N431 Care Plan # 2

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N431: Adult Health II

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10/19/2023

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
10/14/2023	**R.M.H**	**33**	**Male**
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	**Welder**	**Married**	**No known allergies**
Code Status	**Height**	**Weight**	
Full code	**167.6 (168) cm**	**63.6 (64) kg**	

Medical History (5 Points)

Past Medical History: CAD – S/P LHC (8/24/2023). Chronic HFrEF EF 20-25%, Echocardiogram 8/23/2023, ESRD on peritoneal dialysis, Type 1 diabetes

Past Surgical History: Coronary angiography (8/24/2023), IR peritoneal dialysis catheter placement (8/22/2023), IR US abdomen (8/22/2023), left heart catheterization (6/8/2021), left heart catheterization (8/24/2023), PTCA/Stent (8/24/2023), Right heart catheterization (8/25/2020), Right heart catheterization (2/14/2022), Right heart catheterization (10/9/2023), Stent - coronary – native (8/24/2023).

Family History: No pertinent family medical history.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient reports that he has never smoked cigarettes or used smokeless tobacco. He reports that he never used drugs and currently doesn’t drink alcohol.

Assistive Devices: N/A

Living Situation: The patient lives with his wife and daughter and works as a welder.

Education Level: The patient graduated from high school with his diploma.

Admission Assessment

Chief Complaint (2 points): Shortness of breath and chest pain

History of Present Illness – OLD CARTS (10 points): R.M.H is a 33-year-old male with a PMH significant for CAD, HFrEF, ESRD on PD, and TIDM who presents with SOB. Symptoms have been present for the past couple of days but worsened today. The patient states that he is feeling fatigued. He notes increased left extremity edema and abdominal distention. Intermittent chest pain. He is unable to sleep lying down. The patient was treated with cefuroxime for bronchitis ten days ago. The main symptom was a cough, which has now improved.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Chronic heart failure

Secondary Diagnosis (if applicable): N/A

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

Long-term congestive heart failure occurs when your heart cannot pump enough blood to support your body (Mayo Clinic, 2023). Although the heart is still beating, it cannot pump as much blood as it should, which leads to blood accumulating in other areas of the body. Most of the time, it gathers in your lungs, legs, and feet. In the US, congestive heart failure is prevalent; 6 million people suffer from heart failure (Mayo Clinic, 2023). Sadly, that also applies to this patient with chronic heart failure with a low ejection fraction. The ejection fraction measures the amount of blood the heart expels with each contraction. The results of this test, which is performed during an echocardiography, are used to categorize heart failure and direct treatment. A healthy heart's ejection fraction ranges from 50% to 70% (Cleveland Clinic, 2023). An EF of 20–25% is present in this patient.

Shortness of breath, chest pain, heart palpitations, swelling in your ankles, legs, and belly, weight gain, and a dry, hacking cough are just a few of the symptoms that can emerge

unexpectedly from heart failure. Symptoms may start slowly or suddenly. Fatigue, abdominal distention, chest pain, and increasing edema in the left extremity were among the symptoms this patient had when they arrived at the hospital. All congestive heart failure patients should seek medical attention if they experience any of the following symptoms: chest pain, fainting or extreme weakness, rapid or irregular heartbeat with shortness of breath, severe chest pain or fainting, sudden severe shortness of breath, and coughing up white or pink, foamy mucus. Symptoms can vary from patient to patient.

Various other medical conditions could also cause these symptoms, so a doctor will likely perform some diagnostic tests to be sure. The examination involves a blood test to identify heart-related illnesses. X-ray pictures can display the state of the heart and lungs. Additionally, medical professionals often request an electrocardiogram, a rapid and painless test that captures the heart's electrical activity. It can display how quickly or slowly the heart is beating. The physician may also prescribe a stress test, CT scan, MRI, coronary angiography, and myocardial biopsy (Cleveland Clinic, 2023). Depending on the underlying cause, different people may need surgery to clear blocked arteries or implant a device to improve the heart's function. Additionally, a drug cocktail may be utilized to treat heart failure. Angiotensin-converting enzyme (ACE) inhibitors, Angiotensin II receptor blockers (ARBs), Angiotensin receptor plus neprilysin inhibitors (ARNIs), Beta blockers, and Diuretics are some of the medications that fall under this category. To assist in managing his congestive heart failure, this patient takes atorvastatin and carvedilol.

Pathophysiology References (2) (APA):

Cleveland Clinic. (2023, March 10). *Congestive Heart Failure: Symptoms, Stages & Treatment*. Cleveland Clinic. Retrieved October 20, 2023, from https://my.clevelandclinic.org/health/diseases/17069-heart-failure-understanding-heart-failure

Mayo Clinic. (2023, April 20). *Heart failure - Diagnosis and treatment*. Mayo Clinic. Retrieved October 20, 2023, from https://www.mayoclinic.org/diseases-conditions/heart-failure/diagnosis-treatment/drc-20373148

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	**4.40 – 5.80 mcl**	**2.33**	**2.50**	The patient has anemia. (Pagana, 2019)
Hgb	**13.0 – 16.5 g/dL**	**7.1**	**7.7**	The patient has anemia. (Pagana, 2019)
Hct	**38.0 – 50.0 %**	**21.5**	**22.6**	The patient has anemia. (Pagana, 2019)
Platelets	**140 – 440 mcl**	**262**	**253**	
WBC	**4.00 – 12.00 mcl**	**5.45**	**4.93**	
Neutrophils	**1.40 – 5.30 mcl**	**4.15**	**2.26**	
Lymphocytes	**19.0 – 49.0 %**	**26.3**	**40.9**	
Monocytes	**3.0 – 13.0 %**	**0.45**	**0.41**	
Eosinophils	**0.0 – 8.0 %**	**0.16**	**0.21**	
Bands	**0 - 5**	**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-	**136 – 145 mmol/L**	136	138	
K+	**3.5 – 5.1 mmol/L**	4.6	3.8	
Cl-	**98 – 107 mmol/L**	95	95	The patient has CHF. (Pagana, 2019)
CO2	**22 – 30 mmol/L**	22.0	24.0	
Glucose	**74 – 100 mg/dL**	80	177	The patient has diabetes mellitus. (Pagana, 2019)
BUN	**8 -26 mg/dL**	107	90	The patient has CHF. (Pagana, 2017)
Creatinine	**0.70 – 1.30 mg/dL**	17.02	15.46	The patient has reduced renal blood flow. (Pagana, 2019)
Albumin	**3.5 – 5.0 g/dL**	3.6	N/A	
Calcium	**8.9 – 10.6 mg/dL**	8.4	N/A	The patient has renal failure. (Pagana, 2019)
Mag	**1.6 – 2.6 md/dL**	N/A	3.2 (10/15/23)	The patient has uncontrolled diabetes. (Pagana, 2019)
Phosphate	**3.0 – 4.5 mg/dL**	N/A	5.8	The patient has renal failure. (Pagana, 2019)
Bilirubin	**0.2 – 1.2 mg/dL**	N/A	N/A	
Alk Phos	**40 – 150 u/L**	N/A	N/A	
AST	**5 – 34 u/L**	N/A	N/A	
ALT	**0 – 55 u/L**	N/A	N/A	
Amylase	**60 – 120 u/L**	N/A	N/A	
Lipase	**8 – 78 u/L**	N/A	N/A	
Lactic Acid	**0.50 – 2.20 mmol/L**	N/A	N/A	
Troponin	**0.00 – 0.03**	113	N/A	The patient has a history of

	ng/L			myocardial injury. (Pagana, 2019)
CK-MB	**0.5 – 3.6 ng/mL**	N/A	N/A	
Total CK	**30 – 200 u/L**	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	
PT	**10.1 – 13.1 sec**	N/A	N/A	
PTT	**25 – 36 sec**	N/A	N/A	
D-Dimer	**0 – 622 ng/mL**	N/A	N/A	
BNP	**0 – 100 pg/mL**	3,238.0	N/A	The patient has CHF. (Pagana, 2019)
HDL	➢ **60**	N/A	N/A	
LDL	**< 130**	N/A	N/A	
Cholesterol	**< 200**	N/A	N/A	
Triglycerides	**40 – 180 mmpl/L**	N/A	N/A	
Hgb A1c	**4.0 – 6.0 %**	N/A	N/A	
TSH	**0.300 – 5.000 mlu/L**	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	**Yellow & Clear**	N/A	N/A	
pH	**5.0 – 9.0**	N/A	N/A	

Specific Gravity	**1.003 – 1.030**	N/A	N/A	
Glucose	**Negative**	N/A	N/A	
Protein	**Negative mg/dL**	N/A	N/A	
Ketones	**Negative mg/dL**	N/A	N/A	
WBC	**Negative 0 – 5/hpf**	N/A	N/A	
RBC	**Negative 0 – 2/ hpf**	N/A	N/A	
Leukoesterase	**Negative**	N/A	N/A	

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	
PaO2	**80 – 100 mm Hg**	N/A	N/A	
PaCO2	**35 – 45 mm Hg**	N/A	N/A	
HCO3	**22 – 26 mEq/L**	N/A	N/A	
SaO2	**95%–100%**	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 < 10,000 Positive > 100,000**	N/A	N/A	
Blood Culture	**Negative**	N/A	N/A	
Sputum Culture	**Normal upper respiratory tract**	N/A	N/A	
Stool Culture	**Normal intestinal flora**	N/A	N/A	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-ray

Diagnostic Test Correlation (5 points): The chest X-ray was done because the patient came to the hospital with shortness of breath. According to the findings, the patient has had unchanged cardiomegaly since 8/23/2023. Slight decreased pulmonary venous congestion with residual venous and interstitial prominence. This correlated with the patient's history of CHF or volume overload. Chest X-rays are important because they allow complete evaluation of the pulmonary and cardiac systems (Pagana et al., 2019, p. 227). The images allow doctors to see tumors of the lung, heart, and chest wall. It also allows doctors to see inflammation or fluid accumulation, etc.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

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

Home Medications (5 required)

Brand/Generic	**Sevelamer carbonate/ Renvela**	**Cefuroxime axetil/ Ceftin**	**Insulin Lispro/ Humalog**	**Acetylsalicylic acid/ Aspirin**	**Calcium acetate/ Tums**
Dose	1600 mg	500 mg	5 units	81 mg	2001 mg
Frequency	TID	BID	Before breakfast, lunch, and dinner	Daily	TID
Route	Oral	Oral	Subcutaneous	Oral	Oral
Classification	**Pharmacologic:** Polymeric phosphate binder. **Therapeutic:** Phosphate binder	**Pharmacologic:** Second-generation cephalosporin **Therapeutic:** Antibiotic	**Therapeutic:** Insulin	**Pharmacologic:** non-steroid anti-inflammatory **Therapeutic:** non-steroidal anti-inflammatory drug (NSAID)	**Pharmacologic:** calcium salts **Therapeutic:** Antacid
Mechanism of Action	Inhibits phosphate absorption in the intestine by binding dietary	Interferes with bacterial synthesis by inhibiting the final step in	Stimulates peripheral glucose uptake by skeletal muscle and	Reduces substances in the body that cause pain, fever, and inflammation	Increases levels of intracellular and extracellular calcium

	phosphate, lowering serum phosphorus level.	cross-linking peptidoglycan strands.	fat and by inhibiting hepatic glucose production.	.	
Reason Client Taking	The client is a dialysis patient.	To treat bacterial infection.	To improve blood sugar.	To treat chest pain(angina)	To provide antacid effects.
Contraindications (2)	Bowel obstruction, major GI tract surgery	Alcohol consumption, and children younger than three months of age.	Symptoms of hypoglycemia, episodes of diabetic ketoacidosis	Bleeding disorders such as hemophilia. In children, it can cause Reye's syndrome.	Hypercalcemia, cardiac resuscitation with risk of existing digitalis toxicity or presence of ventricular fibrillation.
Side Effects/Adverse Reactions (2)	Headache, hypotension	Headache, seizures, chills	Itching, low blood sugar	Ringing in the ears, severe nausea	Hypotension, hypercalcemia
Nursing Considerations (2)	Suggest suspension kind be used in patients with swallowing disorders because tablets may get stuck in the esophagus, Monitor blood pressure frequently.	Monitor I.V. site for extravasation and phlebitis. Use cautiously in patients hypersensitive to penicillin because cross-sensitivity has occurred in about 10% of patients.	Monitor patient response to therapy and monitor for adverse effects	Routinely monitor the effectiveness of aspirin by assessing pain levels and fever reduction. Monitor for signs of toxicity.	Monitor serum calcium levels in all patients and check the intravenous site regularly for infiltration because calcium causes necrosis.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Check for allergy to any of its components, check phosphorus levels	Obtain culture and sensitivity results before giving. Assess for allergic	Assess patients' blood pressure, pulse, respirations, and adventitiou	Asses for a bleeding disorder, assess for liver or kidney disease. CBC, liver,	Check blood tests (serum calcium) regularly while taking this medication. Assess for

		reactions to penicillin.	s breath sounds.	and renal function tests.	allergic reactions to calcium acetate.
Client Teaching Needs (2)	Tell the patient to take the drug with meals and swallow tablets whole with water; don't break, chew, or crush them. Caution the patient to take other drugs 1 hour before or 3 hours after Sevelamer carbonate.	Inform the patient that buttermilk and yogurt help maintain intestinal flora and can decrease diarrhea during therapy. Urge the patient to report watery bloody stools to the provider immediately.	Teach the patient to use insulin Lispro precisely as directed and how to check blood glucose before taking insulin.	Advise the patient not to crush or chew enteric-coated aspirin tablets. Administer aspirin after meals or with food.	Urge the patient to shew chewable tablets thoroughly before swallowing and to drink a glass of water afterward. Instruct patient to take 1 to 2 hours after meals.

Hospital Medications (5 required)

Brand/Generic	**Acetaminophen/ Tylenol**	**Atorvastatin calcium/ Lipitor**	**Carvedilol/ Coreg**	**Epoetin alfa/ Procrit**	**Insulin glargine/ Lantus**
Dose	500 mg	40 mg	12.5 mg	40,000 units	8 units
Frequency	Every 4 hours PRN	Daily	PID	Every seven days	At bedtime
Route	Oral	Oral	Oral	subcutaneous	subcutaneous
Classification	**Pharmacologic:** nonsalicylate, para-	**Pharmacologic:** HMG-CoA reductase inhibitor	**Pharmacologic:** nonselective beta-blocker	**Pharmacologic:** Erythropoietin	**Pharmacologic:** long-acting insulins

	aminophenol derivative **Therapeutic:** Antipyretic,	**Therapeutic:** Antihyperlipidemic	and alpha-1 blocker **Therapeutic:** Antihypertensive, heart failure treatment adjunct	**Therapeutic:** Antianemic	
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and increasing LDL receptors.	Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload.	Stimulates the release of reticulocytes from the bone marrow into the bloodstream, where they develop into mature RBCs.	Blocks binding of angiotensin II to receptor sites in many tissues.
Reason Client Taking	To relieve mild or moderate pain.	To reduce the risk of cardiovascular events such as angina.	As an adjunct to treat mild or severe chronic heart failure.	To treat anemia.	To treat hypertension
Contraindications (2)	Severe hepatic impairment, severe active liver disease	Active hepatic disease, unexplained persistent rise in serum transaminase level	Bronchial asthma, cardiogenic shock	Uncontrolled hypertension, seizures	Concurrent aliskiren, contraindicated during episodes of hypoglycemia
Side Effects/Adverse Reactions (2)	Agitation, anxiety	Arrhythmias, orthostatic hypotension	CVA, angina	Headaches, seizures	Dizziness, hypotension
Nursing Considerations (2)	Monitor renal function in patients on	Expect to measure lipid levels 2 to 4 weeks after	Monitor the patient's blood glucose as	Evaluate the patient's serum iron levels	Monitor blood pressure and renal

	long-term therapy; use cautiously in patients with hepatic impairment	therapy starts. Monitor diabetic patient's blood glucose levels because atorvastatin therapy can affect blood glucose control.	ordered. Use cautiously in patients with diabetes mellitus because it may mask signs of hypoglycemia, such as tachycardia, and may delay recovery.	before and during treatments and check hemoglobin levels as ordered.	function, and periodically monitor for serum potassium levels.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Assess the patient's pain level on a scale of 1-10.	Assess liver function and creatine kinase level.	Assess for signs and symptoms of CHF, including dyspnea, rales/crackles, and peripheral edema.	Assess the patient's iron stores and blood pressure.	Assess the patient's blood pressure before administration.
Client Teaching Needs (2)	Tell the patient that tablets may be crushed or swallowed whole but that extended-release forms should not be broken, chewed, crushed, or split. Caution the patient not to exceed the recommended dosage	Tell the patient to take the drug simultaneously daily to maintain its effects. Advise patient to monitor blood glucose levels closely.	Warn the patient that the drug may cause dizziness, light-headedness, and orthostatic hypotension. Alert the patient to monitor his glycemic control closely because the drug may increase blood glucose levels or	Teach the patient how to administer the drug and caution the patient on properly disposing of the needles. Encourage the patient to eat iron-rich foods.	Advise patient to avoid exercising in hot weather and drinking excessive amounts of alcohol and warn patient to tell all prescribers of losartan therapy.

			mask symptoms of hypoglycemia.		

Medications Reference (1) (APA):

Jones & Bartlett Learning, (2023). *Nurse's Drug Handbook* (22nd ed.). Jones & Bartle

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Alert and responsive Person, place, situation, time No acute distress Fatigued appearance
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Usual for ethnicity Intact, dry Warm Normal elasticity No rashes No bruises No wounds 3 (low fall risk)
HEENT: **Head/Neck:**	.Normocephalic and atraumatic

Ears: **Eyes:** **Nose:** **Teeth:**	No abnormal findings are present. PERRLA present, EOM intact No polyps, lumps, bumps, or bleeding No dentures
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 ☐** **Location of Edema:**	Systolic murmur appreciated Normal rate and rhythm 3+ Less than 3 seconds +1 edema in both lower legs
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Pulmonary effort is normal. No respiratory distress Bibasilar rales
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 ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	. Regular Cardiac diet 167.6 cm 63.6 kg Active bowel sounds Today 10/16/2023 No pain Moderate distension The abdomen is soft, with no abdominal tenderness. No incision No drains
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☒ N ☐** **Inspection of genitals:**	No urine output. The patient is a dialysis patient.

Catheter: Y ☐ N ☒ **Type:** **Size:**	 The patient states there are no abnormal findings. This nursing student did not assess genitals.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 3** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	. Nail beds intact, extremities warm and dry Active ROM N/A Right leg +1 edema Left leg +1 edema. Active mobility N/A N/A
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	. . Person, place, situation, and time Normal cognition Clear Normal sensory Alert – awake and answers questions appropriately
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):**	Talking with his wife and his TikTok followers. The patient can read and write and graduated high school. N/A The patient lives alone with his wife

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1357	77	113/71	18	97.9	99% room air
1600	78	115/70	18	97.8	99% room air

Vital Sign Trends: The patient's vital signs remained within his normal limits.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
N	O	P	A	I	N
N	O	P	A	I	N

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G **Location of IV:** Forearm **Date on IV:** 10/14/23 **Patency of IV:** patent **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Clean, dry, and intact	Saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
150 mL	0 (dialysis patient)

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was monitored for SOB and chest pain; he had blood in his stool, so an occult blood test was done, which came back negative. He was supposed to get dialysis also, but it wasn't done.

Procedures/testing done: None; the patient was supposed to get dialysis today, but it didn't get done.

Complaints/Issues: N/A

Vital signs (stable/unstable): The patient's vital signs were regular and stable.

Tolerating diet, activity, etc.: The patient tolerates his cardiac diet well and has no problems with eating or drinking.

Physician notifications: None

Future plans for client: Make sure the patient returns for all follow-up appointments and follow up with the transplantation center.

Discharge Planning (2 points)

Discharge location: Home with his wife

Home health needs (if applicable): None needed.

Equipment needs (if applicable): None needed.

Follow-up plan: The patient has all follow-up appointments scheduled.

Education needs: None

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

Nursing Diagnosis	**Rationale**	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation**
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes,

pertinent to this client				modificatio ns to plan.
1. Decreased cardiac output related to rate, rhythm, and electrical conduction alterations, as evidenced by increased heart rate, dysrhythmi as, and ECG changes.	The patient came to the hospital with shortness of breath and chest pain and the patient has CHF.	**1.** Give oxygen as indicated by the patient's symptoms, oxygen saturation, and ABGs **2.** Assist the patient in assuming a high fowlers position.	**1.** The patient will demonstrate adequate cardiac output as evidenced by vital signs within acceptable limits.	The patient's cardiac output remains adequate.
1. Risk for unstable blood glucose levels related to insufficient diabetes manageme nt as evidenced by blood sugar level of 175 mg/dL.	The client has a past medical history significant for diabetes mellitus.	**1.** Teach the patient how to perform home glucose monitoring **2.** Stress the importance of achieving	**1.** The patient will achieve and maintain glucose in a satisfactory range.	The patient sustained a fasting blood glucose level of less than 140 mb/dL
2. Activity intolerance related to an imbalance between	This client has congestive heart failure.	1. Teach methods to conserve energy. 2. Provide a calm environment.	1. The patient will alternat e betwee	The patient didn't experience fatigue with daily activities.

oxygen supply and demand as evidenced by fatigue.			n work and rest periods to complete ADLs.	
3. Decreased cardiac tissue perfusion related to the inadequate blood supply to the heart, as evidenced by an ejection fraction of less than 40%.	This patient has an ejection fraction of 20% - 25%	1. Administer medication as ordered(diuretics, ACE inhibitors, ARBs, ARNIs, Beta-blockers) 2. Instruct on lifestyle modifications.	1. The patient will demonstrate ejection fraction > 40%.	The patient will have increased tissue perfusion.

Other References (APA):

Phelps, L. L. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual*. Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

The patient stated, “My wife wants to leave me because I am sick.”
The patient stated, “ Talking with my followers helps me to cope with my illness.”

Nursing Diagnosis/Outcomes

Nursing Diagnosis

1. Decreased cardiac output related to rate, rhythm, and electrical conduction alterations, as evidenced by increased heart rate, dysrhythmias, and ECG changes.
2. Risk for unstable blood glucose levels related to insufficient diabetes management as evidenced by blood sugar level of 175 mg/dL.
3. 2. Activity intolerance related to an imbalance between oxygen supply and demand as evidenced by fatigue
4. Decreased cardiac tissue perfusion related to the inadequate blood supply to the heart, as evidenced by an ejection fraction of less than 40%.

Outcomes

1. The patient will demonstrate adequate cardiac output as evidenced by vital signs within acceptable limits.
2. The patient will achieve and maintain glucose in a satisfactory range.
3. The patient will alternate between work and rest periods to complete ADLs.
4. The patient will demonstrate ejection fraction > 40%.

Objective Data

The patient’s blood pressure was 113/71.
The patient showed no signs of pain.
The patient ate and tolerated his cardiac diet well.

Client Information

Date of admission: 10/14/2023
Client Initials: R.M.H
Age: 33
Gender: Male
Race/Ethnicity: White
Occupation: Welder
Marital Status: Married
Allergies: No known allergies
Code status: Full code
Height: 167.6cm (168)
Weight: 63.6kg (64)

Nursing Interventions

Give oxygen as indicated by the patient’s symptoms, oxygen saturation, and ABGs.
Assist the patient in assuming a high fowlers position.
Teach the patient how to perform home glucose monitoring.
Assist the patient in assuming a high fowlers position.
Teach methods to conserve energy.
Provide a calm environment.
Administer medication as ordered(diuretics, ACE inhibitors, ARBs, ARNIs, Beta-blockers)
Instruct on lifestyle modifications.