

N311 Care Plan 5

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N311: Foundations of Professional Practice

Professor Smalley

10/27/23

Demographics (5 points)

Date of Admission 10/26/23	Client Initials C.O	Age 78	Gender Male
Race/Ethnicity White	Occupation Metal Works	Marital Status Widowed	Allergies None
Code Status Full Code	Height 5'7''	Weight 148 lbs.	

Medical History (5 Points)

Past Medical History: Carotid Artery Arthrosclerosis, Hypertension, Esophageal reflux
Tonsils Cancer, Gout, Erectile Dysfunction, Hyperlipidemia, Hypothyroidism, Peripheral
Artery Disease.

Past Surgical History: Transcathplcmnt Carotid stent left x3 right x1, head and neck
surgery (1997), Colonoscopy (2012), Cataract removal Rt (5/23) Lt (5/23).

Family History: N/A

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use):
No use of smoking or smokeless tobacco. Approximately 14.4 Oz per week drinking alcohol
for the past 50 years. No use of drugs.

Admission Assessment

Chief Complaint (2 points): Chest pain

History of Present Illness – OLD CARTS (10 points): Client presents to the ED
complaining of intermittent chest pain for the past 2 hours. Client reports constant chest
pain lasting 45 minutes, prompting him to take aspirin. Client reports the pain on the left
side of his chest, rated as 9/10. Client took aspirin 45 minutes prior to arrival. Client
describes the pain as a sharp, stabbing pain. Client states that pain was relieved with the

use of aspirin and reports no aggravating factors. Client denies shortness of breath and headache with chest pain but states he experiences some minor neck pain.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Chest pain

Secondary Diagnosis (if applicable): Hyponatremia

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

“Hyponatremia is defined as a serum sodium concentration of less than 135 mEq/L” (Rondon & Badireddy, 2020). “Hyponatremia is a electrolyte abnormality caused by an excess of total body water when compared to total body sodium content” (Rondon & Badireddy, 2020). When water volume increases, cells begin to swell and changing the tonicity of the extracellular fluid. Hyponatremia effects the central nervous system by causing brain swelling. This can cause confusion, coma, seizures, and decreased deep tendon reflexes. Hyponatremia effects the GI system by causing abdominal cramps (Rondon & Badireddy, 2020).

There are various signs and symptoms of hyponatremia that affect the body. Signs and symptoms of the disorder includes [orthostatic hypotension](#), [anxiety](#), and headaches. This can create a safety concern with clients, increasing the risk of falls. Dry mucous membranes, poor skin turgor, rapid, and bounding pulse care also signs of hyponatremia and can also manifest with dehydration (MERCK MANUAL Professional Version, 2023). More signs and symptoms include muscle twitching, nausea, vomiting, abdominal cramps, Oliguria or anuria, and Cold clammy skin (MERCK MANUAL Professional Version, 2023).

There are various diagnostic tests that can be done to diagnose hyponatremia.

Diagnostic testing includes a blood sodium level (serum), to show a blood concentration less than 135 mEq/L. A urine specific gravity can be done and results might yield less than 1.010, and osmolality and less than 280 mOsm/kg. A blood urea nitrogen-creatinine ratio can be done to show less than 20: 1(Hogan-Quigley et al., 2021). “Sodium level may be less than 25 mEq/L in patients with hypovolemia or above 40 mEq/L in patients with SIADH and normovolemia” (Hogan-Quigley et al., 2021). My client was tested for hyponatremia via blood sample with the results yielding 124 mmol/L. The general treatment for this disorder is intravenous fluids and medication. My client was treated for hyponatremia with 0.9% normal saline intravenous fluids.

There are many factors that can cause hyponatremia. “Some medications, such as some water pills (diuretics), antidepressants and pain medications, can interfere with the normal hormonal and kidney processes that keep sodium concentrations within the normal range” (Mayo Clinic, 2022). Hyponatremia can also be caused by other health conditions. “Congestive heart failure and certain diseases affecting the kidneys or liver can cause fluids to accumulate in your body, which dilutes the sodium in your body, lowering the overall level” (Mayo Clinic, 2022).

Pathophysiology References (2) (APA):

MERCK MANUAL Professional Version. (2023, September). *Hyponatremia - Endocrine and Metabolic Disorders*. Merck Manuals Professional Edition.

<https://www.merckmanuals.com/professional/endocrine-and-metabolic-disorders/electrolyte-disorders/hyponatremia>

Rondon, H., & Badireddy, M. (2020). *Hyponatremia*. PubMed; StatPearls

Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK470386/#:~:text=Hyponatremia%20is%20defined%20as%20a>

Hogan-Quigley, B., Mary Louise Palm, & Bickley, L. S. (2021). *Bates' nursing guide to physical examination and history taking* (Third edition). Lippincott Williams & Wilkins.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format. ***CLIENT ADMITTED SAME DAY, UNABLE TO OBTAIN SECOND SET OF LABS***

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.30 mc/L	3.80	N/A	
Hgb	12-15.8 g/dL	13.5	N/A	
Hct	36%-47%	38.4	N/A	
Platelets	140,000-440,000	129	N/A	Low platelets count in a client with a history of cancer. No other correlation can be found. (Taylor et al., 2022)
WBC	4-12 $10^3/\text{mm}^3$	28.0	N/A	Elevated levels in a client possibly experiencing angina. (Taylor et al., 2022)
Neutrophils	47%-73%	65.7	N/A	
Lymphocytes	18%-42%	20.1	N/A	
Monocytes	4%-12%	11.9	N/A	
Eosinophils	0%-5%	1.4	N/A	
Bands	0%-1%	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	124	N/A	Low levels in a client with diagnosed hyponatremia. Hyponatremia can be related to hypothyroidism. (Taylor et al., 2022)
K+	3.5-5.1 mmol/L	4.8	N/A	
Cl-	98-107 mmol/L	94	N/A	Low levels may be a result from low sodium levels. (Taylor et al., 2022)
CO2	22-30 mmol/L	21	N/A	Low levels may be caused by low sodium and chloride levels. (Taylor et al., 2022)
Glucose	70-99 mg/dL	90	N/A	
BUN	10-20 mg	17	N/A	
Creatinine	0.60-1.0 mg	0.86	N/A	
Albumin	3.5-5.0 g/dL	4.3	N/A	
Calcium	8.7- 10.5 mg/dL	9.5	N/A	
Mag	1.6-2.6 mg/dL	N/A	N/A	
Phosphate	N/a	N/A	N/A	
Bilirubin	0.2-12 mg/dL	0.5	N/A	
Alk Phos	40-150 IU/L	81	N/A	

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

Lab Test	Normal	Value on	Today's	Reason for Abnormal
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	Range	Admission	Value	
Color & Clarity	N/A	N/A	N/A	
pH	5-9	N/A	N/A	
Specific Gravity	1.003-1.030	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	Negative, 0-5	N/A	N/A	
RBC	Negative, 0-2	N/A	N/A	
Leukoesterase	Negative	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	N/A	N/A	N/A	
Blood Culture	No growth present	N/A	N/A	
Sputum Culture	N/A	N/A	N/A	
Stool Culture	N/A	N/A	N/A	

Lab Correlations Reference (1) (APA):

Taylor, C., Lynn, P., & Bartlett, J. L. (2022). *Fundamentals of nursing: the art and science of person-centered care*. Wolters Kluwer.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Troponin high sensitivity: Client with chest pain will have a troponin test to measure striated cells that are specific markers of cardiac damage. On admission <3, Todays value <3.

X-ray: Client with chest pain will have a chest x-ray to visualize thoracic structures as different densities. Comparison 6/5/22. Heart size normal, apical structure normal, no acute lung pathology. No acute cardiomegaly and no significant interval change from 6/5/22.

Ekg: Client with chest pain to have electrocardiography to visualize electrical activity generated by the heart. Normal sinus rhythm 71 bpm, Pr interval 150ms, qrs duration 88ms, qt/qrtc 380/412 EMS.

Echocardiography: Client with chest pain to have echocardiography to visualize the size, shape, and motion of cardiac structures. No results prior to the end of clinical. Client tolerated the imaging well.

Diagnostic Imaging Reference (1) (APA):

Taylor, C., Lynn, P., & Bartlett, J. L. (2022). *Fundamentals of nursing: the art and science of person-centered care*. Wolters Kluwer.

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/ Generic	allopurinol Zyloprim	amlodipine Norvasc	clopidogrel Plavix	lisinopril Prinivil, Zestril	metoprolol succinate Toprol-xl
Dose	100mg tablet	5mg tablet	75mg tablet	20mg tablet	50mg tablet
Frequency	Daily	Daily	Daily	Daily	Daily

Route	Oral	Oral	Oral	Oral	Oral
Classification	Therapeutic class: xanthine oxidase inhibitor Pharmacologic class: anti-gout (Jones & Bartlett Learning, 2022)	Therapeutic class: calcium channel blocker Pharmacologic class: anti-hypertensive (Jones & Bartlett Learning, 2022)	Therapeutic class: platelet inhibitor Pharmacologic class: platelet aggregation inhibitor (Jones & Bartlett Learning, 2022)	Therapeutic class: ACE inhibitor Pharmacologic class: anti-hypertensive (Jones & Bartlett Learning, 2022)	Therapeutic class: beta adrenergic blocker Pharmacologic class: anti-hypertensive (Jones & Bartlett Learning, 2022)
Mechanism of Action	Inhibits uric acid production. (Jones & Bartlett Learning, 2022)	Binds to dihydropyridine cell membrane receptor sites on myocardial smooth muscle. (Jones & Bartlett Learning, 2022)	Inhibits the binding of the P2Y12 component of ADP to its platelet receptor, (Jones & Bartlett Learning, 2022)	Causes decreased production of angiotensin 2 and suppression of the RAAS. (Jones & Bartlett Learning, 2022)	Decreases cardiac output, peripheral resistance, and cardiac oxygen consumption and depresses renin secretion. (Jones & Bartlett Learning, 2022)
Reason Client Taking	Gout prevention	Hypertension	Carotid atherosclerosis	Hypertension	Hypertension
Contraindications	Hypertension	Hypertension	Active	Use cautiously	Cardiogenic

tions (2)	ve to drug, use cautiously in clients with renal impairment. (Jones & Bartlett Learning, 2022)	e to drug, use cautiously in clients taking vasodilators. (Jones & Bartlett Learning, 2022)	bleeding, peptic ulcers. (Jones & Bartlett Learning, 2022)	in clients with DM and angioedema (Jones & Bartlett Learning, 2022)	c shock, heart attack. (Jones & Bartlett Learning, 2022)
Side Effects/Adverse Reactions (2)	Headache, epistaxis, abdominal pain (Jones & Bartlett Learning, 2022)	Palpitations, Abd pain, fatigue (Jones & Bartlett Learning, 2022)	Hypotension, bronchospasm. (Jones & Bartlett Learning, 2022)	Stroke, arrhythmias, bronchospasm. (Jones & Bartlett Learning, 2022)	Leukopenia, cardiogenic shock. (Jones & Bartlett Learning, 2022)

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2023 Nurse's Drug Handbook*. Jones & Bartlett Learning.

Assessment

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

GENERAL: Alertness: Alert Orientation: Oriented Distress: No distress Overall appearance: Well groomed	Appears alert and oriented x person, place, time, and event. Well-groomed with no acute distress. Speech is clear and judgment is not impaired.
INTEGUMENTARY: Skin color: Fair Character: Dry Temperature: Warm Turgor: Return immediately Rashes: x Bruises: x Wounds: x Braden Score: 22 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	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 three seconds fingers and toes bilaterally. Braden risk: Sensory perception – 4, No Impairment Moisture- 4 rarely moist Activity- 4 walks frequently Mobility- 4 no limitation Nutrition- 3 adequate

	<p>Friction and sear 3 no problem</p> <p>Score 22</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck are symmetrical, trachea is midline without deviation. Bilateral carotid pulses are palpable and plus two. Bilateral auricles no visible or palpable deformities warmth or lesions. Septum is midline. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no drainage from eyes.</p>
<p>CARDIOVASCULAR: Heart sounds: Audible S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Sinus rhythm Peripheral Pulses: Palpable 2+ Capillary refill: less than 3 seconds Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Clear S1 and S2 without murmurs, gallops, or rubs. Apical pulse palpable at 5th intercostal space at the midclavicular line. Normal rate 68bpm and rhythm. Right dorsalis pedis diminished +1 possibly due to peripheral artery disease. All other pulses palpable 2+. Neck vein distension no present</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior/ posterior bilaterally, no wheezes, crackles, or rhonchi noted.</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 type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Abdomen is soft, non-tender, or mass is noted upon palpation of all four quadrants. Bowel sounds are normal active in all four quadrants no CVA tenderness bilaterally noted.</p>

<p>Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	<p>No abnormal voids noted, clear and yellow. No pain with urination. No use of dialysis. Client voids without assistance. No use of urinary catheter. Client may be voiding more frequently due to the intravenous fluids for the treatment of hyponatremia.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 16 Activity/Mobility Status: independent Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Morse fall scale: Fall history- 0, secondary diagnosis- 15, ambulatory aid- 0, iv- 20, gait- 0, mental status- 0. Score 35 Low fall risk. No assistance with adl's needed. Client moves independently. Equal and normal upper and lower extremity strength. Client has intact ROM.</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 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>client is alert and oriented times 4. Equal strength and lower and upper extremities bilaterally. speech is clear. Sensory perception is unaltered. Level of consciousness is 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>Client copes by playing golf and mowing the grass. Clients developmental level is adequate with age. Client has no practice religion. Client lives alone, widowed, married for 50 years. Client has ample support from friends and family. The client has been occasionally drinking for the past 50 years.</p>

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1155	68	174/73	20	98.1	98% RA

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1205	1/10	Left sided chest	Low	sharp	PRN Tylenol

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480ml-water	Client voids independently Voided urine x3 1 void- 275ml

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<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 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 			<ul style="list-style-type: none"> How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> Client response, status of goals and

to this client				outcomes, modifications to plan.
<p>1. Risk for decreased cardiac tissue perfusion as evidenced by cardiovascular status of high blood pressure, diminished peripheral pulses and medical diagnosis of carotid artery atherosclerosis. (Phelps, 2022)</p>	<p>Ineffective cardiac tissue perfusion can lead to myocardial infarction and impaired circulation. (Phelps, 2022)</p>	<p>1. Assess blood pressure and peripheral pulses for any abnormalities that may be indicators of altered perfusion.</p> <p>2. Provide patient with information regarding modifiable risk factors related to hypertension, peripheral artery disease, and carotid artery atherosclerosis. (Phelps, 2022)</p>	<p>1. Patient will remain hemodynamically stable and not experience any signs or symptoms of decreased cardiac tissue perfusion. (Phelps, 2022)</p>	<p>The client tolerated the nursing interventions and remained hemodynamically stable for the duration of clinical. No modifications to plan of care needed. (Phelps, 2022)</p>
<p>1. Risk for electrolyte imbalance as evidenced by results of laboratory tests including low sodium and low chloride levels. (Phelps, 2022)</p>	<p>Client is susceptible to changes in serum electrolyte levels which may compromise health status and impede healing process. (Phelps, 2022)</p>	<p>1. Monitor client for physical signs of electrolyte imbalance.</p> <p>2. Educate patient regarding risks for electrolyte disturbances associated with Hyponatremia and possible interventions.</p>	<p>1. Patient will maintain adequate fluid balance consistent with hyponatremia restrictions. (Phelps, 2022)</p>	<p>The client tolerated the nursing interventions and maintained adequate fluid balance for the duration of clinical. No modifications to plan of care needed. (Phelps, 2022)</p>

		(Phelps, 2022)		
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Other References (APA):

Phelps, L. (2022). *Nursing Diagnosis Reference Manual*. Wolters Kluwer Medical.

Concept Map (23 Points):

Subjective Data

Left sided chest pain, sharp stabbing pain.
 Rates a 1/10 during clinical.
 Associated Neck pain
 Drinking for the past 50 years.
 Widowed after 50 years.

Nursing Diagnosis/Outcomes

1. Risk for decreased cardiac tissue perfusion as evidenced by cardiovascular status of high blood pressure, diminished peripheral pulses and medical diagnosis of carotid artery atherosclerosis. (Phelps, 2022)
 - a. Assess blood pressure and peripheral pulses for any abnormalities that may be indicators of altered perfusion.
2. Risk for electrolyte imbalance as evidenced by results of laboratory tests including low sodium and low chloride levels. (Phelps, 2022)
 - a. Educate patient regarding risks for electrolyte disturbances associated with Hyponatremia and possible interventions. (Phelps, 2022)

Objective Data

Troponin <3 on admission and clinical date.
 Vs: 173/73, 68, 20resp, 98.1, 98% RA
 Chest xr clear without abnormalities.
 Platlets: 129, RBC: 3.79, WBC: 28.0, NA: 124,
 CL:94, CO2: 21

Client Information

78 y.o male with a history of Hypothyroidism and carotid artery atherosclerosis admitted for chest pain and hyponatremia.
 Client is compliant with nursing interventions and plan of care.

Nursing Interventions

Nursing interventions: administer pain medication, monitor vitals, explain imaging procedure, monitor intake, assess nutrition status, assess hydration status.

Medical interventions: chest imaging preparing, Acknowledge lab values, administer HTN and gout medication.

