Medications

Metoprolol tartrate (Lopressor) tablet 25 mg PO BID- manage high blood pressure/therapeutic class- beta blocker Pharmacological class- beta 1-selective adrenergic receptor blocker

Insulin lispro (Humalog) 1-20 units; subq;3x/day

Aspirin (Bayer) 81 mg PO 1x/day

Amiodarone 200 mg, PO 1x/day

Heparin 100 units/ mL in 5% dextrose in water (PREMIX)- anticoagulant

18 units/kg/ hour x 86.5= 15.6 mL/ hour Continuous

Lab Values/Diagnostics

X-Ray of chest- d/t palpitations

Small amount of pleural fluid noted in right lung; Mild Pulmonary Fibrosis

EKG- d/t suspected A-Fib

A-Fib with RVR seen

Echocardiogram- d/t suspected A-Fib

EF- 60-65%

Demographic Data

Date of Admission: 10/13/2023
Admission Diagnosis/Chief Complaint: Atrial Fibrillation with RVR
Age: 69 years old
Gender: Male
Race/Ethnicity: White
Allergies: No Known Allergies
Code Status: Full Code
Height in cm: 180.3 cm
Weight in kg: 82.6 kg
Psychosocial Developmental Stage: Integrity vs. Despair
Cognitive Developmental Stage: Formal Operational
Braden Score: 22
Morse Fall Score: 8- moderate
Infection Control Precautions: Standard Precautions

Admission History

The patient is a 69-year-old male who came to the clinic complaining of shortness of breath and dizziness. The patient stated he had been having increasing shortness of breath w/ exertion and lightheadedness over the last few weeks. Prior to being admitted, he rested when he experienced these symptoms. The provider suspects he is in active A Fib. The physician advised he come into the ED for a cardiac evaluation.

Medical History

Previous Medical History: Type II Diabetes Mellitus; Hypertension; BPH; Dyslipidemia

Prior Hospitalizations: N/A

Previous Surgical History: Colonoscopy 4/19/2022

Social History: Smoking: Never; Alcohol: Yes (2 glasses of wine/ week); Drug use: Never

Pathophysiology

Disease process: In Atrial Fibrillation w/ RVR, abnormal electrical activity happens within the ventricles of the heart causing them to fibrillate (professional, 2021). Most times in A-Fib with RVR we see tachyarrhythmia - the heart rate is fast. Rhythm irregularity causes blood to flow through the heart turbulently and increases the chance of forming a thrombus -which can dislodge and move to the brain and other parts of the body. A-Fib with RVR increases the risk of stroke, heart attack, and heart failure by disrupting the regular supply of blood to the body's organs (professional, 2021).

S/S of disease: Signs and symptoms of A- Fib with RVR are shortness of breath (seen in patient), chest pain, heart palpitations, dizziness (seen in patient), and fatigue. Vital signs may also indicate there is a problem. Tachycardia and hypotension are commonly seen (professional, 2021).

Method of Diagnosis: A- Fib with RVR is diagnosed with EKG, electrocardiograms, and blood tests such as potassium and thyroid.

Treatment of disease: A- Fib with RVR can be treated with beta blockers, as seen in our patient (professional, 2021). A-Fib with RVR may also be treated with digoxin and calcium blockers. Sometimes therapy is used to reset the heart rhythm

Active Orders

Cardiac Diet

Continuous Cardiac Monitoring

Activity as tolerated- Independent

Physical Exam/Assessment

General: A&O x4, well groomed, no acute distress.

Integument: Skin warm and dry upon palpation. No rashes, lesions, or bruising. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor normal mobility. Capillary refill less than 3 seconds fingers and toes bilaterally.

HEENT:

Head and neck: symmetrical, trachea is midline w/o deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted.

Eyes: Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink w/o lesions or discharge noted. PERRLA bilaterally, red light reflex present bilaterally, Rosembaum 20/20, EOMs intact bilaterally.

Ears: Bilateral auricles no visible or palpable deformities, lumps, or lesions. Bilateral canals clear with pearly grey tympanic membranes.

Nose: Septum is midline, turbinates are moist and pink bilaterally and no visible bleeding or polyps. Bilateral frontal sinuses are nontender to palpation.

Throat: Posterior pharynx and tonsils, 2+, are moist and pink w/o exudate noted. Uvula is midline; soft palate rises and falls symmetrically. Hard palate intact. Dentition is good, oral mucosa overall is moist and pink without lesions noted.

Cardiovascular: Clear S1 and S2 without murmurs gallops or rubs. PMI palpable at 5th intercostal space at MCL. Pulses, 3+. Normal rate and rhythm. Capillary refill less then 3sec. non-pitting edema noted in lower legs, 2+.

Respiratory: Normal rate and pattern of respirations noted. Lung sounds are clear throughout anterior/posterior bilaterally. No crackles, rhonchi, or wheezes noted.

Genitourinary: Urine 1500 mL total voided in 4 hours; light yellow, clear urine; normal findings

Gastrointestinal: Abdomen is soft, nontender, no organomegaly or masses notes upon palpation of all four quadrants. Bowel sounds are normoactive in all four quadrants. No CVA tenderness noted bilaterally. Stool x2. Cardiac diet.

Musculoskeletal: All extremities have full range of motion (ROM). Hand grips and pedal pushes and pulls demonstrate normal and equal strength. Balanced and smooth gait.

Neurological: Patient alert and oriented to person, place, and time. PERRLA. Cranial nerves intact. Negative Rhombergs. Deep tendon reflexes (DTRs) all locations 2+ bilaterally.

Most recent VS (include date/time and highlight if abnormal):

1150 = P-77, BP-120/72, R-18, T-36.4, O2-99%

1545 = P-68, BP-118/62, R-16, T-36.6, O2-98%

Pain and pain scale used:
Numeric Rating Scale

1300 = 0/10 generalized pain -no intervention at this time
1700 = 0/10 generalized pain -no intervention at this time

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Ineffective Tissue Perfusion related to decreased cardiac output as evidenced by shortness of breath	Risk for decreased cardiac output related to A-Fib with RVR as evidenced by low blood pressure and increased heart rate	Risk for activity intolerance related to circulatory problems evidenced by dizziness.
Rationale	**Rationale**	**Rationale**
The patient's shortness of breath is due to lack of oxygen rich blood circulating around his body.	The client was diagnosed with A-Fib w/ RVR	A- Fib with RVR has caused circulatory problems that have resulted in dizziness
Interventions	**Interventions**	**Interventions**
Intervention 1: Assess O2 levels via pulse oximetry **Intervention 2:** Closely monitor CBC and electrolyte values	**Intervention 1:** Monitor blood pressure **Intervention 2:** Monitor heart rate	**Intervention 1:** Encourage patient to schedule frequent rest breaks during activities **Intervention 2:** Patient should increase activity as tolerated
Evaluation of Interventions	**Evaluation of Interventions**	**Evaluation of Interventions**
The patient will have effective tissue perfusion.	The patient will have normal cardiac output.	The patient's activity tolerance will increase.

References (3) (APA):

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