N441 Care Plan

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N441: Adult Health III

Professor Ashmore

February 2, 2024

Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
1/26/24	D.K.	65	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Autobody Mechanic	Divorced	NKA
Code Status	**Height**	**Weight**	
Full Code	193 cm	91.3kg	

Medical History (5 Points)

Past Medical History: Hyperlipidemia, Hypertension, Type II Diabetes, History of H. Pylori Infection, Atrial Fibrillation with RVR.

Past Surgical History: Colonoscopy, Hernia repair, Right Knee Replacement

Family History: No family history

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): No tobacco or drug use; Drinks about 8 to 10 beers daily and has done this for the past year and a half.

Assistive Devices: None

Living Situation: Lives home alone

Education Level: High School

Admission Assessment

Chief Complaint (2 points): Chest pain and shortness of breath

History of Present Illness – OLD CARTS (10 points): The patient came to the emergency room for chest pain and increasing shortness of breath. The patient states he has had these symptoms on and off for the past six weeks and has been to a medical clinic three times prior to this. The patient states he has been feeling worse and has had a steady decline over the last two weeks. The patient had increasing restlessness and confusion and was tachypneic. The patient

stated that nothing has made him feel better and that moving around makes him feel worse. The patient was seen and treated for these symptoms at a clinic before this emergency room visit.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cardiogenic Shock

Secondary Diagnosis (if applicable): Hyperkalemia, Pneumonia, Influenza A, Acute Heart Failure, Acute Kidney Injury

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

Cardiogenic shock is a decrease in aortic perfusion leading to decreased circulation in the arteries (Capriotti, 2020). This can cause decreased urine output, changes in mental status, and cyanosis. In cardiogenic shock, decreased blood pressure and poor cardiac output cause poor contractility and progressive coronary ischemia (Kosaraju et al., 2023). Cardiogenic shock can be caused by various reasons like myocardial infarction, mechanical defects, contractility defects, and ventricular failure (Kosaraju et al., 2023). During cardiogenic shocks, compensatory processes occur, including the activation of the sympathetic systems, which can cause vasoconstriction peripherally improving coronary perfusion (Kosaraju et al., 2023). It also can cause tachycardia, which causes a myocardial oxygen demand, which then causes more ischemia in the heart (Kosaraju et al., 2023). This cycle can lead to severe hypoperfusion, which affects the metabolic demands of systems processes in the body and can cause the start of multiorgan failure (Kosaraju et al., 2023).

Signs and symptoms of cardiogenic shock include oliguria, altered mental status, hypotension, jugular vein distension, and cyanosis (Capriotti, 2020). In this patient's case, the patient was found to have low blood pressure, an onset of increased confusion and restlessness,

decreased urine output, and crackles in his lungs. During cardiogenic shock, it will cause a decrease in blood pressure, increased respiration, and bradycardia (Capriotti, 2020). Labs, including arterial blood gases (ABGs), cardiac enzyme markers, brain natriuretic peptide (BNP), lactate, complete blood counts (CBC), and comprehensive metabolic panels (CMP) will be done to aid in the diagnosis of cardiogenic shock (Kosaraju et al., 2023). Providers may also order a chest x-ray, electrocardiogram, or coronary angiography to help diagnose cardiogenic shock (Kosaraju et al., 2023). In this patient's case, the doctor ordered a CBC, CMP, BNP, ABGs, and a cardiac enzyme marker test to see if this patient was in cardiogenic shock. The patient was also found to have an ejection fracture of 5%. The patient also had a stat chest x-ray done after intubation.

Treatment of cardiogenic shock can include medications to help stabilize the patient, including thrombolytic medications, norepinephrine, dobutamine, and medications to sedate the patient (Kosaraju et al., 2023). Patients will be intubated and provided mechanical ventilation for airway protection (Capriotti, 2020). Doctors will also place central and arterial lines to access multiple infusions (Kosaraju et al., 2023). Emergency surgical procedures may also be done as well to aid in the recovery from cardiogenic shock (Capriotti, 2020). This patient was on mechanical ventilation, had a central line and midline placed, and was on different medications to stabilize him, including fentanyl, norepinephrine, and heparin.

Pathophysiology References (2) (APA):

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

Kosaraju, A., Pendala, V. S., & Hai, O. (2023). *Cardiogenic shock*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK482255/

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 (x10^6/µL)	4.28 – 5.56	4.50	4.59	N/A
Hgb (g/dL)	13.0 – 17.0	15.0	15.2	N/A
Hct (%)	38.1 – 48.9	43.0	45.1	N/A
Platelets (x10^3/µL)	149 – 393	156	162	N/A
WBC (x10^3/µL)	4.0 – 11.7	5.5	11.1	N/A
Neutrophils (%)	45.3 – 79.0	51.3	53.3	N/A
Lymphocytes (%)	11.8 – 45.9	12.1	15.3	N/A
Monocytes (%)	4.4 – 12.0	4.6	4.8	N/A
Eosinophils (%)	0.0 – 6.3	0.1	0.2	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)	135 – 145	135	130	This is low because the patient has acute heart failure and acute kidney injury. Thus, fluid retention and the kidneys have impaired excretion (Capriotti, 2020).

K+ (mEq/L)	3.5 – 5.1	4.3	6.9	This is high because, due to kidney injury, the kidneys are not excreting potassium. Thus, it can build up in the blood (Capriotti, 2020).
Cl- (mEq/L)	98 – 107	100	98	N/A
CO_2 (mEq/L)	21 – 31	24	23	N/A
Glucose (mg/dL)	74 – 109	219	191	This is elevated because the patient has diabetes, and the pancreas doesn't make enough insulin (Capriotti, 2020).
BUN (mg/dL)	7 – 25	27	38	The patient has acute kidney injury, which decreases the kidney's ability to filter urea from the blood (Capriotti, 2020).
Creatinine (mg/dL)	0.7 – 1.3	1.2	2.5	The patient has acute kidney injury, which decreases the kidney's ability to filter creatinine from the blood (Capriotti, 2020).
Albumin (g/dL)	3.5 – 5.2	4.0	3.6	N/A
Calcium (mg/dL)	8.6 – 10.3	8.9	8.7	N/A
Mag (mEq/L)	1.6 – 2.4	2.1	2.3	N/A
Phosphate (mg/dL)	2.5 – 4.5	N/A	N/A	N/A
Bilirubin (mg/dL)	0.3 – 1.0	N/A	1.6	Due to acute kidney injury, impaired renal function can cause a reduced bilirubin clearance. Plus, with reduced blood flow to the liver, the liver cannot filter bilirubin from the blood (Capriotti, 2020).
Alk Phos (units/L)	34 – 104	74	99	N/A
AST	13 – 39	317	321	Due to the patient being in cardiogenic shock and having acute heart failure, there is an inability to pump blow flow to the liver, which causes a hepatocellular injury (Capriotti, 2020).
ALT	7 – 52	100	117	Due to the patient being in cardiogenic shock and having acute

				heart failure, there is an inability to pump blow flow to the liver, which causes a hepatocellular injury (Capriotti, 2020).
Amylase	40 – 140	N/A	N/A	N/A
Lipase	11 – 82	N/A	N/A	N/A
Lactic Acid	0.5 – 2.0	N/A	N/A	N/A
Troponin	<0.03	N/A	0.052	This is elevated because this marks that there is myocardial damage and injury from the patient being in cardiogenic shock (Capriotti, 2020).
CK-MB (%)	<4% total CK	N/A	N/A	N/A
Total CK (units/L)	30 – 223 (female pts.), 55 – 170 (male pts.)	89	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	1.9	Due to the patient having acute kidney injury, acute heart failure, and cardiogenic shock, this can lead to decreased liver function, which can cause reduced clotting factors, thus elevating the INR (Capriotti, 2020).
PT (seconds)	10.1 – 13.1	N/A	22.0	Due to the patient having acute kidney injury, acute heart failure, and cardiogenic shock, this can lead to decreased liver function, which can cause reduced clotting factors, thus elevating the PT (Capriotti, 2020).
PTT (seconds)	25 – 36	N/A	39	Due to the patient having acute kidney injury, acute heart failure,

				and cardiogenic shock, this can lead to decreased liver function, which can cause reduced clotting factors, thus elevating the PTT (Capriotti, 2020).
D-Dimer	<662	117	N/A	N/A
BNP (pg/mL)	<100	N/A	1275	BNP is elevated due to decreased cardiac output in cardiogenic shock (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	N/A	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	N/A	Yellow/ Clear	N/A
pH	5.0 – 9.0	N/A	5.0	N/A
Specific Gravity	1.003 – 1.030	N/A	1.014	N/A
Glucose	Negative	N/A	15	This is elevated because the patient has diabetes, and with the patient's hyperglycemia and acute kidney injury, glucose is being excreted in the urine (Capriotti, 2020).
Protein	Negative	N/A	1+	This is elevated because protein is leaking into the urine due to the acute kidney injury (Capriotti,

				2020).
Ketones	Negative	N/A	Negative	N/A
WBC (per hpf)	0 – 5	N/A	1	N/A
RBC (per hpf)	0 – 2	N/A	1	N/A
Leukoesterase	Negative	N/A	Negative	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	7.42	N/A	N/A
PaO2 (mm Hg)	75 – 100	89	N/A	N/A
PaCO2 (mm Hg)	35 – 45	35	N/A	N/A
HCO3 (mEq/L)	22 – 26	22	N/A	N/A
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	N/A	Pending	N/A

Sputum Culture	Negative	N/A	Negative	N/A
Stool Culture	Negative	N/A	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) CT head without contrast- This was ordered because the patient had a change in altered mental status and was becoming restless, increasingly confused, and agitated. The doctor ordered this scan to see if there was any increasing pressure in the brain as the patient's health status was starting to deteriorate. The scan revealed moderate cerebral atrophy and no acute intracranial pathology.

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/Generic	Lopressor /Metoprolol Tartrate	Katerzia/Amlodipine	Proair HFA/ Albuterol	Lipitor/Atorvastatin	Zetia/Ezetimibe
Dose	50 mg	10 mg	2.5 mg	20 mg	10 mg
Frequency	BID	Once daily	PRN	Once daily	Once daily
Route	PO	PO	Inhalation	PO	PO
Classification	Beta-adrenergic blocker and antihypertensive (Jones & Bartlett, 2023).	Calcium channel blocker & Antianginal/Antihypertensive (Jones & Bartlett, 2023).	Adrenergic & Bronchodilator (Jones & Bartlett, 2023).	HMG-CoA reductase inhibitor/Antihyperlipidemic (Jones & Bartlett, 2023).	Cholesterol absorption inhibitor/antilipemic (Jones & Bartlett, 2023).
Mechanism of Action	"Reduces blood pressure by decreasing the release of renin. Also inhibits the stimulation of beta-receptors sites in the heart" (Jones & Bartlett, 2023, p.871).	"Binds to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vascular smooth muscle cells and inhibits the influx of extracellular calcium ions across calcium channels" (Jones & Bartlett, 2023, p. 68).	"Attaches to beta receptors on bronchial cell membranes and causes intracellular enzymes to change to cyclic adenosine monophosphate. Thus, it relaxes bronchial smooth-muscle cells and inhibits histamine release" (Jones & Bartlett, 2023, p. 31).	"Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver" (Jones & Bartlett, 2023, p. 114).	"Reduces blood cholesterol by inhibiting its absorption through the small intestine" (Jones & Bartlett, 2023, p. 527).
Reason Client Taking	To manage hypertension	For hypertension and chest pain	Taking as needed for wheezing.	To treat high cholesterol	To treat high cholesterol
Contraindications (2)	Heart rate less than 50 beats/min and Cardiogenic shock (Jones & Bartlett, 2023)	Hypotension and severe aortic stenosis (Jones & Bartlett, 2023).	Hypertension and avoid use in patients taking non-selective beta blockers (Jones & Bartlett, 2023).	Active hepatic disease Hypersensitivity to atorvastatin or components (Jones & Bartlett, 2023).	Active liver disease Caution in Renal disease (Jones & Bartlett, 2023).
Side Effects/Adverse Reactions (2)	Angina Arrhythmias (Jones & Bartlett, 2023).	Hypotension Dry mouth (Jones & Bartlett, 2023).	Tachycardia Bronchospasm (Jones & Bartlett, 2023).	Hepatic failure Hypoglycemia (Jones & Bartlett, 2023).	Hepatitis Chest pain (Jones & Bartlett, 2023).

Nursing Considerations (2)	Monitor vital signs during medication therapy and monitor blood sugar with patients with diabetes (Jones & Bartlett, 2023).	Monitor blood pressure and Assess patient for chest pain (Jones & Bartlett, 2023).	Monitor potassium levels and use cautiously in patients with hypertension, cardiac disorders, and diabetes (Jones & Bartlett, 2023).	Use cautiously in patients with liver disease and assess liver function tests (Jones & Bartlett, 2023).	Monitor liver enzymes. Use cautiously in patients with gastrointestinal disorders (Jones & Bartlett, 2023).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Check blood sugar before giving. Assess pulse and heart rate before administration (Jones & Bartlett, 2023).	Check vital signs (blood pressure and pulse) and assess for any pain before giving (Jones & Bartlett, 2023).	Assess respiratory status. Assess vital signs (Jones & Bartlett, 2023).	Assess liver function labs. Assess renal function. Assess lipid results (Jones & Bartlett, 2023).	Assess liver enzymes. Assess renal function (Jones & Bartlett, 2023).
Client Teaching needs (2)	Notify the provider if the heart rate falls below 60 beats/min. With diabetes, it is important to check blood glucose levels while on this medication (Jones & Bartlett, 2023).	Educate the patient on self-checking blood pressure at home. Take with food to reduce GI issues (Jones & Bartlett, 2023).	After taking medication, rinse the mouth out to avoid thrush. Shake the inhaler before use (Jones & Bartlett, 2023).	Monitor glucose closely. Take medication at the same time each day (Jones & Bartlett, 2023).	Educate on the importance of taking medication daily. Educate the patient to report signs of weakness, fatigue, and muscle tenderness (Jones & Bartlett, 2023).

Hospital Medications (5 required)

Brand/Generic	Ofirmev/ Acetaminophen	Oracea/ Doxycycline	Lovenox/ Enoxaparin	Abstral/ Fentanyl	Levophed/ Norepinephrine
Dose	1000 mg	100 mg	100 mg	2500 mcg	4 mg + premix 250 mL
Frequency	As needed	Every 12 hr	Once Daily	Continuous infusion	Continuous infusion
Route	IV	IV	Subcutaneous injection	IV	IV
Classification	Nonsalicylate, Para-aminophenol derivative & Antipyretic, nonopioid analgesic	Tetracycline & Antibiotic (Jones & Bartlett, 2023).	Low-molecular-weight heparin & Anticoagulant (Jones & Bartlett, 2023).	Opioid & Opioid analgesic (Jones & Bartlett, 2023).	Sympathomimetic & Vasopressor (Jones & Bartlett, 2023).

	(Jones & Bartlett, 2023).				
Mechanism of Action	"Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system" (Jones & Bartlett, 2023, p. 8).	"Exerts a bacteriostatic effect against a wide variety of gram-positive and gram-negative organisms" (Jones & Bartlett, 2023, p. 413).	"Potentiates the action of antithrombin III. By binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors" (Jones & Bartlett, 2023, p. 453).	"Binds to opioid receptor sits in the central nervous system, altering the perception of and emotional response to pain by inhibiting ascending pain pathways" (Jones & Bartlett, 2023, p. 539).	"Inhibits adenyl cyclase and directly stimulates alpha-adrenergic receptors, which inhibits cAMP production. This causes constriction of arteries and veins which increases systolic blood pressure and vascular resistance" (Jones & Bartlett, 2023, p. 966).
Reason Client Taking	Fever	Pneumonia	To prevent blood clots	For sedation	To manage blood pressure in critical situations
Contraindications (2)	Liver dysfunction Severe renal impairment (Jones, 2023).	Severe renal impairment Severe liver dysfunction (Jones, 2023).	Active major bleeding History of immune-mediated heparin-induced thrombocytopenia (Jones & Bartlett, 2023).	Upper airway obstruction Opioid intolerance (Jones & Bartlett, 2023).	Hypovolemia Hypoxia (Jones & Bartlett, 2023).
Side Effects/Adverse Reactions (2)	Hypotension & Hepatotoxicity (Jones & Bartlett, 2023).	Pericarditis Headache (Jones & Bartlett, 2023).	Bloody stools Hemorrhage (Jones & Bartlett, 2023).	Respiratory depression Bradycardia (Jones & Bartlett, 2023).	Bradycardia Weakness (Jones & Bartlett, 2023).
Nursing Considerations (2)	Monitor renal output & Monitor liver function (Jones & Bartlett, 2023).	Monitor liver function tests Monitor for adverse skin reactions (Jones & Bartlett, 2023).	Use cautiously in patients with an increased risk of hemorrhage & Use cautiously in patients with bleeding diathesis (Jones & Bartlett, 2023).	Monitor baseline vitals Assess respiratory status (Jones & Bartlett, 2023).	Monitor blood pressure Monitor heart rate (Jones & Bartlett, 2023).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	ALT/AST Levels, Bilirubin levels (Jones & Bartlett, 2023).	ALT/AST levels Monitor renal function (Jones & Bartlett, 2023).	Check potassium levels and check complete blood counts before giving medication (Jones & Bartlett, 2023).	Check vital signs Check pain assessments Determine if the patient has an opioid tolerance (Jones & Bartlett, 2023).	Check vital signs Continuous monitoring of ECG during medication therapy. (Jones & Bartlett, 2023).
Client Teaching needs (2)	Monitor for signs of jaundice & Do not mix with alcohol (Jones & Bartlett, 2023).	Avoid sun exposure. Avoid taking antacids (Jones & Bartlett, 2023).	Educate on techniques to prevent bleeding. Educate on taking NSAIDs as this can increase the risk of bleeding (Jones & Bartlett, 2023).	Avoid alcohol Monitor blood glucose levels (Jones & Bartlett, 2023).	Educate on the importance of receiving a central line. Educate on the importance of closely monitoring vital signs (Jones & Bartlett, 2023).

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient was not alert or oriented x0. The patient was lying in bed on mechanical ventilation. The patient was well-groomed in a hospital gown.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 14 **Drains present: Y☐ N ☒** **Type:**	Skin color was pale pink, and skin was cold. The patient had no rashes, bruises, lesions, or wounds. The patient had a left femoral trialysis catheter in place. The patient had no drains, and his skin turgor was elastic but returned to form upon release after 5 seconds. Braden score was 14.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The head and neck were symmetrical, and the trachea was midline with no deviations. The thyroid had no nodules and was nonpalpable. Ears were midline and had no wounds, lesions, or lumps. Eyelids were pink and moist with no lesions or lumps. EOM's not intact, Bilateral PERLA not present. Pupils were constricted. The nose and septum were midline, and the turbinates were pink and moist. Not able to

	observe the patient's teeth or throat as he was intubated. Lips were moist and not cracked. .
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:**	S1 and S2 auscultated at aortic, pulmonic, erb's point, tricuspid, and mitral locations. No murmurs, gallops, or rubs. Heart rate and rhythm were normal, and the patient was in normal sinus rhythm on the monitor. Peripheral pulses were diminished and weak 1+. Capillary refill was about 5 seconds in fingers and toes bilaterally. Bilateral edema in lower extremities 2+. No neck vein distention.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **ET Tube:** **Size of tube:** 7 ½ cm **Placement (cm to lip):** **Respiration rate:** 26 resp/min **FiO2:** 30 **Total volume (TV):**400 **PEEP:** 8.0 **VAP prevention measures:** Providing oral hygiene, maintaining mouth moisture, and providing lip balm.	No abnormal lung sounds during auscultation. Lung sounds were anterior bilaterally. Unable to assess posterior lung sounds. No accessory muscles were used for respiration. No wheezes, crackles, or rhonchi were noted. The patient did have an ET tube in place.
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 ☒**	The patient was on a regular diet at home. The patient is on a NPO diet in the hospital. Height was 193 cm and weight was 91.3 kg. Bowel sounds were hypoactive in all four quadrants. The last BM was on 1/27/24. The abdomen was slightly distended and was hard, but the patient was unable to communicate if there was pain. No wounds, incisions, scars, or drains.

Type:	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☒ N ☐** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** Indwelling Foley **Size:** 16fr **CAUTI prevention measures:** Sterile technique, securing device present, and catheter care provided BID with CHG bath wipes.	Urine was clear and dark yellow. The patient had an output of 180 mL on the previous shift but had no new output on the next shift. No evidence of scratches/lesions or breakdown on the penis related to the indwelling catheter. The patient was on dialysis and had a left femoral trialysis catheter.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 35 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Pale pink nail beds with 5 seconds of capillary refill. 1+ pulses through upper and lower extremities throughout bilaterally. Passive range of motion, and the patient was bed-bound, so there were no supportive devices. The fall score was 35. Strength was 0/5 in the upper and lower extremities. The patient is sedated and is on ventilation, so he was unable to move or perform any ADL activities.
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☐ N☒** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient was not alert or oriented x0. The patient had a Glasgow coma scale of 3. The patient's strength was 0/5 in all extremities. The patient was not conscious and unable to assess speech or sensory. Unable to assess mental status.
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):**	Unable to assess patients' coping methods, developmental level, and religion. The patient did have his ex-wife and sister at the bedside as his support persons.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	69 bpm	127/67 mmHg	26 resp/min	38.8 ℃	100% mechanical ventilation
1030	72 bpm	124/67 mmHg	26 resp/min	38.2℃	100% mechanical ventilation

Vital Sign Trends/Correlation: Temperature is elevated, and respirations were high as the patient was on mechanical ventilation. Blood pressure was stable but not in the normal 120/80 range. The pulse and oxygen were good.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Behavior pain scale	N/A	0/10	N/A	N/A
1030	Behavior pain scale	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	Size: 22g Location: Left forearm Date: 1/28/24 Patency: patent; flushes well Dressing: Clean, dry, and intact No drainage or erythema Saline lock. Size: 18 g Location: Right AC Date: 1/26/24 Patency: patent; flushes well Dressing: Clean, dry, and intact No drainage or erythema 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 ☒ N ☐** **CLABSI prevention measures:**	Type: Midline Size: 18g Location: Left upper arm Date: 1/29/24 Patency: patent; flushes well Dressing: CHG Tegaderm, clean, dry, intact. Date on dressing: 01/29 Prevention measures: Sterile technique with insertion, CHG Tegaderm used, CUROS caps in place, before use the ports is scrubbed.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
No intake.	The patient had no output.

Nursing Care

Summary of Care (2 points)

Overview of care: The patient had gotten intubated around 0600 this morning as the patient was in cardiogenic shock. The patient was stabilized and was on contact precautions due to being positive for influenza A.

Procedures/testing done: CT of the head, a femoral dialysis catheter was placed, and the patient had labs drawn.

Complaints/Issues: None

Vital signs (stable/unstable): Unstable; Improving

Tolerating diet, activity, etc.: NPO, PROM

Physician notifications: Consult nephrology.

Future plans for client: Continue dialysis care, EKG needed, assign a surrogate, Q6 blood sugar checks, hold cardiac catheterization procedure, and plan transport to Carle Hospital.

Discharge Planning (2 points)

Discharge location: Transport to Carle Hospital.

Home health needs (if applicable): Transport for a higher level of care.

Equipment needs (if applicable): Transport for a higher level of care.

Follow up plan: Transport for a higher level of care.

Education needs: Transport for a higher level of care.

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

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 related to cardiac history as evidenced by an ejection fraction of 5%, atrial fibrillation, and cardiogenic shock.	The patient has experienced cardiogenic shock.	**1.** Continuous monitoring of vital signs (Phelps, 2020). **2.** Monitor fluid balance and weight gain (Phelps, 2020).	**1.** Improve myocardial efficiency and contractility**.**	The family understood and responded well to the interventions in monitoring for any cardiac changes.
2. Ineffective tissue perfusion related to cardiac history and impaired kidney function as evidenced by pale/cold	This was chosen because the patient had signs/symptoms of decreased tissue perfusion upon head-to-toe assessment.	**1.** Monitor for changes in vital signs (Phelps, 2020). **2.** Assess peripheral perfusion and document any changes	**1.** Improve tissue perfusion.	The family was okay with the interventions being placed to improve tissue perfusion in the patient.

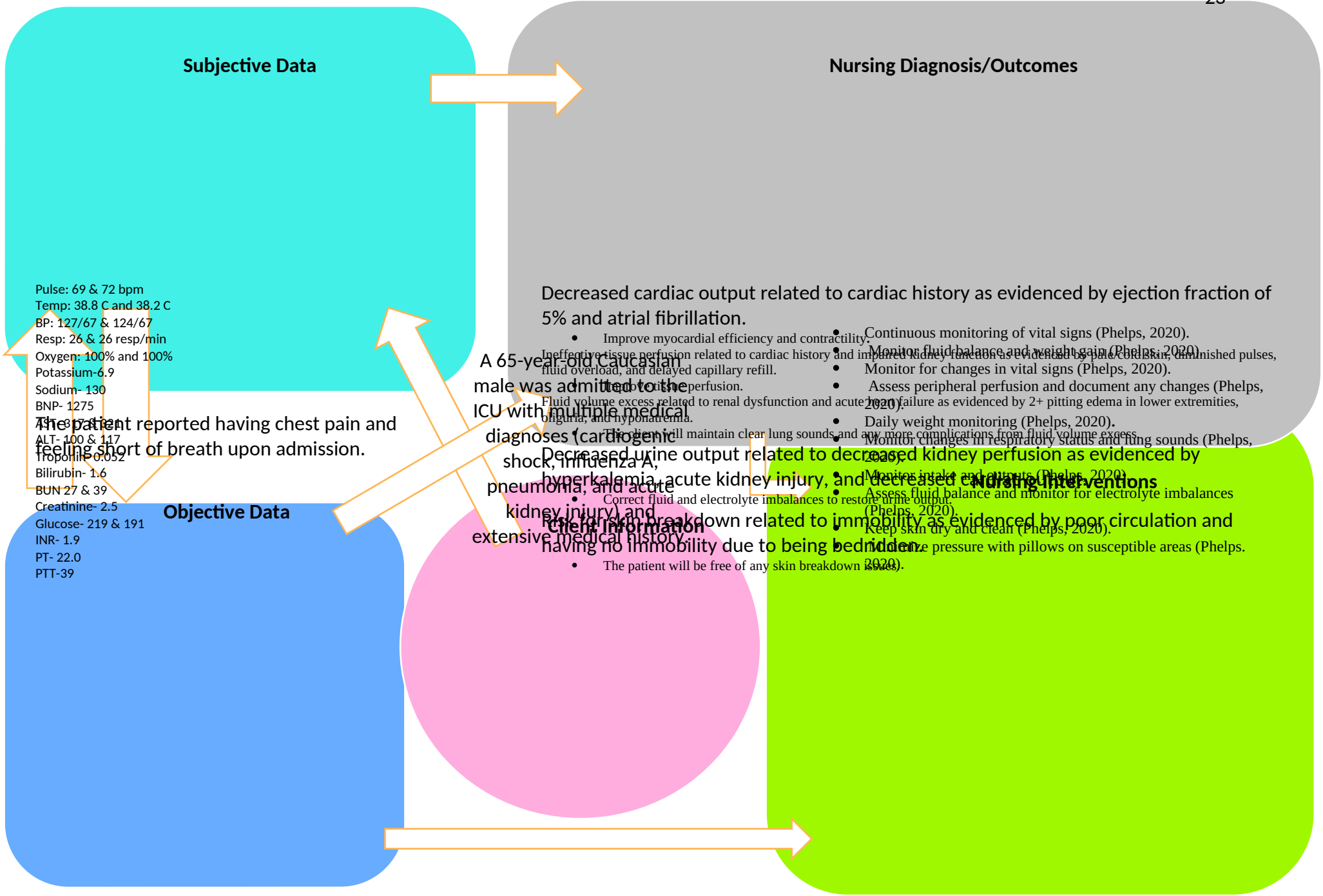
skin, diminished pulses, fluid overload, and delayed capillary refill.		(Phelps, 2020).		
3. Fluid volume excess related to renal dysfunction and acute heart failure as evidenced by 2+ pitting edema in lower extremities, oliguria, and hyponatremia.	This was chosen because the patient had decreased urine, 2+ pitting edema, and a decreased sodium level.	**1.**Daily weight monitoring (Phelps, 2020)**.** **2.** Monitor changes in respiratory status and lung sounds (Phelps, 2020).	**1.** The client will maintain clear lung sounds and any more complications from fluid volume excess.	The family understood and responded well to the interventions being placed.
4. Decreased urine output related to decreased kidney perfusion as evidenced by hyperkalemia, acute kidney injury, and decreased cardiac output.	This was chosen because the patient was experiencing oliguria related to kidney issues, high potassium, and decreased cardiac output.	**1.**Monitor intake and outputs (Phelps, 2020). **2.** Assess fluid balance and monitor for electrolyte imbalances (Phelps, 2020).	**1.** Correct fluid and electrolyte imbalances to restore urine output.	The family understood the interventions placed for the patient as the patient had a decreased urine output. The family knows the indwelling catheter will remain until urine output returns.
5. Risk for skin breakdown related to immobility as evidenced by poor circulation and having no immobility	The patient is bedridden and immobile due to being on mechanical ventilation.	**1.** Keep skin dry and clean (Phelps, 2020). **2.** Minimize pressure with pillows on susceptible areas (Phelps.	**1.** The patient will be free of any skin breakdown issues.	The patient's family responded well to the interventions to prevent pressure sores and skin breakdown**.**

due to be bedridden.		2020).		

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
Pulse: 69 & 72 bpm
Temp: 38.8 C and 38.2 C
BP: 127/67 & 124/67
Resp: 26 & 26 resp/min
Oxygen: 100% and 100%
Potassium-6.9
Sodium- 130
BNP- 1275
TSH- 3.7 & 3.2
ALT- 100 & 117
Troponin- 0.052
Bilirubin- 1.6
BUN 27 & 39
Creatinine- 2.5
Glucose- 219 & 191
INR- 1.9
PT- 22.0
PTT-39
Objective Data
The patient reported having chest pain and feeling short of breath upon admission.
A 65-year-old Caucasian male was admitted to the ICU with multiple medical diagnoses (cardiogenic shock, influenza A, pneumonia, and acute kidney injury) and extensive medical history.
Client Information
Nursing Diagnosis/Outcomes
Decreased cardiac output related to cardiac history as evidenced by ejection fraction of 5% and atrial fibrillation.
Improve myocardial efficiency and contractility.
Ineffective tissue perfusion related to cardiac history and impaired kidney function as evidenced by pale/cold skin, diminished pulses, fluid overload, and delayed capillary refill.
Improve tissue perfusion.
Fluid volume excess related to renal dysfunction and acute heart failure as evidenced by 2+ pitting edema in lower extremities, oliguria, and hyponatremia.
The client will maintain clear lung sounds and any more complications from fluid volume excess.
Decreased urine output related to decreased kidney perfusion as evidenced by hyperkalemia, acute kidney injury, and decreased cardiac output.
Correct fluid and electrolyte imbalances to restore urine output.
Risk for skin breakdown related to immobility as evidenced by poor circulation and having no immobility due to being bedridden.
The patient will be free of any skin breakdown issues.
Nursing Interventions
Continuous monitoring of vital signs (Phelps, 2020).
Monitor fluid balance and weight gain (Phelps, 2020).
Monitor for changes in vital signs (Phelps, 2020).
Assess peripheral perfusion and document any changes (Phelps, 2020).
Daily weight monitoring (Phelps, 2020).
Monitor changes in respiratory status and lung sounds (Phelps, 2020).
Monitor intake and outputs (Phelps, 2020).
Assess fluid balance and monitor for electrolyte imbalances (Phelps, 2020).
Keep skin dry and clean (Phelps, 2020).
Minimize pressure with pillows on susceptible areas (Phelps. 2020).