N311 Care Plan 5

Kayla Cox Schrubb

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor M. Hartke

Novembers 30, 2023

Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
7/14/2023	LB	72	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian/White	Unemployed/ Social Security	Widowed	Toradol, aspirin, sulffonamides, vanco, chocolate
Code Status	**Height**	**Weight**	
DNR	63 in.	206.4 lbs	

Medical History (5 Points)

Past Medical History: Diabetes, depression, fall risk, hyperlipidemia, left foot drop, lower extremity edema, morbid obesity with BMI of 40-44.9, peripheral neuropathy, post-nasal drip, snoring

Past Surgical History: Partial hysterectomy

Family History: sister diagnosed with uterine cancer.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): past alcohol user up until 6/24/2020; no substance tobacco; former smoker, quit 2/26/2020.

Admission Assessment

Chief Complaint (2 points): Self-care assistance

History of Present Illness – OLD CARTS (10 points): After talking to the patient, she explained that her chief of complaint was not being able to take care of herself properly. She noticed this about 3-6 months prior to admission. She explained that she constantly felt out of breath or even some chest tightening and sharp pain when doing physical activity. When she would sit to let herself catch breath she felt better. It would happen with any type of physical activity, and then she would have to sit 1-2 minutes to catch her breath and then she could move again. She rated her chest pain/discomfort a 6 out of 10.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): hyperlipidemia

Secondary Diagnosis (if applicable): Diabetes, depression, fall risk, hyperlipidemia, left foot drop, lower extremity edema, morbid obesity with BMI of 40-44.9, peripheral neuropathy, post-nasal drip, snoring.

Pathophysiology

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

Hyperlipidemia

Hyperlipidemia is a very serious diagnosis. "When a patient is diagnosed with this, then they become an extreme risk patient for having a heart attack or stroke" (Cleveland Clinic, 2022 p 1). This is because, "hyperlipidemia is another word for high cholesterol or an excess amount of lipids or fats in the blood" (Cleveland Clinic, 2022 p 1). "Having high fats or lipids in the blood can cause the blood to not flow through the arteries like it should causing a heart attack or stroke" (Cleveland Clinic, 2023 p 1). Someone people can maintain it with mediation, but they will have to do it for the rest of their lives.

Pathophysiology

As I have previously mentioned, hyperlipidemia means you have high lipids (fats) in your blood. Now let's talk about how the liver comes into play with this. "Your liver creates cholesterol to help you digest food and make things like hormones. But you also eat cholesterol in foods like meat and dairy aisles" (Cleveland Clinic, 2022 p 2). If you have a functioning liver,

then it will be able to make and produce enough cholesterol for your body that it needs. When you are eating foods that have a high cholesterol total, that is just extra fat we are putting into our bodies (Cleveland Clinic, 2022). It can depend on your facility policy, but "typically having a level of 240 mg/dL or higher is high and unhealthy because it can create roadblocks in your arteries where your blood travels through your body" (Cleveland Clinic, 2022 p 3).

Signs and Symptoms

Typically, when there is a patient that is having a mild cause of hyperlipidemia, they will remain asymptomatic. Since the patient will be asymptomatic, it is very important to get a thorough background/history on the patient (Hill & Bordoni, 2023). You would have to do a thorough background check because it could be genetic (Cleveland Clinic, 2022). With hyperlipidemia being a disease that can slow or stop blood flow, "blood will stop flowing to your heart that could cause chest pain with exertion, jaw pain and shortness of breath" (Cleveland Clinic, 2022 p 12). "When a blockage of fatty substances in your arteries rupture and a clot covers it, your whole artery will be blocked off" (Cleveland Clinic, 2022). When this happens, it causes a heart attack. The symptoms of a heart attack could be "chest pain, flushing, nausea and difficulty breathing" (Cleveland Clinic, 2022 p 13).

Pathophysiology References (2) (APA):

Hill, M. F., & Bordoni, B. (2023, August 8). *Hyperlipidemia - StatPearls - NCBI Bookshelf*. Hyperlipidemia. https://www.ncbi.nlm.nih.gov/books/NBK559182/

professional, C. C. medical. (2022, August 4). *Hyperlipidemia (high cholesterol): Levels,*

causes, symptoms & diagnosis. Cleveland Clinic.

https://my.clevelandclinic.org/health/diseases/21656-hyperlipidemia

Laboratory Data (20 points)

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

CBC <mark>Highlight All Abnormal Labs</mark>—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	4.5-6.5	4.5	4.8	
Hgb	135-180	172	140	
Hct	36-54%	48%	38%	
Platelets	150-400	220	323	
WBC	4.00-11.00	5.6	5.8	
Neutrophils	2.0-7.5	3.4	6.7	
Lymphocytes	1.0-4.5	1.4	2.2	
Monocytes	0.0-0.8	0.7	0.7	
Eosinophils	0.0-0.5	0.5	0.2	
Bands	<10%	N/A	N/A	

Chemistry <mark>Highlight All Abnormal Labs</mark>—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	139	139	
K+	3.5-5.1	3.5	3.2	
Cl-	98-107	100	98	
CO_2	21-31	<mark>32</mark>	<mark>34</mark>	**Can be low because of a hormonal**

				disorder and my pt. has depression. (NDH, 2023)
Glucose	74-109	==227==	==318==	My patient is a type 2 diabetic. "Glucose is to treat a patient with low blood sugar." (Multum, 2023). So, my patient necessarily will not receive any type of glucose because her sugar is already high. She would receive insulin instead.
BUN	7-25	10	17	
Creatinine	0.60-1.20	0.90	0.95	
Albumin	3.5-5.2	3.9	4.1	
Calcium	8.6-10.3	==8.5==	8.6	"Depression medication that the pt. is on. We need to know and understand that low calcium levels could result in the parathyroid glands, from diet, kidney disorders, and certain medications." (Lewis III, 2023). And for my patient's sake, it is the medication that she is on for depression.
Mag	N/A	N/A	N/A	
Phosphate	N/A	N/A	N/A	
Bilirubin	0.3-1.0	0.6	0.7	
Alk Phos	34-104	==111==	==115==	One of the bile ducts that drains your liver is blocked. We need to look for this value because studies have shown that menopausal women with depression always seen to have a significantly high Alk Phos. (Front Psychiatry, 2023).

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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	Yellow/clear	Yellow/clear	
pH	4.5-8	5	5.6	
Specific Gravity	1.005-1.025	1.012	1.007	
Glucose	<130	96	120	
Protein	<150	132	121	
Ketones	None	None	None	
WBC	2,000-5,000	2,200	3,400	
RBC	<2	1.2	1.9	
Leukoesterase	Neg	Neg	Neg	

Cultures <mark>Highlight All Abnormal Labs</mark>—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	10,000-100,000	96,000	43,000	
Blood Culture	7-10 mL	7	8	
Sputum Culture	<10 cells	4	8	
Stool Culture	0.25-0.5 mg/dL	0.3	0.42	

Lab Correlations Reference (1) (APA):

Lerma, E. (2023, June 13). *Urinalysis*. Reference Range, Interpretation, Collection and Panels.

https://emedicine.medscape.com/article/2074001-overview?form=fpf

Lewis III, J. L. (2023, October 13). *Hypocalcemia (low level of calcium in the blood) - hormonal and metabolic disorders*. Merck Manuals Consumer Version.

https://www.merckmanuals.com/home/hormonal-and-metabolic-disorders/electrolyte-balance/hypocalcemia-low-level-of-calcium-in-the-blood#:~:text=A%20low%20calcium%20level%20may,kidney%20disorders%2C%20or%20certain%20medications.

Multum, C. (2023, July 24). *Glucose uses, side effects & warnings*. Drugs.com.

https://www.drugs.com/mtm/glucose.html#:~:text=Glucose%20is%20used%20to%20treat,trauma%2C%20or%20other%20medical%20condition.

Tao, X., Yang, C., He, J., Liu, Q., Wu, S., Tang, W., & Wang, J. (2023, July 4). *Serum alkaline phosphatase was independently associated with depression in patients with cerebrovascular disease*. Frontiers in psychiatry.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10352498/

What can a full blood count test? how to interpret the result?: Bowtie. Bowtie 保泰. (2021, July 21). https://www.bowtie.com.hk/blog/en/full-blood-count/

<div align="center">**Diagnostic Imaging**</div>

All Other Diagnostic Tests (10 points): One of the major ways to help detect a patient with hyperlipidemia is a physical exam and medical/family history. Also getting laboratory testing of

the patient cholesterol levels (aka lipid panel) (Cleveland Clinic, 2022). You would want to look

for a patient to have a total cholesterol level of 200 mg/dL or less for best results.

Diagnostic Imaging Reference (1) (APA):

professional, C. C. medical. (2022, August 4). *Hyperlipidemia (high cholesterol): Levels,*

causes, symptoms & diagnosis. Cleveland Clinic.

https://my.clevelandclinic.org/health/diseases/21656-hyperlipidemia

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

Medications (5 required)

Brand/Generic	Acetaminophen (Brand name: Tylenol)	Atrovastatin Calcium Oral Tablet (Brand name: Atorvaliq, Lipitor)	Escitalopram Oxalate (Brand name: Lexapro and Cipralex)	Lantus Subcutaneous Solution (Brand name: Insulin glargine)	Insulin Aspart (Brand name: NovoLOG)
Dose	1000 mg	20 mg	10 mg	25 units	8 units
Frequency	Every 6 hrs as needed	Every night at bedtime	Once a day	Every night at bedtime	Before means
Route	Oral	Oral	Oral	Subcutaneous injection	Subcutaneous injection
Classification	Nonsalicylate, para-aminophenol derivative	HMG-CoA reductase inhibitors, or stains	Selective serotonin reuptake inhibitor (SSRI)	Insulin analog	Insulin analog
Mechanism of Action	Inhibits an enzyme that helps block pain in the peripheral nervous system	"Used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke and to decrease the	Increasing the amount of serotonin available in nervous synapses	Long-acting insulin	Hormone that is produced in the body, used to treat type 1

		change that heart surgery will be needed in people who have heart disease or who are at risk of developing heart disease" (Sinha, 2023).			
Reason Client Taking	**Pain**	**"Lower the number of fatty substances. Ex: low density lipoprotein (LDL) cholesterol (bad cholesterol)" (Sinha, 2023).**	**Major depressive disorder**	**Diabetes mellitus**	**Diabetes mellitus**
Contraindications (2)	**"Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe active liver disease" (NDH, 2023 p 111)**	**"Do not take if patient has liver disease or cirrhosis. Avoid eating foods that are high in cholesterol" (Sinha, 2023).**	**"Concomitant therapy with promazine; hypersensitivity to escitalopram, citalopram or its components" (NDH, 2023 p 483)**	**"Helps bring sugar from your blood into your cells, and the cells then use the sugar for energy" (Slowiczek, 2022)**	**Hypersensitivity to NovoLog, cartridge compatible insulin delivery**
Side Effects/Adverse Reactions (2)	**Agitation, anxiety, fatigue, fever, headache, insomnia**	**"Pain in bones, spine, joints or muscles; pain burning during urination, muscle spasms. Etc." (Sinha, 2023).**	**Abnormal gait, delirium, dizziness**	**Itchy skin, rash, edema, weight gain**	**Swelling, rapid weight gain, SOB, leg cramps**

Medications Reference (1) (APA):

Cunha, J. P. C. P. (2023, March 15). *Novolog (insulin aspart [rdna origin] inj): Uses, dosage, side effects, interactions, warning*. RxList. https://www.rxlist.com/novolog-drug.htm

Sinha, MD., S. (2023, July 3). *Atorvastatin uses, dosage, side effects*. Drugs.com.

https://www.drugs.com/atorvastatin.html.

Westphalen, D. (2022, November 20). *Lantus (insulin glargine): Side effects, dosage, cost, and more*. Medical News Today. https://www.medicalnewstoday.com/articles/325973#What-is-Lantus

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

Assessment

Physical Exam (18 points) – <mark>HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS</mark>

General, Psychosocial/Cultural, and TWO focused assessments specific to the client.

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient is awake and alert, in no acute distress or pain.** **A & O x4** **Comfortable**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒**	**Skin color pink/light brown. 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.**

Type:	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Pupils PERRLA, EOM intact, **Mouth and throat show pharynx is clear; likely cavity** **or broken tooth; teeth have fallen out** **Neck normal range of movement with no swelling** **Ears and nose symmetrical with no drainage or lesions**
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:**	**Regular heart rate and rhythm with no murmur, click, or rubbing.** **No vein distention, palpable pulse bilaterally** **Edema in left leg** **Capillary refill less than 3 seconds**
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	No accessory muscle use when breathing. **Clear and normal sounds to auscultation equally throughout each part of both lungs.** **No wheezes, rales, or rhonchi.**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:**	**Pt. lives at facility. Eats a low fat and low sodium diet.** **Height:63 inches** **Weight: 206.4 lb.** **The abdomen is soft, non-tender, with no organomegaly or masses notes upon palpation of all four quadrants. Bowel sounds are normoactive in all four quadrants. No CVA tenderness noted bilaterally.**

Palpation: Pain, Mass etc.:
 	
Inspection:
 	
   Distention:
 	
   Incisions:
 	
   Scars:
 	
   Drains:
 	
   Wounds:
 	
Ostomy: Y ☐   N ☒
 	
Nasogastric: Y ☐   N ☒
 	
   Size:
 	
Feeding tubes/PEG tube Y ☐   N ☒
 	
   Type:	

GENITOURINARY:
 	
Color:
 	
Character:
 	
Quantity of urine:
 	
Pain with urination: Y ☐   N ☒
 	
Dialysis: Y ☐   N ☐
 	
Inspection of genitals:
 	
Catheter: Y ☐   N ☒
 	
   Type:
 	
   Size:
	Yellow and clear
	
	No sediment or odor
	
	2 L output

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐**	Hand grips and pedal pushes and pulls equal bilaterally. **Balanced gait** **A & O x4** **Wheelchair to go to and from meals** **Fall risk** **Able to be self-sufficient but feels like she needs**

Fall Risk: Y ☒ N☐ **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	help.
NEUROLOGICAL: **MAEW:** Y ☒ N☐ **PERLA:** Y ☒ N☐ **Strength Equal:** Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	PERRLA **A & O x 4** **Widowed** **Clear speech** **Cranial nerves intact**
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):**	Christian religion; Developmental level appropriate for age. **Enjoys reading and coloring to pass time.** **No family to be seeing her, only her sister left.**

Vital Signs, 1 set (5 points) – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0910	**79 BPM**	<mark>**142/91**</mark>	**18**	**98.9 F**	**98%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0912	7/10	Chest only when mobile.	Moderate/severe	"Feels like I have something sitting on my chest."	Goes to physical therapy at least 5 days a week; takes diuretics to help.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
No intake monitored	No output monitored

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	Rationale • Explain why the nursing diagnosis was chosen	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Decreased cardiac output relating to the lack of blood flow to the heart, as evidence by the patient	One of the patients' biggest concerns is that she gets a pain in her chest or feels short of breath when	1.Assess the patient each morning and make them a Q4 hourly blood pressure check to keep a good eye on	1. Patient will get into physical therapy at least 5 times a week to get stability up without getting short of breath.	Family was supportive in more of a push with the pt. being more independent. When the patient sees that she will not get

stating, "I get a pain in my chest and feel short of breath when I am trying to do physical activity".	she is trying to do any type of physical activity.	the blood pressure to make sure the patient is not experiencing hypertension. **2. Administer medications on time. Diuretics will help reduce blood pressure if high and Vasodilators to help dilate blood vessels. (Wagner, 2023)**		short of breath as easy, she can find herself wanting to do more things herself.
2. Ineffective tissue perfusion relating to the patient experiencing periods of hypertension as evidence by the patient stating that she is experiencing chest pain.	The patient is experiencing hypertension episodes when trying to accomplish a task.	1. Assess the patients vital signs every 4 hours and get lab work drawn every morning to assess for fatty substances in the blood. 2.Assess the patients' health/medical history. If there is a history of hypertension, heart disease etc. it can increase the patients' risk for heart attack or stroke.	1. Patient will be able to get labs within normal range by watching how much cholesterol she has in her diet.	The family has always raised a concern for the patient's food intake. Because of this, they are excited to see that our patient is taking more consideration in what she eats to help keep those lipid levels low.

Other References (APA):

Wagner, M. (2023, October 10). *Hyperlipidemia: Nursing diagnoses, care plans, Assessment &*

   Interventions. NurseTogether. https://www.nursetogether.com/hyperlipidemia-nursing-

   diagnosis-care-plan/

Concept Map (23 Points):

Subjective Data

Lack of initiative

No family besides her sister that is in different nursing home.

Does not like the nursing home and feels like she doesn't know anyone.

Wants to go to the nursing home where her sister is.

Will not do ADL without assistance.

Has pain in left lower leg, 8/10

Nursing Diagnosis/Outcomes

Diagnosis: **Decreased cardiac output relating to the lack of blood flow to the heart, as evidence by the patient stating, "I get a pain in my chest and feel short of breath when I am trying to do physical activity".**

Outcome: **Patient will get into physical therapy at least 5 times a week to get stability up without getting short of breath.**

Diagnosis: **Ineffective tissue perfusion relating to the patient experiencing periods of hypertension as evidence by the patient stating that she is experiencing chest pain.**

Outcome: **Patient will be able to get labs within normal range by watching how much cholesterol she has in her diet.**

Objective Data

History of Diabetes, depression, fall risk,

hyperlipidemia, left foot drop, lower extremity

edema, morbid obesity with BMI of 40-44.9,

peripheral neuropathy, post-nasal drip, snoring

Depression is apparent.

Lack of energy/motivation

Past alcohol drinker and former smoker; quit in 2020.

Client Information

72-year-old female, Caucasian, unemployed most of her life, primary diagnosis of depression, and diagnosed with diabetes, risk fall, hyperlipidemia, morbid with BMI of 40-44.9, peripheral neuropathy, post-nasal drip, and edema.

Nursing Interventions

Diagnosis: Decreased Cardiac Output

Intervention 1: **Assess the patient each morning and make them a Q4 hourly blood pressure check to keep a good eye on the blood pressure to make sure the patient is not experiencing hypertension.**

Intervention 2: **Administer medications on time. Diuretics will help reduce blood pressure if high and Vasodilators to help dilate blood vessels. (Wagner, 2023)**

2. Diagnosis: Ineffective Tissue Perfusion

Intervention 1: **Assess the patients vital signs every 4 hours and get lab work drawn every morning to assess for fatty substances in the blood.**

Intervention 2: **Assess the patients' health/medical history. If there is a history of hypertension, heart disease etc. it can increase the patients' risk for heart attack or stroke.**

.