N441 Care Plan

Lakeview College of Nursing

Brayden Percival

Demographics (3 points)

Date of Admission 1/29/2024	Client Initials M.B	Age 62	Gender Male
Race/Ethnicity White	Occupation Employer at U of I	Marital Status Married	Allergies NKA
Code Status FULL CODE	Height 5'10"	Weight 86.4 kg (190 lb 7.6 oz)	

Medical History (5 Points)

Past Medical History:

Metastatic Adenocarcinoma of Esophagus (July 2023)

Factor IV Leiden, heterozygous

Deep Vein Thrombosis

BPH

Osteoarthritis

Anemia

Hypercholesterolemia

Multinodular thyroid

Warfarin therapy

Past Surgical History:

Back surgery - L4 bulged disc bilateral.

Knee Arthroscopy

PEG placement (07/08/2023)

Upper Gastrointestinal Endoscopy (11/04/2023)

Family History: Not on file

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):

Smoking status: Former smoker, smoked cigarettes 0.2 packs a day, and stopped smoking 30 years ago.

Smokeless tobacco: Never

Alcohol use: Never

Drug use: The patient reports “no drug use”.

Assistive Devices: No assistive devices

Living Situation: Lives at home with wife.

Education Level: College graduate.

Admission Assessment

Chief Complaint (2 points): Coughing up thick white sputum and difficulty swallowing.

History of Present Illness – OLD CARTS (10 points):

Onset: “For the past week I have had issues swallowing and tiredness”.

Location: “I was diagnosed with esophageal cancer back in July of 2023”.

Duration: “For the past week”.

Characteristics: “I am having difficulty getting food and liquids down”.

Aggregating Factors: “Throat soreness”.

Relieving Factors: “None”.

Treatments: Keeping the client NPO until consulted by GI for EGD.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Hypovolemic Shock

Secondary Diagnosis (if applicable): Esophageal Adenocarcinoma (July 2023)

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

Hypovolemic shock occurs when there is a significant blood or fluid volume loss in the body, leading to inadequate perfusion of organs and tissues (Taghavi, 2023). The fluid loss can be a result of extracellular fluid loss or blood loss. The patients recent Hematocrit level shows an indication of blood volume loss from hypovolemic shock. This may be caused by severe bleeding, dehydration, or fluid loss from conditions such as burns or vomiting (Taghavi, 2023). Since the patient hasn't been vomiting or has had severe blood loss, their diagnosis may be related to their Esophageal Adenocarcinoma which we know has been causing the patient to have difficulty keeping fluids and food down. It is important to gather the patients past medical history to see if there are any underlying conditions that may be causing the shock (Taghavi, 2023). An Echocardiogram was ordered to evaluate the patient's heart function. This is essential in diagnosing hypovolemic shock due to reduced blood volume results in decreased cardiac output and oxygen delivery to tissues, leading to organ dysfunction. A Chest X-Ray was ordered to evaluate the patient's lung condition to assess for underlying causes or complications. The patient will need a complete blood count (CBC) to assess for changes in red blood cell count, hemoglobin, and hematocrit levels. Blood chemistry test, such as electrolyte levels and kidney function test, can help determine the extent of fluid and electrolyte imbalances (Taghavi, 2023). Coagulation studies may be done to assess blood clotting ability. Additionally, if needed, arterial blood gas (ABGs) analysis can provide information about

oxygenation and acid base balance in the body. When treating hypovolemic shock, the goal is to restore and maintain adequate fluid volume in the body (Taghavi, 2023). This can be achieved by intravenous IV fluids since the patient is now NPO. If the case is severe enough, a blood transfusion may be necessary if there is significant blood loss, however, the patient does not need a blood transfusion at this time (Taghavi, 2023). The patient is currently waiting for a GI consult to progress in the care of the patient.

Pathophysiology References (2) (APA):

Taghavi, S. (2023, June 5). *Hypovolemic shock*. StatPearls - NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK513297/

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**	**4.50**	**4.12**	**RBC's were within normal limits (Capriotti, 2022).**
Hgb	**13-16.5**	**13.4%**	**12.2%**	**Hemoglobin was within normal limits (Capriotti, 2022).**
Hct	**38-50**	**40.7%**	**35.9%**	**Hematocrit may be low due to hypovolemic shock because of the loss of blood volume (Capriotti, 2022).**
Platelets	**140-440**	**157**	**141**	**Platelets were within normal limits (Capriotti, 2022).**
WBC	**4-12**	**6.02**	**4.93**	**WBC's were within normal limits (Capriotti, 2022).**
Neutrophils	**55-70**	**4.98**	**3.27**	**Neutrophils were within normal limits (Capriotti, 2022).**
Lymphocytes	**20 - 40**	**14.5**	**29.4**	**Lymphocytes were within normal limits (Capriotti, 2022).**
Monocytes	**2-8**	**2.2**	**3.7**	**Monocytes were within normal limits (Capriotti, 2022).**
Eosinophils	**0.00-0.50**	**0.0**	**0.0**	**Eosinophil was within normal limits**

				(Capriotti, 2022).
Bands	**Less than 20%**	**N/A**	**N/A**	**Bands were not obtained.**

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-	**135-145**	**138**	**138**	**Sodium was within normal limits (Capriotti, 2022).**
K+	**3.5-5.1**	**3.7**	**3.1**	**Potassium was within normal limits (Capriotti, 2022).**
Cl-	**98-107**	**105**	**107**	**Chloride was within normal limits (Capriotti, 2022).**
CO2	**21-31**	**25.0**	**23.0**	**CO2 was within normal limits (Capriotti, 2022).**
Glucose	**70-99**	**127**	**108**	**Glucose was elevated due to the stress response by the body during hypovolemic shock. Releasing stress hormones like cortisol and adrenaline in the body will increase blood sugar levels (Capriotti, 2022).**
BUN	**7-25**	**11**	**13**	**BUN was within normal limits (Capriotti, 2022).**
Creatinine	**0.50-1.20**	**0.74**	**0.69**	**Creatinine was within normal limits (Capriotti, 2022).**
Albumin	**3.5-5.7**	**2.8**	**2.8**	**Albumin levels can be low due to the loss of fluid and proteins from the body from hypovolemic shock (Capriotti, 2022).**
Calcium	**8.8-10.2**	**8.5**	**8.4**	**Calcium is slightly low due to the disruption of normal calcium balance in the body from hypovolemic shock (Capriotti, 2022).**
Mag	**1.3-2.1**	**1.6**	**1.6**	**Mag was within normal limits (Capriotti, 2022).**
Phosphate	**3.0-4.5**	**2.1**	**2.1**	**Phosphate was within normal limits (Capriotti, 2022).**
Bilirubin	**0.2-0.8**	**1.2**	**1.2**	**Bilirubin was within normal limits (Capriotti, 2022).**

Alk Phos	**30-120**	**90**	**90**	**Alk Phos was within normal limits (Capriotti, 2022).**
AST	**10-40 units/L**	**16**	**16**	**AST was within normal limits (Capriotti, 2022).**
ALT	**7-55 units/L**	**25**	**25**	**ALT was within normal limits (Capriotti, 2022).**
Amylase	**30-110 units/L**	**N/A**	**N/A**	**Amylase was not obtained.**
Lipase	**0-160 units/L**	**N/A**	**N/A**	**Lipase was not obtained.**
Lactic Acid	**0.5-2.2 mm/L**	**1.31**	**1.31**	**Lactic Acid was not obtained.**
Troponin	**Less than 0.04 ng/mL**	**N/A**	**N/A**	**Troponin was not obtained.**
CK-MB	**Less than 5ng/mL**	**N/A**	**N/A**	**CK-MB was not obtained.**
Total CK	**30-200 units/L**	**N/A**	**N/A**	**Total CK was not obtained.**

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	**0.8-1.2**	**1.2**	**1.2**	**INR was within normal limits (Capriotti, 2022).**
PT	**11-13.5 seconds**	**15.3**	**15.5**	**PT may be high due to the disruption of normal blood clotting mechanisms from hypovolemic shock (Capriotti, 2022).**
PTT	**25-35 seconds**	**26.7**	**26/7**	**PTT was within normal limits (Capriotti, 2022).**
D-Dimer	**Less than 0.5 mcg/mL**	**N/A**	**N/A**	**D-Dimer was not obtained.**
BNP	**Less than 100 pg/mL**	**N/A**	**N/A**	**BNP was not obtained.**
HDL	**Above 40 mg/dL in men**	**N/A**	**N/A**	**HDL was not obtained.**
LDL	**Less than 100 mg/dL**	**N/A**	**N/A**	**LDL was not obtained.**

Cholesterol	**Less than 200 mg/dL**	**N/A**	**N/A**	**Cholesterol was not obtained.**
Triglycerides	**Less than 150 mg/dL**	**N/A**	**N/A**	**Triglycerides were not obtained.**
Hgb A1c	**Below 5.7%**	**N/A**	**N/A**	**Hgb A1c was not obtained.**
TSH	**0.4-4.0 mU/L**	**N/A**	**N/A**	**TSH was not obtained.**

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/Yellow**	**Clear/Yellow**	**Clear/Yellow**	**Color & Clarity was within normal limits (Capriotti, 2022).**
pH	**5.0-9.0**	**6.5**	**6.5**	**pH was within normal limits (Capriotti, 2022).**
Specific Gravity	**1.003-1.030**	**1.009**	**1.009**	**SG was within normal limits (Capriotti, 2022).**
Glucose	**Neg**	**NEG**	**NEG**	**Glucose was within normal limits (Capriotti, 2022).**
Protein	**Neg**	**NEG**	**NEG**	**Protein was within normal limits (Capriotti, 2022).**
Ketones	**Neg**	**NEG**	**NEG**	**Ketones were within normal limits (Capriotti, 2022).**
WBC	**Neg 0-5 hpf**	**1**	**1**	**WBCs were within normal limits (Capriotti, 2022).**
RBC	**Neg 0-2 hpf**	**2**	**2**	**RBCs were within normal limits (Capriotti, 2022).**
Leukoesterase	**Neg**	**NEG**	**NEG**	**Leukoesterase was within normal limits (Capriotti, 2022).**

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**	**Not obtained.**
PaO2	**80.0-100.0 mmHg**	**N/A**	**N/A**	**Not obtained.**
PaCO2	**35.0-45.0 mmHg**	**N/A**	**N/A**	**Not obtained.**
HCO3	**22.6-26.0 mmol/L**	**N/A**	**N/A**	**Not obtained.**
SaO2	**92-100%**	**N/A**	**N/A**	**Not obtained.**

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**	**Not obtained.**
Blood Culture	**Negative**	**N/A**	**N/A**	**Not obtained.**
Sputum Culture	**Negative**	**N/A**	**N/A**	**Not obtained.**
Stool Culture	**Negative**	**N/A**	**N/A**	**Not obtained.**

Lab Correlations Reference (1) (APA):

Capriotti, T., & Frizzell, J. P. (2022). *Pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

XR Chest:

-Increasing mild-moderate loculated left pleural effusion with worsening atelectasis or infiltration in left lung base.

Echocardiogram:

-Mild concentric left ventricular hypertrophy

-Severe global hypokinesis of left ventricle

-Ejection Fraction: 20-25%

-Right ventricular systolic function is mild to moderately reduced

-CVP: 15 mmHg

Diagnostic Test Correlation (5 points):

The Chest X-Ray was ordered to assess the condition of the lungs and chest cavity. It can help identify any potential lung injuries or complications that may have occurred due to hypovolemic shock (Holman et al., 2019). The patients' findings were left pleural effusion (accumulation of fluid in the pleural space) and atelectasis.

An Echocardiogram was ordered to assess the function of the patient's heart. It can help determine if there is any damage or dysfunction in the heart muscle or valves that may have occurred due to the shock (Holman et al., 2019). It can also help provide information about the pumping ability of the heart and evaluate the fluid status in the body. The Echocardiogram is showing that the patient's heart is not pumping blood as effectively as it should be. An ejection fraction of 20-25% is very low and indicates a reduced heart function (Holman et al., 2019)

Diagnostic Test Reference (1) (APA):

Holman, H., Williams, D., Sommer, S., Johnson, J., Ball, B. S., Wheless, L., Leehy, P., & Lemon, T. (2019). RN adult medical surgical nursing (11th ed.). Assessment Technologies Institute, LLC.

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

Home Medications (5 required)

Brand/Generic	**omeprazole (PRILOSEC)**	**Lansoprazole (PREVACID SOLUTAB)**	**midodrine (Orvaten)**	**Rosuvastatin (Crestor)**	**Enoxaparin (Lovenox)**
Dose	**40 mg**	**15 mg**	**2.5 mg**	**20 mg**	**100 mg/mL**
Frequency	**2 times daily**	**Daily at bedtime**	**Once daily**	**Daily at bedtime**	**Once Daily**
Route	**Orally**	**Orally**	**Orally**	**Orally**	**SQ**
Classification	**Pharmacologic Class: Proton pump inhibitor** **Therapeutic Class: Antiulcer**	**Pharmacologic Class: Proton pump inhibitor** **Therapeutic Class: Antiulcer**	**Pharmacologic Class: Alpha-1 adrenergic agonists** **Therapeutic Class: Vasoconstrictor and vasopresso**	**Pharmacologic Class: HMG – CoA reductase inhibitor** **Therapeutic Class: Antilipemic**	**Pharmacologic Class: Low-molecular-weight heparin** **Therapeutic Class: Anticoagulant**

			r agent		
Mechanism of Action	**Interferes with gastric secretion to reduce the production of stomach acid to relive symptoms of acid reflux and ulcers (Jones & Bartlett, 2022).**	**Binds and inactivates the proton pump system in gastric parietal cells to block gastric acid production (Jones & Bartlett, 2022).**	**Stimulates alpha-adrenergic receptors in the blood vessels, causing them to constrict and increase blood pressure (Jones & Bartlett, 2022).**	**Inhibits HMG-CoA reductase by reducing lipid levels by increasing the number of hepatic LDL receptors on the cell surface (Jones & Bartlett, 2022).**	**Targets and enhances activity of antithrombin III, a natural substance in the body that helps prevent blood clots (Jones & Bartlett, 2022).**
Reason Client Taking	**Difficulty Swallowing.**	**Heartburn and difficulty swallowing.**	**To improve blood flow.**	**Hypercholesterolemia**	
Contraindications (2)	**Concurrent therapy with rilpivirine-containing products.** **Substituted benzimidazoles (Jones & Bartlett, 2022).**	**Severe liver disease.** **May interact with warfarin, digoxin, methotrexate (Jones & Bartlett, 2022).**	**Severe Organic Heart Disease** **Acute Renal Disease (Jones & Bartlett, 2022).**	**Active liver disease.** **Unexplained persistent elevations of serum transaminase levels (Jones & Bartlett, 2022).**	**History of heparin-induced thrombocytopenia (HIT) within past 100 days** **Active bleeding (Jones & Bartlett, 2022).**
Side Effects/Adverse Reactions (2)	**Hypoglycemia** **Bronchospasms**	**Pharyngeal edema.** **Throat tightness**	**Chills** **Dangerously High Blood Pressure**	**Acute Renal Failure** **Thrombocytopenia**	**Congestive heart failure** **Elevated liver enzymes**
Nursing Considerations (2)	**Give omeprazole before meals in**	**Take before meals, antacids**	**Monitor blood pressure.**	**Use cautiously in patients who are at risk for**	**Do not give drug by I.M. injection.**

	the morning. **Know that the drug can interfere with the absorption of vitamin B12 (Jones & Bartlett, 2022).**	**may be taken if needed.** **Expect to give lansoprazole with antibiotics to help eradicate H. pylori. (Jones & Bartlett, 2022).**	**Assess for supine hypertension (Jones & Bartlett, 2022).**	**myopathy.** **Use cautiously in patients who consume large quantities of alcohol or hx of liver disease (Jones & Bartlett, 2022).**	**Store protamine sulfate nearby in case of overdose (Jones & Bartlett, 2022).**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Ask the patient if they have any recent bone fractures as omeprazole increases the risk for osteoporosis.** **Obtain a baseline assessment consisting of vitals and GI symptoms such as diarrhea and constipation before starting therapy (Jones & Bartlett, 2022).**	**Assess the patient for allergy with PPI's.** **Assess the patients' gastrointestinal symptoms and document baseline vital signs (Jones & Bartlett, 2022).**	**Take baseline vitals and electrolyte labs.** **Assess renal and hepatic function through lab test (Jones & Bartlett, 2022).**	**Obtain baseline liver enzymes and monitor after therapy has started.** **Monitor for signs of muscle pain or weakness (Jones & Bartlett, 2022).**	**Latest CBC.** **Latest platelet count (Jones & Bartlett, 2022).**
Client Teaching needs	**Encourage patient to**	**Teach the patient**	**Teach the patient to**	**Encourage patient to**	**Advise patient that**

(2)	**avoid alcohol, NSAIDs, or foods that increase gastric secretions.** **Teach the patient to notify their provider if the patient is experiencing abdominal pain or diarrhea (Jones & Bartlett, 2022).**	**that if he has trouble swallowing to open the capsule and sprinkle the lansoprazole into apple sauce. Teach the patient to stop taking lansoprazole if there is a decrease in urine output or blood in the urine (Jones & Bartlett, 2022).**	**stay hydrated and drink enough fluids.** **Teach patient side effects of midodrine (Jones & Bartlett, 2022).**	**follow a low-fat, low cholesterol diet.** **Teach the patient to notify their provider if they start to experience muscle pain, tenderness, or weakness (Jones & Bartlett, 2022).**	**taking aspirin or other NSAIDs may increase risk for bleeding.** **Do not rub the site to prevent bruising (Jones & Bartlett, 2022).**

Hospital Medications (5 required)

Brand/Generic	**Heparin (Premix)**	**Ondansetron (Zofran)**	**Sennosides (Senokot)**	**Fat emulsion (Smolipid)**	**Insulin lispro (Humalog)**
Dose	**100 units/mL in % dextrose**	**4 mg**	**8.6 mg**	**40 mg**	**1-20 units**
Frequency	**Continous**	**Daily PRN**	**BID**	**Daily at 1800**	**Every 4 hours**
Route	**IV**	**IV Push**	**Orally**	**IV**	**SQ**

Classification	Pharmacologic Class: Anticoagulant Therapeutic Class: Anticoagulant	Pharmacologic Class: Selective serotonin (5-HT3) receptor antagonist. Therapeutic Class: Antiemetic	Pharmacologic Class: Therapeutic Class:	Pharmacologic Class: Intravenous Lipid emulsion Therapeutic Class: Parental Nutrition	Pharmacologic Class: Human Insulin Therapeutic Class: Antidiabetic
MOA	**Heparin works by inhibiting the activity of a substance called thrombin, which is involved in the clotting process (Jones & Bartlett, 2022).**	**Blocks receptors in the brain called serotonin receptors. These are involved in triggering nausea and vomiting (Jones & Bartlett, 2022).**	**Stimulates the muscles to increase the contraction of the intestines, promoting bowel movements and relieving constipation (Jones & Bartlett, 2022).**	**Concentrated source of calories and essential fatty acids broken down by lipases in the body for energy production (Jones & Bartlett, 2022).**	**Lowers blood glucose by promoting uptake of glucose into the cells. Insulin lispro also inhibits the production and release of glucose from the liver (Jones & Bartlett, 2022).**
Reason Client Taking	**Hx of warfarin therapy, Factor IV Leiden, and Deep Vein Thrombosis**	**Nausea/ vomiting**	**For normal bowel movement**	**Parental nutrition**	**Glucose levels were abnormally high for the patient after diagnosis of hypovolemic shock. This medication will help control the patients' blood**

					sugar levels during stay in ICU.
Contraindications (2)	**Uncontrolled Active Bleeding** **Hx of heparin-induced thrombocytopenia (Jones & Bartlett, 2022).**	**Prolonged QT interval.** **Concomitant use of apomorphine (Jones & Bartlett, 2022).**	**Ulcerative Colitis** **Fecal Impaction (Jones & Bartlett, 2022).**	**Allergy to Egg** **Hyperlipidemia (Jones & Bartlett, 2022).**	**Chronic lung disease.** **Hypoglycemia (Jones & Bartlett, 2022).**
Side Effects/Adverse Reactions (2)	**Dizziness** **thrombosis**	**Agitation** **Hypotension**	**Abdominal cramps** **Diarrhea**	**Changes in skin color** **Drowsiness**	**Diabetic Ketoacidosis** **Acute Bronchospasm**
Nursing Considerations (2)	**Expect to adjust heparin dose based on frequent blood coagulation test.** **Expect to periodically check patient's hematocrit and platelet count during the entire course of heparin therapy (Jones & Bartlett, 2022).**	**Monitor patients EKG.** **Dilute drug in 50 mL of D5W or normal saline (Jones & Bartlett, 2022).**	**Assessing bowel pattern.** **Monitor for electrolyte imbalances (Jones & Bartlett, 2022).**	**Assess for signs of infection or inflammation infusion site.** **Ensure proper aseptic technique during administration (Jones & Bartlett, 2022).**	**Closely monitor patients blood sugar levels.** **Assess for signs of hypoglycemia and hypergycemia (Jones & Bartlett, 2022).**

Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Hct and PLTs** **INR, APTT, and PT (Jones & Bartlett, 2022).**	**AST, ALT, and bilirubin, BUN, and creatinine (Jones & Bartlett, 2022).**	**Electrolyte levels** **Potassium (Jones & Bartlett, 2022).**	**Lipid profile (triglycerides, liver function tests, and coagulation profile (Jones & Bartlett, 2022).**	**Blood glucose test.** **Patency of the IV (Jones & Bartlett, 2022).**
Client Teaching needs (2)	**Explain heparin cannot be taken orally.** **Avoid NSAIDs like aspirin and ibuprofen (Jones & Bartlett, 2022).**	**Advise patient to immediate report signs of a rash.** **Teach the client that the medication prevents nausea (Jones & Bartlett, 2022).**	**Maintain a healthy diet.** **Educate on appropriate use of the medication (Jones & Bartlett, 2022).**	**Fat emulsion provides essential fats and calories to the body.** **Teach patient on fat overload syndrome and s/s (fever, respiratory distress, altered mental status, and a petechial rash (Jones & Bartlett, 2022).**	**Teach the patient the importance of regular blood glucose monitoring.** **Teach patient on the time and dosing of insulin (Jones & Bartlett, 2022).**

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). *2022 NDH: Nurse's Drug Handbook* (20th ed).

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient is alert and oriented x4, in no acute distress and is appropriate to situation.**
INTEGUMENTARY: **Skin color: Usual for ethnicity** **Character: Dry** **Temperature: Warm to palpation** **Turgor: Decreased due to dehydration.** **Rashes: No rashes** **Bruises: No bruising** **Wounds: No wounds.** **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	
HEENT: **Head/Neck: Symmetrical with no deformities.** **Ears: Tympanic membranes intact** **Eyes: PERRLA intact, wearing glasses.** **Nose: Nose is patent with no drainage or lesions.** **Teeth: Dentition is good.** **Metastatic Adenocarcinoma of Esophagus**	**Trachea midline with no deviation or jugular vein distention.**
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Normal Sinus Rhythm**	**S1 & S2 heart sounds upon auscultation.**

Peripheral Pulses: +2 **Capillary refill: Less than 3 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **ET Tube: NO ET TUBE PLACED** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	**Respirations are regular and unlabored.** **Wheezes and crackles heart upon auscultation**
GASTROINTESTINAL: **Diet at home: Regular Diet** **Current Diet: NPO** **Height: 5'10''** **Weight: 86.4 kg** **Auscultation Bowel sounds: Active** **Last BM: 01/29/2024** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention: No distention present.** **Incisions: No incisions.** **Scars: No scars.** **Drains: No drains.** **Wounds: No wounds.** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	.
GENITOURINARY: **Color: Yellow** **Character: Clear** **Quantity of urine: Normal to patient** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:**	**Sits at the edge of bed to use urinal.**

Catheter: Y ☐ N ☒ **Type:** **Size:** **CAUTI prevention measures:**	
MUSCULOSKELETAL: **Neurovascular status: A&Ox4** **ROM: Full range of movement.** **Supportive devices: None.** **Strength: 5** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 10** **Activity/Mobility Status: Needs assistance ambulating but can stand without difficulty.** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☒**	.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation: A&Ox4** **Mental Status: Normal cognition** **Speech: Clear** **Sensory: Sensory is within normal limits** **LOC: Alert & awake and answers questions appropriately**	**The patient is pleasant and responds to questions well.**
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Family oriented.** **Developmental level: Generativity vs Stagnation.** **Religion & what it means to pt.: Patient did not wish to speak on religion.** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Family is very important to the patient, described how his daughters are both CRNA's and appreciates all the work we do in the medical field.**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	**94**	**94/60**	**23**	**97.5**	**97% RA**

1000	**94**	**88/60**	**20**	**97.6**	**95% RA**

Vital Sign Trends/Correlation:

The patients' vital signs at 0700 shows an increase in respiratory rate. The patient did get up to use the urinal before vitals were taken which may have increased his respiratory rate. At 1000 the patients' blood pressure dropped slightly, but was not a concern to the nurse since it's near the patients baseline.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	**0**	**Esophagus**	**Mild discomfort**	**Difficulty swallowing**	**Keep patient NPO**
1000	**0**	**Esophagus**	**Mild discomfort**	**Difficulty swallowing**	**Keep patient NPO**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G **Location of IV: Anterior, Left Antecubital** **Date on IV: 01/26/2024** **Patency of IV: Flushes well** **Signs of erythema, drainage, etc.: None** **IV dressing assessment: Clean, dry, and intact.**	Heparin 100 units/mL in 5% dextrose in water. Fat emulsion (Smolipid) – 40 units.
Other Lines (PICC, Port, central line, etc.)	
Type: Implanted port single lumen **Size: N/A**	No fluids running in port at this time.

Location: Right Chest **Date of insertion: 11/08/2023** **Patency: WDL** **Signs of erythema, drainage, etc.: None** **Dressing assessment: Clean, dry, and intact** **Date on dressing: 01/29/2024** **CUROS caps in place: Y ☒ N ☐** **CLABSI prevention measures: Provide routine dressing changes.**	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
1530.8 mL	**820 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: The patient stayed on the ICU during the nursing student's visit. The patient has been waiting for progression in his care. The nurse has been monitoring the patient for any vital sign changes and educated the patient on their recent Ejection Fraction results.

Procedures/testing done: No testing done at this time.

Complaints/Issues: Difficulty swallowing and hungry.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Tolerating NPO.

Physician notifications: Possible EGD either today or tomorrow.

Future plans for client: Anticipate a longer hospital stay before discharge.

Discharge Planning (2 points)

Discharge location: At home.

Home health needs (if applicable): Closely monitor the patients vitals. Ensure the patient is receiving adequate fluids. Assist with administering prescribed medications.

Equipment needs (if applicable): Blood pressure monitor, Pulse oximeter, and scale for weight changes.

Follow up plan: Regular medical check-ups with provider, ongoing assessment after discharge, medication review, rehabilitation (if needed).

Education needs: Teach the patient and family about signs of potential complications and when to seek immediate medical attention for hypovolemic shock and Metastatic Adenocarcinoma of Esophagus.

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 hypovolemic shock as evidenced by Ejection Fraction of 20-25% (Martin, 2023).	**The heart may struggle to pump an adequate amount of blood to meet the body's demand (Martin, 2023).**	**1.Administer intravenous fluids. 2.Elevate HOB 30 degrees to reduce preload and improve cardiac output (Martin, 2023).**	**1. To improve cardiac function and restore adequate tissue perfusion (Martin, 2023).**	**The patient and his wife were pleasant and understands the need for intravenous fluids.**
2. Risk for Fluid Volume Deficit related to difficulty swallowing as evidenced by cancer of the esophagus (Martin, 2023).	**The patient's fluid volume is depleting, which increases the risk for further fluid loss and dehydration (Martin, 2023).**	**1. Keep patient NPO until swallowing ability returns. 2.Provide parental nutrition during ICU stay (Martin, 2023).**	**1. Prevent the occurrence of fluid volume deficit and maintain hydration (Martin, 2023).**	**The patient will comply with the providers orders, although he is not happy with being NPO.**
3. Risk for metabolic acidosis related to decrease of	**If the patient does not receive enough**	**1. Obtain ABG results. 2. Monitor patients'**	**1. Prevent the development of metabolic**	**The patient has yet to get ABGs done at this time. No comment**

blood in capillaries as evidenced by recent hematocrit (Martin, 2023).	**oxygen, production of lactic acid may develop (Martin, 2023).**	**respiratory status (Martin, 2023).**	**acidosis and maintain acid-base balance (Martin, 2023).**	**by the patient.**
4. Anxiety related to hypovolemic shock as evidenced by recent echocardiogram (Martin, 2023).	**The patient voices concern about his ejection fraction (20-25%) and is afraid his condition is worsening (Martin, 2023).**	**1. Provide education about the patients heart condition, treatment plan, and lifestyle modifications to relieve anxiety.** **2. Encourage the patient to schedule regular follow-up appointments to monitor the patients progress (Martin, 2023).**	**1. Reduce anxiety symptoms and improve the patient's overall well-being (Martin, 2023).**	**The patient is very concerned about his heart. He copes with his wife during his stay.**
5. Risk for Aspiration related to impaired swallowing as evidenced by cancer of the esophagus (Wagner & Lukey, 2024).	**For the past week the patient has have trouble swallowing, which increases the risk of food or fluid entering the airway causing aspiration pneumonia (Wagner & Lukey,**	**1. Ensure the HOB is elevated 30 degrees to prevent aspiration.** **2. Provide education to the patient and family for signs and symptoms of aspiration and choking (Wagner & Lukey, 2024).**	**1. To prevent any episodes of aspiration and maintain respiratory health (Wagner & Lukey, 2024).**	**The patient understands the risk of aspiration.**

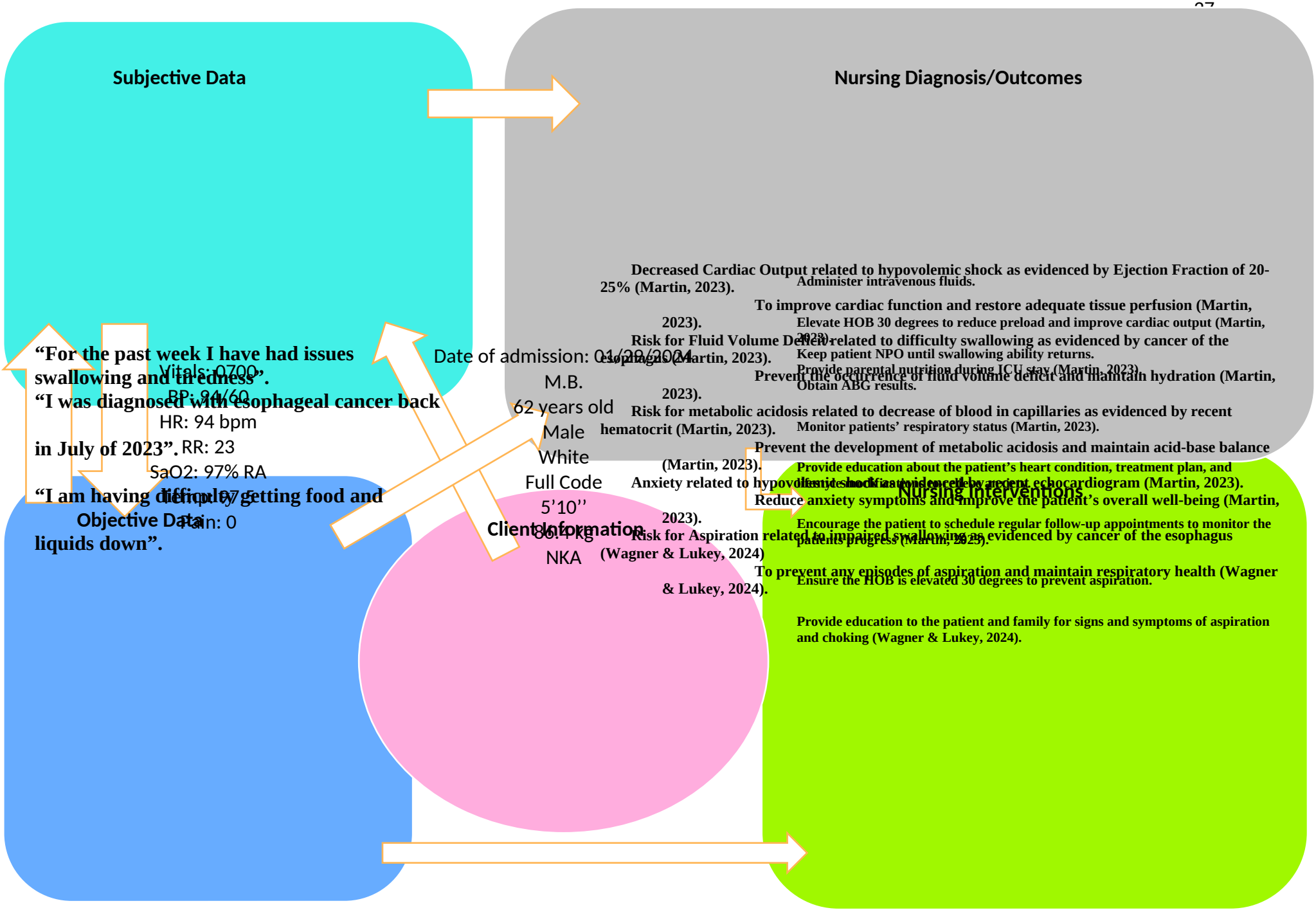
	2024).			

Other References (APA):

Paul Martin. (2023, October 12). *5 Hypovolemic shock Nursing care plans*. Nurseslabs. Retrieved February 1, 2024, from https://nurseslabs.com/hypovolemic-shock-nursing-care-plans/

Wagner, M. W., & Lukey, A. (2024, January 19). *Risk for aspiration Nursing diagnosis & care plans | NurseTogether*. NurseTogether. Retrieved February 1, 2024, from https://www.nursetogether.com/risk-for-aspiration-nursing-diagnosis-care-plan/

Concept Map (20 Point


Subjective Data
"For the past week I have had issues swallowing and tiredness".
"I was diagnosed with esophageal cancer back in July of 2023".
"I am having difficulty getting food and liquids down".
Objective Data:
Vitals: 0700
BP: 94/60
HR: 94 bpm
RR: 23
SaO2: 97% RA
Temp: 97
Pain: 0
Date of admission: 01/29/2024
M.B.
62 years old
Male
White
Full Code
5'10''
86.1 kg
NKA
Client Information
Nursing Diagnosis/Outcomes
Decreased Cardiac Output related to hypovolemic shock as evidenced by Ejection Fraction of 20-25% (Martin, 2023).
To improve cardiac function and restore adequate tissue perfusion (Martin, 2023).
Risk for Fluid Volume Deficit related to difficulty swallowing as evidenced by cancer of the esophagus (Martin, 2023).
Prevent the occurrence of fluid volume deficit and maintain hydration (Martin, 2023).
Risk for metabolic acidosis related to decrease of blood in capillaries as evidenced by recent hematocrit (Martin, 2023).
Prevent the development of metabolic acidosis and maintain acid-base balance (Martin, 2023).
Anxiety related to hypovolemic shock as evidenced by recent echocardiogram (Martin, 2023).
Reduce anxiety symptoms and improve the patient's overall well-being (Martin, 2023).
Risk for Aspiration related to impaired swallowing as evidenced by cancer of the esophagus (Wagner & Lukey, 2024)
To prevent any episodes of aspiration and maintain respiratory health (Wagner & Lukey, 2024).
Nursing Interventions
Administer intravenous fluids.
Elevate HOB 30 degrees to reduce preload and improve cardiac output (Martin, 2023).
Keep patient NPO until swallowing ability returns.
Provide parental nutrition during ICU stay (Martin, 2023).
Obtain ABG results.
Monitor patients' respiratory status (Martin, 2023).
Provide education about the patient's heart condition, treatment plan, and lifestyle modifications to reduce risk of recurrence (Martin, 2023).
Encourage the patient to schedule regular follow-up appointments to monitor the patients progress (Martin, 2023).
Ensure the HOB is elevated 30 degrees to prevent aspiration.
Provide education to the patient and family for signs and symptoms of aspiration and choking (Wagner & Lukey, 2024).