

N431 Care Plan # 1

Lakeview College of Nursing

Name; Destiny Bell

Demographics (3 points)

Date of Admission 2-1-2024	Client Initials D.S	Age 75 years old	Gender male
Race/Ethnicity Caucasian	Occupation Unknown	Marital Status Married	Allergies Latex; unknown reaction type
Code Status Full code	Height 182.9 cm 6ft	Weight 114.6 kg (252 lbs 10.4 oz)	

Medical History (5 Points)**Past Medical History:**

- Allergic rhinitis
- Asthma
- Atrial fibrillation and atrial flutter
- Cardiomegaly
- Chronic heart failure with preserved ejection fraction
- Essential primary hypertension
- Foot drop
- Aortic stenosis
- Cauda equina syndrome with neurogenic bladder
- Mechanical aortic valve replacement
- Hyperlipidemia
- Hypersomnia
- Obstructive sleep apnea
- Palpitations

- Paroxysmal atrial fibrillation
- Psoas hematoma, left, secondary to anticoagulation therapy
- Shortness of breath
- Supraventricular tachycardia

Past Surgical History:

- Aortic valve replacement; 1998
- Appendectomy; no known date
- Breast biopsy; no known date
- Cholecystectomy; 12/08/2023
- EP study atrial flutter; 11/29/2023
- ERCP with bilateral stent replacement; 12/20/2023
- Hip surgery; no known date
- Knee surgery; no known date
- Lumbar fusion; no known date
- Lumbar laminectomy; no known date
- Lumbar spine non-fusion; no known date
- Pacemaker placement; no known date
- Tonsillectomy and adenoidectomy; no known date

Family History:

- Rheumatoid arthritis; mother
- Lipids; mother
- Cancer unknown type; mother
- Hypertension; mother

- Heart problems; father
- Osteoarthritis; father
- Cardiomegaly; father
- Rheumatoid arthritis; sister
- Congestive heart failure; brother
- Valvular heart disease; brother

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

- Patient denies any tobacco, alcohol, or recreational drug usage.

Assistive Devices: Glasses and Hearing aids

Living Situation: Lives at home with his spouse

Education Level: Highschool diploma

Admission Assessment

Chief Complaint (2 points): Left thigh hematoma

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

D.S is a 75-year-old Caucasian male who arrived via EMS transfer from Carle Bromenn to receive a higher level of care for his left thigh hematoma. Patient was admitted at Carle Bromenn from inpatient rehab. Patient was in inpatient rehab for most of the month of January and was doing well until January 31st when he began to experience pain in his left lower extremities which was accompanied by noticeable enlarging edema. A computed tomography angiography (CTA) was performed and shown an enlarging hematoma thus leading to the patient being transferred to Carle Foundation Hospital for further treatment and management. Prior to the patient's transfer, he was treated with 1 unit of FFP for the reversal of warfarin.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Bilateral pulmonary embolism

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): A pulmonary embolism occurs as a result of a thrombus becoming lodged in an artery of the lung thus blocking blood flow to the lung (Ouellette, 2023). In our patient, he was diagnosed with a bilateral pulmonary embolism. The clinical signs and symptoms that may be exhibited by a patient with a pulmonary embolism are dyspnea, chest pain, tachycardia, hemoptysis, hypotension, and syncope, but can sometimes be present without the patient displaying any clinical symptoms (Capriotti, 2020). Some other atypical symptoms that may be seen are seizures, syncope, abdominal pain, fever, productive cough, wheezing, decreased level of consciousness, a new onset of atrial fibrillation, flank pain, and delirium (Ouellette, 2023). There are also some physical signs that a patient with a pulmonary embolism may exhibit including tachypnea, tachycardia, diaphoresis, a s3 or s4 gallop, lower extremity edema, and cyanosis (Ouellette, 2023). We see our patient, D.S., presented with noticeable edema in his bilateral lower extremities which is one of the physical signs of a pulmonary embolism.

Pulmonary embolisms can not be solely diagnosed based off of clinical symptoms as symptoms are not always present, are subtle, or mimic other clinical disorders (Capriotti, 2020). DVT, which can result in a pulmonary embolism, is diagnosed through a combination of both clinical criteria and the utilization of a d-dimer test (Capriotti, 2020). A d-dimer test is a blood test that detects the presence of fibrin clot degradation products in the blood (Capriotti, 2020). D-dimer levels remain elevated in pulmonary embolisms for nearly 7 days (Capriotti, 2020). The best diagnostic test to diagnose a pulmonary embolism is the use of a high-resolution CT

pulmonary angiography (Capriotti, 2020). Our patient had multiple CT scans performed during his hospitalization which helped lead to his diagnosis of bilateral pulmonary embolisms.

There are many treatment options and preventive strategies available for a person diagnosed with a pulmonary embolism, PE. Some preventative measures that can be taken to decrease the risk of DVT and development of a PE include antiembolism stockings, not standing for prolonged periods, avoiding constricting garments, elevating the legs throughout the day, and ambulation (Capriotti, 2020). Patients are also treated prophylactically with medications such as heparin and warfarin that interfere with the bloods clotting factors (Capriotti, 2020). In the case of our patient, D.S., he was being treated in the hospital via heparin infusion.

Pathophysiology References (2) (APA):

Capriotti, Theresa M. "Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives" 2nd ed. (2020). *F.A Davis Company*.

Ouellette, D. R. (2023, June 30). *Pulmonary embolism (PE)*. Practice Essentials, Background, Anatomy. <https://emedicine.medscape.com/article/300901-overview?form=fpf#a1>

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	4.10-5.70 10 ⁶ /uL	2.29	2.91	Decreased red blood counts can be caused by a chronic illness. Decreased levels can also be caused by anemia or dietary deficiency (PhD Rn & Facs, 2021).
Hgb	12.0-18.0 g/dL	6.8	8.7	Decreased hemoglobin levels can be a result of his bleeding and hematoma?
Hct	37.0-51.0 %	21.1	27.7	Decreased hematocrit levels can be related to dietary deficiency, anemia, or hyperthyroidism (PhD Rn & Facs, 2021).
Platelets	140-400	273	487	Decreased platelets can be caused by

	10 ³ u/l			acute or chronic infection (PhD Rn & Facs, 2021). Increased platelet levels can be a result of
WBC	4.00-11.00 10 ³ /uL	9.39	6.41	
Neutrophils	1.60-7.70 10 ³ /uL	6.98	n/a	
Lymphocytes	1.00-4.90 10 ³ /uL	0.84	n/a	Can be a result of malnutrition or stress
Monocytes	0.00-1.10 10 ³ /uL	1.48	n/a	Possible infection
Eosinophils	0.00-0.50 10 ³ /uL	0.03	n/a	
Bands	2-6%	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	133	133	Decreased sodium levels can be due to deficient dietary intake, diarrhea, Addison's disease, and the administration of diuretics (PhD Rn & Facs, 2021)
K+	3.5-5.1 Mmol/L	4.4	4.2	
Cl-	98-107 Mmol/L	105	104	
CO2	22.0-29.0 Mmol/L	22.0	24.0	
Glucose	74-100 Mg/dL	129	103	Elevated glucose levels can be a related to a recent illness or possible dehydration
BUN	8-26 Mg/dL	18	13	
Creatinine	0.70-1.30 Mg/dL	0.85	0.70	
Albumin	3.4-4.8 g/dL	2.4	2.2	Low albumin levels can be a sign of liver disease, cirrhosis, or GI malabsorption (PhD Rn & Facs, 2021).

Calcium	8.9-10.6 Mg/dL	7.3	7.6	Malnutrition and cirrhosis are factors that can cause low calcium, both of which are ongoing for this patient.
Mag	1.6-2.6 Mg/dL	2.0	1.9	
Phosphate	N/A	n/a	n/a	
Bilirubin	0.2-1.2 Mg/dL	1.5	2.3	Possibly related to the obstructed blood flow since he has a PE leading to elevated bilirubin levels.
Alk Phos	40-150 u/l	109	124	
AST	5-34 U/L	32	52	
ALT	0-55 U/L	33	38	
Amylase	23-85 U/L	n/a	n/a	
Lipase	0-160 U/L	n/a	n/a	
Lactic Acid	0.5-2.0 Mmol/L	n/a	n/a	
Troponin	0.00-0.034 Ng/mL	<0.012	n/a	
CK-MB	N/A	n/a	n/a	
Total CK	22-269 u/L	n/a	n/a	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	0.9-1.1 ratio	1.9	1.7	Patient has a hematoma and is on heparin
PT	11.7-13.8 seconds	22.4	20.2	Patient has a hematoma and is on heparin
PTT	22.4-35.9 seconds	26.3	n/a	

D-Dimer	N/A	n/a	n/a	
BNP	0-99 Pg/ml	n/a	n/a	
HDL	40-59 Mg/dl	n/a	n/a	
LDL	<100 Mg/dl	n/a	n/a	
Cholesterol	<200 Mg/dl	n/a	n/a	
Triglycerides	<150 Mg/dl	n/a	n/a	
Hgb A1c	4-5.6 Mmol/L Non-diabetic	n/a	n/a	
TSH	0.270-4.200 Miu/L	n/a	n/a	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Clear and Yellow	N/A	N/A	
pH	4.5-9	N/A	N/A	
Specific Gravity	1.005-1.035	N/A	N/A	
Glucose	NEG	N/A	N/A	
Protein	NEG	N/A	N/A	
Ketones	NEG	N/A	N/A	
WBC	0-25 U/L	N/A	N/A	
RBC	0-20 U/L	N/A	N/A	
Leukoesterase	NEG	N/A	N/A	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	N/A	N/A	N/A	
PaO2	N/A	N/A	N/A	
PaCO2	N/A	N/A	N/A	
HCO3	N/A	N/A	N/A	
SaO2	N/A	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	N/A	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):

PhD Rn, P. K. D., & Facs, M. T. P. J. (2021). Mosby's Diagnostic and Laboratory Test Reference (Mosby's Diagnostic & Laboratory Test Reference) (15th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- CT CTA Abdomen/Pelvis with runoff (2-1-2024);
 - Impression:
 1. Right pleural effusion with right middle and right lower lobe atelectasis and consolidation. Left lower lobe atelectasis.

2. No evidence of a retroperitoneal hematoma.
 3. Left iliac US muscle hematoma measuring 4.6 cm x 1.5 cm.
 4. Soft tissues of the proximal thigh demonstrate swelling with a hematoma measuring 15 cm x 12cm.
 5. The patellofemoral joint space of the left knee demonstrates degenerative changes with exuberant osteophytes. Osteoarthritis is of differential diagnostic consideration.
- XR Chest AP or PA only (2-1-2024);
 - Impression; minimal right pleural effusion
 - CT CTA Abdomen/Pelvis with runoff (2-4-2024);
 - Impression:
 1. Redemonstration of a prominent complex intramuscular hematoma involving the middle and distal left common abductors musculature. No convincing blush on contrast or focal active extravasation/bleeding identified with certainty. Overall size and extent have not significantly changed. No areas of active hemorrhage or bleeding appreciated. Negative for retroperitoneal hemorrhage.
 2. Moderate to large right pleural effusion with compressive atelectasis of the right lower lobe.
 3. Diffuse subcuticular edema through the lower extremities, left side is greater than the right.
 - XR Chest AP/PA Only (2-4-2024);

- Impression: improved right pleural effusion related to recent thoracentesis. No convincing pneumothoraces.
- XR Chest AP/PA Only (2-4-2024);
 - Impression: frontal view of the chest was obtained. Left sided cardiac conduction device and post-surgical changes of the mediastinum again noted. Lung volumes are normal. Mild interstitial prominence with small right pleural effusion that is more pronounced than from prior exams. No pneumothorax. Enlarged cardiac silhouette persists.

Diagnostic Test Correlation (5 points): The patient had a CT scan done to confirm the diagnosis of pulmonary embolism and the chest x-ray was obtained to visualize any consolidation in the lungs.

Diagnostic Test Reference (1) (APA):

PhD Rn, P. K. D., & Facs, M. T. P. J. (2021). Mosby’s Diagnostic and Laboratory Test Reference (Mosby’s Diagnostic & Laboratory Test Reference) (15th ed.). Mosby.

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Home Medications (5 required)

Brand/Generic	Acetaminophen	Warfarin	Rosuvastatin	Calcium Carbonate	Metoprolol Succinate
Dose	500mg	5mg	10mg	1 tablet	37.5mg
Frequency	As needed	Daily	Daily at bedtime	Twice a day	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Pharmacologic class: non-salicylate,	Pharmacologic class: coumarin	Pharmacologic class; HMG-CoA reductase	Pharmacologic class: calcium salts Therapeutic class: antacid,	Pharmacological: beta1-adrenergic blocker

	paraminophenol derivative Therapeutic class: antipyretic, nonopioid analgesic Pregnancy class: B	derivative Therapeutic class; Anticoagulant Pregnancy class: X	inhibitor Therapeutic class; antilipemic Pregnancy class; X	antihypermagnesmic, antihyperperphosphatemic, antihypocalcemic, calcium replacement and cardiogenic	Therapeutic: Antianginal, antihypertensive Pregnancy class: C
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Also acts directly on the temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2.	Interferes with the liver's ability to synthesize vitamin-k dependent clotting factors and depleting clotting factors II, VII, IX, and X thus preventing coagulation.	Inhibits the enzyme HMG-CoA reductase thus reducing lipid levels while increasing the number of hepatic LDL receptors on the cell surface to increase the catabolism of LDL.	Increases levels of intracellular and extracellular calcium	Inhibits stimulation of beta1 receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand. These effects help relieve angina, minimize cardiac tissue damage from a myocardial infarction, and help relieve symptoms of heart failure. Metoprolol also helps reduce blood pressure by decreasing renal release of renin (Jones & Bartlett, 2019).
Reason Client Taking	To manage and relieve pain.	To treat pulmonary embolism	To treat hyperlipidemia	Treat hypocalcemia	To treat and manage hypertension
Contraindications (2)	Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe liver disease.	Bleeding or bleeding tendencies, pericarditis	Active liver disease or unexplained persistent elevation of serum transaminase levels	Hypercalcemia and ventricular fibrillation	Contraindications include acute heart failure, cardiogenic shock; hypersensitivity to metoprolol, its components or other beta blockers, pulse less than 45 beats per minute (Jones & Bartlett, 2019)
Side Effects/Adverse Reactions (2)	Hypotension, stridor, anxiety, fatigue, abdominal pain	Hypotension and anemia	Hypertension or constipation	Hypotension and hypercalcemia	CV: arrhythmias, including bradycardia and AV block. CNS: Anxiety, confusion and CVA HEME: leukocytopenia
Nursing Considerations (2)	Use cautiously in patients with hepatic impairment.	Monitor INR and monitor patients with hepatic	If ALT or AST increase to more than 3 times the normal range	Store at room temperature and monitor serum calcium level	Use cautiously in patient's with angina or hypertension who also have congestive heart

	Monitor renal function	impairment closely for bleeding.	expect dosage to be reduced or the medication to be discontinued. Use cautiously in patients at risk for myopathy.		failure because beta blockers can further depress myocardial contractility (Jones & Bartlett, 2019). Monitor vital signs if patient develops bradycardia, dosage may need to be adjusted (Jones & Bartlett, 2019).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Vital signs and pain assessment	Vital signs and INR level	Baseline liver enzymes and vital signs	Serum calcium levels, serum phosphate level and vital signs	Monitor vital signs such as blood pressure, ecg, heart rate, and respiratory rate.
Client Teaching Needs (2)	Do not exceed the recommended dosage daily. And do not take any other medications containing acetaminophen while taking this medication.	Instruct to take drug exactly as prescribed and advise patient to avoid alcohol	Instruct patient to wait 2 hours after taking rosuvastatin to take an antacid and encourage to follow a low fat and low cholesterol diet.	Take tablets 1 to 2 hours after meals and to take separately from other prescribed drugs.	Take exactly as directed. Take the medication whole, do not crush or chew tablets.

Hospital Medications (5 required)

Brand/Generic	Pantoprazole	Heparin	Allopurinol	Amiodarone	Sennosides
Dose	40mg	22 units/kg/hr x 100kg	100mg	200mg	8.6mg
Frequency	Twice a day	continuous	Twice a day	daily	Twice a day
Route	Oral	IV	oral	oral	Oral
Classification	Proton pump inhibitor, antiulcer	Pharmacologic class: Anticoagulant Therapeutic class: Anticoagulant Pregnancy category: C	Pharmacologic class: Xanthine oxidase Therapeutic class: antigout	Pharmacologic class; benzofuran derivative Therapeutic class: class II antiarrhythmic	
Mechanism of Action	interferes with gastric acid, secretion by	Binds with antithrombin III, enhancing	Inhibits uric acid production by inhibiting	Acts on cardiac cell membranes	

	<p>inhibiting the hydrogen-potassium-adenosine triphosphate enzyme system, or proton pump, in gastric parietal cells. normally, the proton pump uses energy from hydrolysis of ATPase to drive H⁺ and chloride out of parietal cells and into the stomach lumen in exchange for potassium, which leaves the stomach lumen and enters parietal cells thus forming hydrochloric acid.</p>	<p>antithrombin III's inactivation of coagulation enzymes thrombin (factor IIa) and factors Xa and Xia. At low doses, heparin inhibits factor Xa and prevents conversion of prothrombin to thrombin. Thrombin is needed for the conversion of fibrinogen to fibrin; without fibrin, clots can not form. At high doses, heparin inactivates thrombin, preventing fibrin formation and existing clot extension.</p>	<p>xanthine oxidase, which is the enzyme that converts hypoxanthine and xanthine to uric acid.</p>	<p>thus prolonging repolarization and the refractory period and raising ventricular fibrillation threshold.</p>	
<p>Reason Client Taking</p>	<p>To treat and manage GERD</p>	<p>Pulmonary embolism and hematoma</p>	<p>Used to treat gout and hyperuricemia</p>	<p>Patient has atrial fibrillation and atrial flutter</p>	
<p>Contraindications (2)</p>	<p>Concurrent therapy with rilpivirine containing products, hypersensitivity to pantoprazole, lansoprazole or their components</p>	<p>Breastfeeding, infants, neonates, or pregnant women (heparin sodium injection, USP, preserved with benzyl alcohol); history of heparin-induced thrombocytopenia or heparin-induced thrombocytopenia and thrombosis; hypersensitivity to heparin, pork, or its components; inability to monitor coagulation parameters when</p>	<p>Hypersensitivity to allopurinol and its components</p>	<p>Cardiogenic shock, and bradycardia that causes syncope</p>	

		full dose heparin is used; severe thrombocytopenia ; uncontrolled active bleeding, except in disseminated intravascular coagulation (DIC)			
Side Effects/Adverse Reactions (2)	Chest pain, elevated serum creatine, hypomagnesemia	CNS: chills, dizziness, fever, headache, peripheral neuropathy CV: Chest pain, rebound hyperlipemia, thrombosis EENT: epistaxis, gingival bleeding, rhinitis ENDO: adrenal hemorrhage causing acute adrenal sufficiency GI: Abdominal distention and pain, elevated liver enzymes, hematemesis, melena, nausea, retroperitoneal hemorrhage, vomiting GU: hematuria, hypermenorrhea, ovarian hemorrhage, priapism HEME: delayed onset of heparin-induced thrombocytopenia , easy bruising, excessive bleeding from wounds, hemorrhage, heparin-induced thrombocytopenia , heparin-induced thrombocytopenia and thrombosis. Thrombocytopeni	Thrombocytopenia and drowsiness	Hypoxia, hypotension	

		<p>a MS: back pain, myalgia, osteoporosis Resp: asthma, dyspnea, wheezing Skin: alopecia, cutaneous necrosis following subcutaneous injection, cyanosis, petechiae, pruritus, urticaria Other: anaphylaxis, heparin resistance; injection-site hematoma, irritation, pain, redness, and ulceration</p>			
<p>Nursing Considerations (2)</p>	<p>Monitor patient's urine output because pantoprazole can cause acute interstitial nephritis and monitor patient for diarrhea as this medication can result in clostridium difficile.</p>	<p>Know that heparin sodium injection, USP, preserved with benzyl alcohol should not be given to infants, neonates, pregnant women or breastfeeding women Use heparin cautiously in alcoholics, menstruating women; patient's over age 60, especially if women and patients with conditions that increase the risk of hemorrhage. Read heparin label carefully</p>	<p>Maintain a fluid intake a daily urinary output of 2L daily and monitor for a rash.</p>	<p>Use in line filter during iv administration and expect patient to be switched from IV to oral as soon as possible.</p>	
<p>Key Nursing Assessment(s)/Lab(s) Prior to Administration</p>	<p>Vital signs and urine output and magnesium level as it can cause hypomagnesemia</p>	<p>Labs such as PTT and INR, vital signs</p>	<p>Baseline CBC and uric acid level and pain/vital signs</p>	<p>Vital signs and thyroid hormone levels</p>	
<p>Client Teaching Needs (2)</p>	<p>Teach patient to swallow</p>	<p>Monitor for bleeding and any</p>	<p>Take after meals and drink plenty</p>	<p>Report cough, dark urine.</p>	

	medications whole and not to chew or crush the tablets. Advise patient to notify the physician if diarrhea occurs and becomes severe.	new bruises	water. Report any unusual bleeding or bruising.	Report abnormal bleeding or bruising.	
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Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). *2020 Nurse’s Drug Handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Patient is alert and oriented x 4. Patient appears stated age and is dressed in a hospital gown. Patient does not appear to be in any distress.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: 19 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Skin is pale, warm, and dry. Skin is free of rashes and wounds. Bruising noted on the right arm and a hematoma near his left groin. Skin turgor is fair. No drains are present. Braden score 19 Nutrition is adequate
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	PERRLA bilaterally, left and right both at 3mm. Patient states he wears glasses but not currently on his face. Eyes, ears, and nose are free of drainage. Oral mucosa is pink and moist. Dental carries are noted upon examination.
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc.	S1 and S2 are present, no murmurs heard upon auscultation with a noticeable valve click. Peripheral pulses are equal strength and

<p>Cardiac rhythm (if applicable): Peripheral Pulses: 2 + Capillary refill: < 3 seconds Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: bilateral lower extremities</p>	<p>quality, 2+ bilaterally throughout. Capillary refill is less than 3 seconds on fingers and toes bilaterally. 2+ edema visualized on bilateral lower extremities. Homans sign is negative.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Breath sounds are clear to auscultation bilaterally throughout. No accessory muscle use noted. Patient denies painful breathing.</p>
<p>GASTROINTESTINAL: Diet at home: normal Current Diet: normal Height: 182.9cm Weight: 114.6kg Auscultation Bowel sounds: Last BM: 2-12-2024 Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Patient is tolerating a normal diet well.</p> <p>Bowel sounds are present and normoactive in all 4 quadrants.</p> <p>Last BM: 2/12/2024</p> <p>Abdomen is nondistended, nontender and free of pain upon palpation. Bruising/hematoma noted on the lower left abdomen closer to the groin. No drains, incisions, or wounds noted.</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: urethral Size: unknown</p>	<p>Patient has a urethral catheter. Urine is clear and amber in color. There is no pain noted during urination.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: none</p>	<p>Fall risk: 27</p> <p>Patient can ambulate within the room and transfer with a standby 1 to 2 assist but has</p>

<p>Strength: moderate ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 27 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>been mainly bed bound during his stay. Active ROM is moderately impaired. Generalized weakness noted in the bilateral lower extremities</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>Patient has good judgement and thought process is normal, speech is clear and audible. Perceptive to touch, temperature, and pain. Patient is alert and oriented to person, place, time, and situation. Strength is 3+ in bilateral extremities. No gross focal or neurological deficits noted.</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>Patient reports having a good support system consisting of wife. Wife is actively involved in his care. No religious beliefs were stated or noted. Patient reports a strong and loving home environment. Denies any home concerns.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0300	70 bpm	118/54 (75) mmhg	18	97.9 F	95% Room air
0717	69 pm	110/74 (73) mmhg	18	98.2 F	92% Room air

Vital Sign Trends: Vital signs are stable in a normal sinus rhythm, blood pressure systolic has slightly decreased while diastolic has increased. Patient’s oxygen saturation has dropped.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0300	Numeric	Denies pain	n/a	n/a	Continue to monitor
0717	Numeric	Denies pain	n/a	n/a	Continue to monitor

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20g Location of IV: Anterior lower right forearm Date on IV: 2-2-2024 Patency of IV: patent, flushes easily Signs of erythema, drainage, etc.: none IV dressing assessment: intact	none

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
200ml	250ml

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was admitted via ems transfer for a chief complaint of a left hematoma. The patient was thus diagnosed with bilateral pulmonary embolisms in which he is being treated with heparin intravenously.

Procedures/testing done: The patient had a CBC, CMP and CT scan and chest x-ray performed upon admission. With a follow up CT and chest x-ray being performed on 2-4-2024.

Complaints/Issues: patient voices no complaints or issues

Vital signs (stable/unstable): Stable with a Blood pressure of **118/54**, **pulse of 69 bpm**, **respiratory rate of 18**, and **an oxygen saturation on 92% on room air**.

Tolerating diet, activity, etc.: tolerating diet

Physician notifications:

- Unplanned or interrupted heparin delivery
- Anti-xa result > or = to 1.1 iu/mL
- Decreased platelet count to < 100,000 or by 50% base
- Decreased HGB by > or = 2 gm/dl
- Decreased HCT of > or = 6 points the previous measurement
- Active bleeding or worsening symptoms
- Falls
- Heart rate > 130 bpm or < 50 bpm
- Temperature > 39 c or < 36 c
- RR > 30 or < 8
- Output < 60 q2 hours

Future plans for client: Rehabilitation consult

Discharge Planning (2 points)

Discharge location: Inpatient rehabilitation.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Follow up with primary in 2-3 days

Education needs:

- Elevate feet when possible.
- Do not stand for prolonged periods.
- Report any new bruises or any bleeding

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

<p>Nursing Diagnosis</p> <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 to this client 	<p>Rationale</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Interventions (2 per dx)</p>	<p>Outcome Goal (1 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. Activity intolerance related to generalized lower extremity weakness as evidenced by decreased mobility and rom</p>	<p>Patient had moderately impaired range of motion and complained of weakness in the lower extremities</p>	<p>1.gradually increase activity level 2.assist with adl’s</p>	<p>1. patient will begin to build up strength and tolerate more activities</p>	<p>Patient was unable to get out of bed to ambulate to assess</p>
<p>2. Risk for falls as</p>	<p>The patient is unable to</p>	<p>1. fall precautions</p>	<p>1. patient will gain more</p>	<p>Patient was unable to get</p>

<p>evidenced by decreased mobility and edema in the lower extremities</p>	<p>ambulate unless they have a 1 to 2 standby assist due to generalized weakness</p>	<p>2.assistance with ambulation and transfers</p>	<p>strength in the lower extremities and need less assistance with ambulation</p>	<p>out of bed to ambulate to assess</p>
<p>3. Anxiety related to prolonged hospital stay</p>	<p>The patient stated he was getting anxious being in the hospital for so long and was ready to return home</p>	<p>1. Medications to decrease anxiety/panic 2. Promote a calm environment by eliminating extra staff and decreasing sound and stimulation</p>	<p>1. patient will become less stressed/anxious</p>	<p>The patient became more calm once his wife was in the room with him.</p>
<p>4.</p>		<p>1. 2.</p>	<p>1.</p>	

Other References (APA):

Swearingen, P. L., & Wright, J. (2018). All-in-One Nursing Care Planning Resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric-Mental Health (5th ed.). Mosby.

Vera, M. B. (2017, September 24). Activity Intolerance Nursing Care Plan. Nurseslabs.

<https://nurseslabs.com/activity-intolerance/>

Wayne, G. B. (2017a, September 24). Risk for Falls Nursing Care Plan. Nurseslabs.

<https://nurseslabs.com/risk-for-falls/>

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes

Vital signs are stable as follows:

BP: 118/54 (75) **1. Risk for falls**
P: 69 bpm
R: 18
O₂: 92%
Bilateral pulmonary embolisms

Objective Data

Patient is a 75 year old Caucasian male who has been admitted for bilateral pulmonary embolism

Client Information

1. Activity intolerance related to generalized lower extremity weakness as evidenced by decreased mobility and rom
2. Risk for falls as evidenced by decreased mobility and edema in the lower extremities
3. Anxiety related to prolonged hospital stay

Nursing Interventions

1. Fall precautions
2. Assistance with ambulation
3. Assistance with ADL's
4. A quiet calm environment



