three years, as a cyanocobalam in deficiency may be present (Jones & Bartlett Learning, 2021).	Seizure precautions and monitor for changes in stool such as diarrhea and mucus in stools (Jones & Bartlett Learning, 2021).	Continue to assess symptoms of sepsis as the medication is given. Monitor blood pressure (Jones & Bartlett Learning, 2021).	Avoid in patients with a risk of or recent myocardial infarction, Avoid if symptoms of heart failure are present (Jones & Bartlett Learning, 2021).
Key Nursing Assessment(s) /Lab(s) Prior to Administration	Be sure to assess the patient’s nausea after administration and to push the medication slowly.	Urine output (minimum 30 mL/hour), Presence of osteoporosis (PPIs contribute to brittle bones)	Changes in A&O status and adverse reactions	Respirations, BP, Pulse	Peptic ulcer disease, Platelets
Client	Teach the	Should	Teach the	This	May cause

Teaching needs (2)	client that this medication can help reduce nausea. It can also be taken throughout the day as prescribed.	swallow whole, taken 30 minutes before a meal	client that this medication is a first line antibiotic that will try to kill off any kind of bacteria infection. Let the nurse know if you feel any discomfort.	medication can help reduce the symptoms and fight off infection. It can sometimes cause ringing in the ears, so let the nurse know if this happens.	burning sensation, do not drive with ketorolac
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Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023). *2022 nurse’s drug handbook* (21st ed.). Jones & Bartlett Learning.

Assessment

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

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Alertness and Orientation: Patient was alert and oriented x3 with sporadic bouts of hallucinations (seeing others that were not in the room and pointing at things on the wall that were not there) Distress: Pt. is in no acute distress Overall appearance: Patient laying calmy in bed throughout the shift. Pt. was well-groomed.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: 9 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Skin color: Pink, evenly toned Character: Rough, very dry, and signs of bruising Temperature: Cool Turgor: Elastic; Tenting present, skin on clavicle returns to form Rashes: None Bruises: Bruising on bilateral upper and lower extremities Wounds: Pt. had a small cut on his left forearm that appeared to have been treated some time ago. Braden Score: 9</p>

<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head/Neck: Symmetrical; Trachea midline with no deviations; Thyroid nonpalpable with no nodules; Bilateral carotid pulses 2+ with a regular rate/rhythm; Assessed the following lymph nodes: Preauricular, posterior auricular, tonsillar, submandibular, submental, anterior cervical, posterior cervical, occipital, supraclavicular; All lymph nodes palpable. Ears: No wounds, lumps, or lesions; unable to assess canal for cerumen per patient request Eyes: Bilateral PERRLA, bilateral EOMs intact; Eyelids pink and moist, free of lumps or lesions; Sclerae white and shiny with no excessive vascularity; Bilateral lashes and eyebrows thick, even; Conjunctivae pink and moist; No evidence of drainage or inflammation; 14/14 visual acuity with Rosenbaum chart. Nose: Septum midline; Turbinates pink and moist; No polyps; Frontal sinuses bilaterally nonpalpable and nontender; Maxillary sinuses bilaterally nonpalpable and nontender Throat/Teeth: Pt. has upper and lower dentures that appear well-kept; Oral and pharyngeal mucosae pink but dry with no lesions; Hard palate intact, soft palate intact and rises evenly, uvula midline; Tonsils pink and moist, +1 with no exudate</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Heart sounds: S1 and S2 auscultated at APETM (Aortic, Pulmonic, Erb’s Point, Tricuspid, Mitral) locations; No murmurs, gallops, or rubs Cardiac rhythm: Normal rate/rhythm with auscultation at each location; Normal sinus rhythm on cardiac monitor Peripheral pulses: Bilateral 1+ brachial, radial, ulnar, posterior tibial, and dorsalis pedis pulses; Regular rate/rhythm Capillary refill: Less than or equal to 3 seconds for fingers and toes, bilaterally Edema: Bilateral 2+ lower extremities Lymphatics: Epitrochlear nodes nonpalpable and nontender bilaterally</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Location and Character: Pt. exhibits severe raspy exhalations likely consistent with the pt.’s history of COPD and current shortness of breath. Regular rate (14-18 respirations/minute), equal rise and fall of left and right chest.</p>

<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Diet at home: Regular diet Current Diet: NPO Height: 178 cm Weight: 73.9 kg Bowel Sounds: Bowels sounds are normoactive in all four quadrants. Last BM: 09/26/2023 @ approx. 1030 Palpation: No organomegaly Distention: None Incisions: None Scars: None Drains: None Wounds: None</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: coude Size: 16fr CAUTI prevention measures:</p>	<p>Color: Dark Character: clear Quantity: 30 mL/hour Inspection of genitals: No evidence of urethral/penile breakdown related to indwelling catheter Catheter: Indwelling Foley, 16fr coude CAUTI prevention measures: Catheter care provided BID with CHG wipes</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 95 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Neurovascular status: Pink nail beds with 3 seconds capillary refill, sensation intact in all bilateral distal extremities, 1+ pulses [brachial, radial, ulnar, posterior tibialis, dorsalis pedis] ROM: full passive and active ROM Supportive devices: None Strength: 3/5 in UE and LE Fall Score: 95 Activity/Mobility: Pt. was able to get up to the commode to have a bowel movement with the assistance of healthcare staff.</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>Orientation: A&Ox3 Mental Status: Unclear train of thought,</p>

<p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>disoriented with occasional hallucinations and bouts of confusion. Temporarily reoriented when spoken to Speech: Slurred and quiet Sensory: Intact LOC: Alert</p>
<p>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):</p>	<p>Coping method(s): His son helps Developmental level: Appropriate for age Religion: Christian Personal/Family Data: Widower; Lives with son (POA)</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0807	83 bpm	116/55 mm Hg LUE	16 rr	36.9 tympanic	98% 3L NC
1135	73 bpm	123/60 mm	18 rr	36.9 tympanic	97% 3L NC

Vital Sign Trends/Correlation:

This patient’s vital signs are stable but should be continuously monitored due to the pt.’s history of CHF. The patient had consistent vital signs throughout the day.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0807	Numeric	N/A	0/10	N/A	Continue monitoring
1135	Numeric	N/A	0/10	N/A	Continue monitoring

IV Assessment (2 Points)

IV Assessment	
Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	Size: 20g Location: Right AC Date: 09/26/2023 Patency: Patent, flushes without difficulty Signs of erythema, drainage, etc.: N/A Dressing: Tegaderm clean, dry, intact Fluid Type/Rate or Saline Lock: Saline lock
Other Lines (PICC, Port, central line, etc.)	
Type: Size: Location: Date of insertion: Patency: Signs of erythema, drainage, etc.: Dressing assessment: Date on dressing: CUROS caps in place: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> CLABSI prevention measures:	Type: Midline Size: 18g, 10cm Location: Right upper arm Date: 09/26/2023 Patency: Patent, flushes without difficulty Signs of erythema, drainage, etc.: N/A Dressing: CHG Tegaderm clean, dry, intact Date on dressing: 09/19 CLABSI prevention: Sterile technique with insertion, CHG Tegaderm used, CUROS caps in place, ports scrubbed prior to use

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
~800 mL IV (fluids, medications, blood products)	450mL throughout the day (indwelling Foley catheter emptied every hour)

Nursing Care

Summary of Care (2 points)

Overview of care: Contact precautions

Procedures/testing done: CXR; EKG

Complaints/Issues: weakness is the patient's main concern

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: NPO, up with assistance

Physician notifications: None

Future plans for client: Continue to provide care for the patient, monitoring I&O, fluid status, administer IV antibiotics, and wait for culture results to provide more information.

Discharge Planning (2 points)

Discharge location: 2 East (CCU step-down)

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: TBD; Follow-up with nephrology, cardiology, and primary care provider.

Education needs: Come to the hospital with worsening symptoms earlier. Do not wait for symptoms of shortness of breath and weakness to get better on its own.

Nursing Diagnosis (15 points)

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

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client 	<p>Rationale</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Interventions (2 per dx)</p>	<p>Outcome Goal (1 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. Decreased cardiac output related to history of cardiac disorder as evidenced by decreased ejection fraction (42%) (Phelps, 2020).</p>	<p>The patient exhibits signs and symptoms of shortness of breath and weakness.</p>	<p>1. Monitor at least Q4H and report changes in VS</p> <p>2. Monitor breath sounds Q4H with VS</p>	<p>1. Adventitious breath sounds and weakness will be improved by noon on 9/30/23.</p>	<p>Patient responded affirmatively to the nurse’s actions. Patient is motivated to improve cardiac function</p>
<p>2. Anxiety related to stressors as evidenced by his current conditions and recent passing of his wife (Phelps, 2020).</p>	<p>The patient is stressed and showing signs of anxiety while in the hospital. He mentioned that he recently went through his wife passing, and he is now</p>	<p>1. Educate the patient on how to perform stress management activities such as guided imagery and meditation.</p> <p>2. Encourage the client to perform anxiety reducing</p>	<p>1. The patient will have reduced anxiety for two weeks.</p>	<p>The patient is tired of feeling anxious all the time and is willing to try new techniques to improve it.</p>

	hallucinating in the CCU.	activities at least every 2-4 hours		
3. Impaired skin integrity related to immobility and moisture as evidenced by skin breakdown on arms, and legs (Phelps, 2020).	The patient has bruising and lesions on his extremities.	1. Inspect Q8H and describe, document, and report changes in integrity 2. provide hygiene, barrier creams, and comfort measures	1. Wounds and lesions will improve over the next week.	Patient responded affirmatively to the nurse's actions. Patient is motivated to heal wounds and lesions.
4. Acute confusion related to metabolic dysfunction as evidenced by alteration in cognitive functioning and hallucinations (Phelps, 2020).	The patient has an alteration in cognitive functioning, exhibits restlessness, and hallucinating. The patient sees people who are not there and items on the walls that are also not there.	1. Assess LOC and behavior continuously throughout shift 2. Prepare to administer Haldol if symptoms of anxiety and hallucinations continue to worsen.	1. Neurological and cognitive status will improve by the end of the day.	The patient and his son responded affirmatively to the nurse's actions. Patient is motivated to return to his normal cognitive status.
5. Impaired standing related to insufficient strength as evidenced by weakness and acute respiratory distress (Phelps, 2020).	The patient is experiencing weakness related to his COPD and CHF exacerbation and needs to continue working towards regaining his strength. This puts him at higher	1. Use a gait belt when necessary to support the patient and prevent falls. 2. Encourage independence by helping the patient use assistive devices to complete ADLs	1. The patient will achieve the highest level of independence possible when standing in 4 days.	The patient did respond positively to this. However, the patient did not seem to have the motivation to engage himself in the outcome goal.

	risk for falls and skin breakdown.			
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Other References (APA):

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

Concept Map (20 points):



Subjective Data

Pain 0/10 x2
Short of breath and feeling of weakness

Nursing Diagnosis/Outcomes

1. Decreased cardiac output related to history of cardiac disorder as evidenced by decreased ejection fraction (42%) (Phelps, 2020).
 - a. Adventitious breath sounds and weakness will be improved by 9/30/23
2. Anxiety related to stressors as evidenced by his current conditions and recent passing of his wife.
 - a. The patient will have reduced anxiety for 2 weeks.
3. Impaired skin integrity related to immobility and moisture as evidenced by skin breakdown on arms and legs.
 - a. Wounds and lesions will improve over the next week.
4. Acute confusion related to metabolic dysfunction as evidenced by alteration in cognitive functioning and hallucinations.
 - a. Neurological and cognitive status will improve by the end of the day.
5. Impaired standing related to insufficient strength as evidenced by weakness and acute respiratory distress.
 - a. The patient will achieve highest level of independence possible while standing in 4 days.

Objective Data

weakness
Pulse: 83 → 73 bpm
Blood pressure: 115/55 → 123/60 mm Hg
Respirations: 16 rr
Temperature: 36.9 → 36.9°C
Oxygen: 98 → 97% 2.5L NC
Wounds/bruising to his arms and legs. The patient has raspy lungs sounds upon exhalation.

Client Information

76-year-old Caucasian male with an extensive medical history who has been admitted to the CCU with multiple medical and nursing diagnoses. The client is a widower, a full code, has no known allergies, and is 73.9 kgs

Nursing Interventions

1. Monitor at least Q4H and report changes in VS
2. Monitor breath sounds Q4H with VS
3. Educate the patient on how to perform stress
4. Encourage independence by helping the patient use assistive devices to complete ADLs
5. Inspect Q8H and describe, document, and report changes in integrity
6. provide hygiene, barrier creams, and comfort measures
7. Assess LOC and behavior continuously throughout shift
8. Prepare to administer Haldol if symptoms of anxiety and hallucinations continue to worsen.
9. Use a gait belt when necessary to support the patient and prevent falls.
10. Encourage independence by helping the patient use assistive devices to complete ADLs