N431 Care Plan # 1

Lakeview College of Nursing

Ragin Baker

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
2/17/2024	SE	34 years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Sheriffs Dept.	Single	Diazepam
Code Status	**Height**	**Weight**	
Full	157.5cm (5’2”)	94.2kg (207lb 10.8oz)	

Medical History (5 Points)

Past Medical History:

Asthma, gallstone, headache, closed fracture of neck of metacarpal bones, dermographism, seizures, sleep-apnea, and tobacco use disorder

Past Surgical History:

Pacemaker insertion, lead revision, right hand arthroplasty, pericardiocentesis, and removal of gallbladder

Family History:

Patient’s father had CAD and had an MI and stents placed under the age of 40 years old.

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

Patient is a former cigarette smoker, stopped in 2015. No reports of smokeless tobacco or drugs. Patient does report the use of alcohol, states, “occasionally 1 beer per month.”

Assistive Devices:

Patient does not report the use of any assistive devices.

Living Situation:

The patient lives at home with family.

Education Level:

No education level was reported.

Admission Assessment

Chief Complaint (2 points):

Right chest pain

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

A 34-year-old female came into the emergency department complaining of right chest pain. The patient reported that the pain is worse with movement. The patient describes the pain as severed, sharp, and feels like pressure in the chest. Patient reports that the pain is alleviated while leaning forward. No reports of nausea, vomiting, fever, chills, cough, or SOB.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):

Pericardial Effusion

Secondary Diagnosis (if applicable):

N/A

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

A pericardial effusion happens when fluid collects in the pericardium space (“Pericardial Effusion,” 2024). The fluid that builds up puts too much pressure on the heart, mainly the right side of the heart, because the right side of the heart has a thinner wall (Willner et al., 2023). The sac around the heart called the pericardial sac is made up of a thin layer of visceral pericardium.

Between 15 to 50 milliliters of serous fluid is found in the pericardial sac of an individual who is in good health (Willner et al., 2023).

There are several different reasons an individual could get a pericardial effusion. Some are from an infection, trauma, and inflammation (Willner et al., 2023). Another main reason for a pericardial effusion is from a myocardial infarction (Willner et al., 2023). An individual can also develop a pericardial effusion from chronic kidney disease, renal failure, radiation, congestive heart failure, cirrhosis, and from drug use (Willner et al., 2023).

An individual who has a pericardial effusion may not have any symptoms. This happens more when the pericardial effusion is small. For an individual who is experiencing a pericardial effusion may have chest pain/pressure, shortness of breath, palpitations, fatigue, fainting, anxiety, cyanosis, hiccups, coughing, or trouble swallowing (“Pericardial Effusion,” 2024). Some expected findings that a nurse might see in a patient who has pericardial effusion is hypotension and tachycardia (Willner et al., 2023). The nurse might also hear muffled heart sounds and might see distention of the jugular veins (Willner et al., 2023).

There are several different diagnostic tests that can be used to help diagnose a pericardial effusion. One of the first tests that will be performed is an ECG. This test is to look at the patient’s electrical activity of the heart (“Pericardial Effusion,” 2024). Another test that can be done is a Chest X-ray. This cannot identify the pericardial effusion but can tell the shape of the heart or if there is edema or not (Willner et al., 2023). A main test that can really help identify a pericardial effusion is a CT/MRI (Willner et al., 2023). Some lab tests that will be performed to diagnose a pericardial effusion will be troponin, CBC, and BNP (“Pericardial Effusion,” 2024).

Some different ways that pericardial effusion is treated is from a pericardiocentesis, surgery, antibiotics, anti-inflammatory drugs, chemo/radiation, or diuretics (Pericardial Effusion,

2024). Depending how bad the pericardial effusion is, will depend on the treatment that is used. Sometimes small pericardial effusions don't have to be treated ("Pericardial Effusion," 2024).

The patient had an ECG, Chest X-ray, and a CT done. The CT showed a small pericardial effusion. The patient had a lower WBC count possibly due to an infection or inflammation from the pericardial effusion.

Pathophysiology References (2) (APA):

Pericardial Effusion. (2024). Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/17351-pericardial-effusion

Willner, D.A., Goyal, A., Grigorova, Y., & Kiel, J. (2023). *Pericardial Effusion*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK431089/

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 (Patient did not have any admission labs done, so per clinical instructor I took the lab values from 2/18 for the admission lab values.)	Today's Value	Reason for Abnormal Value
RBC	3.50-5.20 10^6/UL	6.26 10^6/UL	3.72 10^6/UL	The patient's elevated RBC could be related to congenital heart disease or congestive heart failure (Martin, 2023). Although the

				patient has not been diagnosed with either of these conditions, the patient was diagnosed with pericardial effusion that causes pressure on the heart, causing the heart to not pump accurately.
Hgb	11.0-16.0 g/dL	11.7 g/dL	11.3 g/dL	N/A
Hct	34.0-47.0%	34.9%	34.2%	N/A
Platelets	140-400 10^3/UL	240 10^3/UL	241 10^3/UL	N/A
WBC	4.00-11.00 10^3/UL	3.89 10^3/UL	5.90 10^3/UL	A decreased level of WBC could be related to an infection (Martin, 2023). An infection could have caused her pericardial effusion.
Neutrophils	55-70% (Martin, 2023).	N/A	N/A	N/A
Lymphocytes	20-40% (Martin, 2023).	34%	44.9%	An increase in lymphocytes could relate to an infection or inflammation (Martin, 2023). This is most likely because of the patient's pericardial effusion.
Monocytes	2-8% (Martin, 2023).	10.1%	7.8%	Monocytes that are increased could be related to stress or inflammation (Martin, 2023).
Eosinophils	1-4% (Martin,	2.2%	1.7%	N/A

	2023).			
Bands	0-2% (Martin, 2023).	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-	136-145 mmol/L	139 mmol/L	139 mmol/L	N/A
K+	3.5-5.1 mmol/L	3.3 mmol/L	3.7 mmol/L	The patient's low potassium could be related to nausea or vomiting (Martin, 2023). The patient when she came into the hospital stated she didn't have any nausea or had vomited. But the patient did state that when she takes her medication before she eats, she does get nauseas.
Cl-	98-107 mmol/L	108 mmol/L	104 mmol/L	The increase in chloride could be related to respiratory alkalosis (Martin, 2023). The patient has a history of asthma and anxiety which can cause breathing difficulties. The patient was in a lot of pain as well which can cause breathing issues that can lead to respiratory alkalosis.
CO2	22.0-	20.0	25.0	Decreased levels of CO2

	29.0 mmol/L	mmol/L	mmol/L	could be related to the patient's pain and anxiety (Martin, 2023).
Glucose	74-100 mg/dL	99 mg/dL	133 mg/dL	The increase in the patient's blood glucose levels could be related to an acute stress response (Martin, 2023). The patient was in a lot of pain that could cause stress.
BUN	7-19 mg/dL	6 mg/dL	10 mg/dL	The decreased level of BUN could be related to fluid overload (Martin, 2023). The patient was diagnosed with pericardial effusion, which is fluid buildup around the heart.
Creatinine	0.55-1.02 mg/dL	0.70 mg/dL	0.73 mg/dL	N/A
Albumin	3.5-5.0 g/dL	3.6 g/dL	N/A	N/A
Calcium	8.9-10.6 mg/dL	8.8 mg/dL	8.5 mg/dL	The decrease of calcium may be related to a vitamin D deficiency (Martin, 2023). One of the patient's medications that were prescribed for home was a multivitamin gummy.
Mag	1.6-2.6 mg/dL	1.8 mg/dL	1.9 mg/dL	N/A
Phosphate	3.0-4.5 mg/dL (Martin, 2023).	N/A	N/A	N/A
Bilirubin	0.2-1.2 mg/dL	0.4 mg/dL	N/A	N/A
Alk Phos	40-150	133 U/L	N/A	N/A

	U/L			
AST	5-34 U/L	50 U/L	N/A	The increased AST levels could be related to cardiac operations (Martin, 2023). The patient had a pacemaker placed in January and had to have a right lead revision done as well.
ALT	0-55 U/L	34 U/L	N/A	N/A
Amylase	60-120 units/dL (Martin, 2023).	N/A	N/A	N/A
Lipase	0-160 units/L (Martin, 2023).	N/A	N/A	N/A
Lactic Acid	4.5-19.8 mg/dL (“Lactic acid test,” 2023).	N/A	N/A	N/A
Troponin	<0.4ng/ mL (Martin, 2023).	N/A	N/A	N/A
CK-MB	0% (Martin, 2023).	N/A	N/A	N/A
Total CK	30-135 units/L (Martin, 2023).	N/A	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	11-13 seconds (Martin, 2023).	N/A	N/A	N/A
PT	0.8-1.2 seconds (Martin, 2023).	N/A	N/A	N/A
PTT	60-70 seconds (Martin, 2023).	N/A	N/A	N/A
D-Dimer	<0.4 µg/mL (Martin, 2023).	N/A	N/A	N/A
BNP	<100 ng/L (Martin, 2023).	N/A	N/A	N/A
HDL	>0.91 mmol/L (Martin, 2023).	N/A	N/A	N/A
LDL	<3.4 mmol/L (Martin, 2023).	N/A	N/A	N/A
Cholesterol	<200 mg/dL (Martin, 2023).	N/A	N/A	N/A
Triglycerides	40-160 mg/dL (Martin,	N/A	N/A	N/A

	2023).			
Hgb A1c	4-5.9% (Martin, 2023).	N/A	N/A	N/A
TSH	0.2-5.4 µunits/mL (Martin, 2023).	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	Yellow	N/A	N/A	N/A
pH	5.0-9.0	N/A	N/A	N/A
Specific Gravity	1.003-1.030	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	0-5 hpf	N/A	N/A	N/A
RBC	0-2 hpf	N/A	N/A	N/A
Leukoesterase	Negative	N/A	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	Value	Today	Explanation of Findings

	Range	on Admission	's Value	
pH	7.35-7.45 (Martin, 2023).	N/A	N/A	N/A
PaO2	80-100 mmHg (Martin, 2023).	N/A	N/A	N/A
PaCO2	35-45 mmHg (Maritn, 2023).	N/A	N/A	N/A
HCO3	22-26 mEq/L	N/A	N/A	N/A
SaO2	>95% (Martin, 2023).	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	10,000-1,000,000 colonies/mL	N/A	N/A	N/A
Blood Culture	10-20 mL	N/A	N/A	N/A
Sputum Culture	>25 leukocytes <10 Epithelial cells	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Lactic acid test. (2023). UCSF Health. https://www.ucsfhealth.org/medical-tests/lactic-acid-test

Martin, P. (2023). Complete normal lab values reference guide cheat sheet. Nurselabs. https://nurseslabs.com/normal-lab-values-nclex-nursing/

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

An ECG was performed on 2/17 when the patient came into the emergency room and a normal sinus rhythm was reported. The patient had an echocardiogram performed on 2/18 and there was no pericardial fluid found at the time. A doppler was used on 2/18 and there was no lower extremity DVT present. The patient had a chest x-ray done on 2/18 and the impressions showed cardiomegaly, left pacemaker present, the lungs were hypoventilated, and a pleural effusion present. A CT CTA PE of the chest was performed on 2/18 and the impressions showed a small pericardial effusion and no other significant findings.

Diagnostic Test Correlation (5 points):

The patient came into the ED complaining of right-side chest pain. An ECG was performed to look at the electrical activity of the patient's heart. An ECG is done to look at the patient's heart and detect blocked or narrowed arteries, irregular heart rhythms, or how well pacemakers or working (Mayo Clinic Staff, 2022). The patient did have a pacemaker implanted on her left side in January. On 2/18 the patient had an echocardiogram performed. An echocardiogram is an ultrasound that shows the shape and size of the heart ("Echocardiogram," 2022). The echocardiogram is used to get images of the heart chambers and valves. This shows how the heart is pumping ("Echocardiogram," 2022). The patient had a doppler ultrasound performed on 2/18. This test uses an ultrasound to see how the blood is flowing through the blood vessels (Medline Plus Staff, 2023). Red blood cells traveling through the blood vessels reflect sound waves, which is how the doppler ultrasound works. The echos that the cells reflect are measured by the ultrasound (Medline Plus Staff, 2023). The patient had a Chest X-ray done on 2/18. A Chest X-ray is used to look at the chest wall, heart, and lungs ("Chest X-ray," 2022). This diagnostic testing is faster than others, so it is used often ("Chest X-ray," 2022). A CT CTA PE of the patient's chest was performed on 2/18. A CT CTA is a coronary CT angiography, it is noninvasive imaging of the heart (Beckerman, 2022). A CT CTA will give a 3-dimensional image of the heart and vessels (Beckerman, 2022). A contrast dye is injected into the patient before the test and the whole testing procedure takes about 10 minutes (Beckerman, 2022).

Diagnostic Test Reference (1) (APA):

Beckerman, J. (2022, August 20). *Diagnosing Heart Disease with Cardiac Computed Tomography (CT)*. WebMD. https://www.webmd.com/heart-disease/ct-heart-scan

Chest X-ray. (2022, November 1). Radiologyinfo.org. https://www.radiologyinfo.org/en/info/chestrad

Echocardiogram. (2022, March 9). Cleveland Clinic.

https://my.clevelandclinic.org/health/diagnostics/16947-echocardiogram

Mayo Clinic Staff. (2022, March 19). *Electrocardiogram (ECG or EKG)*. Mayo Clinic.

https://www.mayoclinic.org/tests-procedures/ekg/about/pac-20384983

Medline Plus Staff. (2023, October 24). *Doppler Ultrasound*. National Library of Medicine.

https://medlineplus.gov/lab-tests/doppler-ultrasound/

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

Home Medications (5 required)

Brand/ Generic	Albuterol HPA actuation inhaler	cephalexin (Keflex)	colchicine (Colcry's)	escitalopram oxalate (Lexapro)	hydroxyzine (Vistaril)
Dose	90 mcg 2 puffs	500 mg	0.6 mg 1 tablet	20 mg 1 tablet	25 mg
Frequency	Every 4 hours PRN	4 times daily for 7 days	2 times daily	Daily	Every 8 hours PRN
Route	PO	PO	PO	PO	PO
Classification	Pharmacologic: Adrenergic (NDH, 2023) Therapeutic class: Bronchodilator (NDH, 2023)	Pharmacologic: First-generation cephalosporin (NDH, 2023) Therapeutic class: Antibiotic (NDH, 2023)	Pharmacologic: Colchicum alkaloid derivative (NDH, 2023) Therapeutic class: Antigout (NDH, 2023)	Pharmacologic: Selective serotonin reuptake inhibitor (SSRI) (NDH, 2023) Therapeutic class: Antidepressant (NDH, 2023)	Pharmacologic: Piperazine derivative (NDH, 2023) Therapeutic class: Anxiolytic, antiemetic, antihistamine, sedative-hypnotic (NDH, 2023)

Mechanism of Action	The medication attaches to beta receptors that are on the bronchial cells causing bronchial relaxation (NDH, 2023).	The medication will bond to the peptidoglycan strands (NDH, 2023).	The medication binds to tubulin causing it to fall apart (NDH, 2023).	Increases the amount of serotonin in the nerve synapses (NDH, 2023).	The medication battles with histamine for the histamine receptors for a spot on effector cells (NDH, 2023).
Reason Client Taking	SOB	Pericarditis	Pericarditis	Anxiety	Anxiety
Contraindications (2)	1. Albuterol causes tachycardia, so it is contraindicated for someone who has cardiac issues (Johnson, D.B. et al., 2024). 2. Any hypersensitivity to the medication and its components it is made up of (NDH, 2023).	1. Hypersensitivity to the medication and its components (NDH, 2023). 2. Patients who are allergic to penicillin (Herman & Hashmi, 2023).	1. Patients with hepatic issues (NDH, 2023). 2. Patients with renal issues (NDH, 2023)	1. Concomitant therapy (NDH, 2023) 2. Using with MAO inhibitor within 14 days (NDH, 2023)	1. Early pregnancy (NDH, 2023) 2. Hypersensitivity (NDH, 2023)

Side Effects/Adverse Reactions (2)	1. Anxiety (NDH, 2023) 2. Hypertension (NDH, 2023)	1. Edema (NDH, 2023). 2. Increased BUN levels (NDH, 2023).	1. Abdominal pain (NDH, 2023) 2. Myopathy (NDH, 2023)	1. Atrial fibrillation (NDH, 2023) 2. Neck/ shoulder pain (NDH, 2023)	1. Dry mouth (NDH, 2023) 2. Pruritus (NDH, 2023)
Nursing Considerations (2)	1. Prolonged use can cause drug tolerance (NDH, 2023) 2. Can cause hypokalemia, monitor potassium (NDH, 2023)	1. Monitor Bun levels (NDH, 2023) 2. Monitor for allergic reactions for a couple of days (NDH, 2023)	1. Be cautious giving to elderly patients with a cardiac disease history (NDH, 2023) 2. If the patient starts to show toxicity, stop the medication, and notify the provider (NDH, 2023)	1. Be cautious with patients who have seizures (NDH, 2023) 2. Monitor for bleeding (NDH, 2023)	1. Be cautious with patients who have a prolonged QT (NDH, 2023) 2. Be cautious in patients who take another CNS depressant (NDH, 2023)
Key Nursing Assessment(s)/Lab(s) Prior to	Monitor the patient's potassium levels and	Collect cultures and sensitivity tests. Look at	Every 3 months monitor the patients	Monitor for hyponatremia (NDH, 2023).	Monitor patients for an overdose, who are taking

Administration	monitor patients who have cardiac disorders, DM, seizures, and hyperthyroidism, the medication can increase the risk for worsening these conditions (NDH, 2023).	AST, ALT, CBC, bilirubin, and phosphate labs (NDH, 2023).	CBC labs, platelets (NDH, 2023).		another depressant (NDH, 2023).
Client Teaching Needs (2)	1. Educate the patient that they will need to shake the inhaler well before use (NDH, 2023) 2. Educate the patient to rinse the mouthpiece and their mouth after use (NDH, 2023)	1. Educate patient to shake the medication well before use (NDH, 2023) 2. Educate patient to drink buttermilk or eat yogurt to help with diarrhea (NDH, 2023)	1. Educate patient to not take medication with grapefruit juice (NDH, 2023) 2. Educate patient that every 3 months they will need to get a blood test done (NDH, 2023)	1. Educate patient they might not notice any changes until 1 to 4 weeks (NDH, 2023) 2. Educate patient to not stop the medication suddenly (NDH, 2023)	1. Educate patient to avoid alcohol consumption (NDH, 2023) 2. Educate patient to take tablet or capsule whole (NDH, 2023)

Hospital Medications (5 required)

Brand/ Generic	Alum-mag hydroxide-simeth (Alternagel)	Acetaminophen (paracetamol)	Benzonatate (Tessalon Perles)	Prednisone	Hydrocodone Acetaminophen (Norco)
Dose	30mL	500 mg	100 mg	40 mg	5-325 mg
Frequency	Every 6 hours PRN	Every 4 hours PRN	3 times daily PRN	Daily	Every 4 hours PRN
Route	PO	PO	PO	PO	PO
Classification	Pharmacologic: Aluminum salt (NDH, 2023) Therapeutic class: Antacid, phosphate binder (NDH, 2023)	Pharmacologic: Nonsalicylate derivative (NDH, 2023) Therapeutic class: Antipyretic, nonopioid analgesic (NDH, 2023)	Antitussives (Thornton, 2023)	Pharmacologic: Glucocorticoid (NDH, 2023) Therapeutic class: Immunosuppressant (NDH, 2023)	Narcotic analgesic (Puckey, 2023)
Mechanism of Action	This medication binds to the	Binds to cyclooxygenase, which	The medication reduces vagal	The medication inhibits to	This medication suppresses

	phosphate ions in the intestines to lower the blood phosphate level (NDH, 2023).	blocks prostaglandin and interferes with pain generation (NDH, 2023).	stretch receptors in the respiratory tract (“Benzonatate ,” 2024).	glucocorticoid receptors and stops inflammation (NDH, 2023).	the CNS. It is a pain and cough reliever (Puckey, 2023).
Reason Client Taking	GI upset	For pain rated 1-3 or higher, request, or temperature greater than 100.4F	Cough	Pericarditis	Moderate pain (rated 4-6)
Contraindications (2)	1. Hypersensitivity (Multum, 2023) 2. Kidney disease	1. Hepatic issues (NDH, 2023) 2. Hypersensitivity (NDH, 2023)	1. Hypersensitivity (Thornton, 2023) 2. Allergy to topical	1. Hypersensitivity (NDH, 2023) 2. Fungal infection (NDH, 2023)	1. Pregnancy (Puckey, 2023) 2. Cirrhosis (Puckey,

	(Multum, 2023)		medications that are for numbing (Thornton, 2023)		2023)
Side Effects/Adverse Reactions (2)	1. Constipation (NDH, 2023) 2. Aluminum intoxication (NDH, 2023)	1. Hypotension (NDH, 2023) 2. Muscle spasms (NDH, 2023)	1. Confusion (Thornton, 2023) 2. Chills (Thornton, 2023)	1. Irregular menstrual cycle (NDH, 2023) 2. Prolonged wound healing (NDH, 2023)	1. Fatigue (Puckey, 2023 2. Constipation (Puckey, 2023)
Nursing Considerations (2)	1. Be cautious about neutralizing acid (NDH, 2023) 2.	1. Be cautious in patients who have liver problems (NDH, 2023) 2.	1. Monitor the patient for any tingling or numbness in the mouth or	1. Prolonged usage of this medication can cause hypothalamic	1. Measure the medication as prescribed (Puckey,

	Monitor electrolytes (NDH, 2023)	Monitor patient's renal function (NDH, 2023)	throat (Thornton, 2023) 2. Have the patient take the medication with water (Thornton, 2023)	pituitary adrenal suppression (NDH, 2023) 2. Monitor for adverse reactions (NDH, 2023)	2023) 2. Double check the prescribed medication (Puckey, 2023)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	The nurse should monitor the patient's sodium and phosphate (NDH, 2023).	Monitor the patient's liver labs, which include AST, ALT, creatinine, and bilirubin (NDH, 2023).	Monitor the patient for any allergic reaction such as difficulty breathing, swelling in the face, or hives (Thornton, 2023).	Monitor the patient for heart failure and hypertension. Also monitor the patient's I/O and daily weights (NDH, 2023).	Monitor the patient for an overdose (Puckey, 2023).
Client Teaching	1.	1.	1.	1.	1.

Needs (2)	Educate the patient to chew the tablet before swallowing (NDH, 2023) 2. Educate the patient to consume a high fiber diet to help with constipation (NDH, 2023)	Educate the patient on signs of bleeding (NDH, 2023) 2. Educate patient to take pills whole and do not crush (NDH, 2023)	Educate the patient to swallow the pill whole (Thornton, 2023) 2. Educate the patient to store the medication in a room temperature environment and away from light (Thornton, 2023)	Educate patient to not stop the medication suddenly (NDH, 2023) 2. Educate patient to take medication with food (NDH, 2023)	Educate the patient to not take medication with alcohol (Puckey, 2023) 2. Educate the patient to not stop the medication suddenly (Puckey, 2023)

Medications Reference (1) (APA):

Benzonatate. (2024, February 2). DrugBank Online. https://go.drugbank.com/drugs/DB00868

Herman, T.F., & Hashmi, M.F. (2023, August 17). *Cephalexin*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK549780/#:~:text=Cephalexin%20and%20other%20cephalosporins%20are,medications%20in%20the%20cephalosporin%20class.

Johnson, D.B., Merrell, B.J., & Bounds, C.G. (2024). Albuterol. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK482272/

Jones & Bartlett Learning. (2023). *Nurse's drug handbook*. Jones & Bartlett Learning.

Multum, C. (2023, August 3). *Aluminum hydroxide, magnesium hydroxide, and simethicone.* Drugs.com. https://www.drugs.com/mtm/aluminum-hydroxide-magnesium-hydroxide- and-simethicone.html#:~:text=You%20should%20not%20use%20this,on%20a%20low%2Dmagnesium%20diet.

Puckey, M. (2023, February 28). *Acetaminophen and Hydrocodone.* Drugs.com. https://www.drugs.com/acetaminophen_hydrocodone.html

Thornton, P. (2023, August 14). *Benzonatate*. Drugs.com. https://www.drugs.com/benzonatate.html

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented x4 to person, place, time, and situation. Patient was in distress because of pain and SOB. The patient's appearance overall was appropriate, and the patient was well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** .	The patient's skin color is normal for ethnicity. Upon palpation the patient's skin was warm and dry with no lesions, bruising, or rashes. The patient had a scar on her left side of her chest from her pacemaker insertion in January. The patient has no cyanosis or clubbing in the nails. Skin turgor was normal. The patient's Braden score was 20. The patient is at a low

Braden Score: **Drains present: Y☐ N ☐** **Type:**	risk for falls. No drains were present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient's head and neck were symmetrical. The trachea was midline with no deviation. The patient's thyroid was not palpable. The patient's carotid pulses were 2+ bilaterally. The patient's sclera was white bilaterally with no drainage or lesions from the eyelids. PERRLA and EMOs were intact bilaterally. Patient's septum was midline. There was no drainage or lesions from the patient's ears. The patient's mouth was pink and moist with good oral indentation. The hard palate was intact, and the soft palate rises and falls symmetrically. Sinuses were nontender to palpation.
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 were present with no murmurs or gallops. The patient had a normal rhythm. The patient's peripheral pulses were 2+ bilaterally. Patient's PMI as palpable. Patient's capillary refill was 3 seconds and less in both the upper and lower extremities bilaterally. There was no edema or neck vein distention noted.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	The patient had a normal rhythm. The patient's breathing was non-labored and symmetrical. The patient lung sounds were diminished, clear, with no wheezing, crackles, or Ronchi upon auscultation. Patient had a frequent nonproductive cough.

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 ☐** **Type:**	The patient has a regular diet at home. The patient was NPO for her nuclear medicine stress test but got switched to a regular diet once she got back onto the unit from the test. Patient's current weight is 207lb and 10.8 oz. The patient's current height is 5'2". The bowel sounds were normoactive in all four quadrants upon auscultation. There was no pain in all four quadrants upon palpation. The patient's last bowel movement was on 2/18/2024. There were no scars, incisions, drains, or wounds noted. The patient's abdomen was soft and nontender and no organomegaly upon palpation. No drains, ostomy, nasogastric or feeding tubes noted.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	The patient did not urinate for me during clinical. But according to the patient's chart her urine has been yellow and clear with no foul order, no pain, no catheter. There was nothing charted for urine output.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)**	The patient had full range of motion. The patient's hand grips, and pedal pushes/pulls were a strength of 5 bilaterally. The patient had no supportive devices. The patient was independent and did not need any assistance in ADL. The patient's fall score was a 6. A score of 6 is moderate.

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:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient was alert and oriented x4. PERLA and MAEW intact. In both upper and lower extremities, the patient's strength was equal. The patient had a mental status of an adult, speech was clear, and the patient was fully alert.
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):**	The patient has a developmental level of an adult. No coping method was stated or charted. The patient does not associate with any religion. The patient's support system is her sister and adult children.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1108	59	110/69	18	97.6F	93
1616	69	117/80	20	98.1F	92

Vital Sign Trends:

The patient's vital signs were mostly steady. The vital signs were not too alerting or anything to really worry about. The patient's O2 levels were remaining in the lower 90s but could be due to the pericardial effusion.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1310	0-10	Chest	8	Constant	Patient refused pain medication until she could eat.
1616	0-10	Chest	8	Constant	Patient stated she ordered food, so she is going to wait until she eats.

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:**	The patient had an 18 G in the left forearm. The patient's IV was placed on 2/17/2024. The IV was patent, no erythema, swelling, drainage. The IV dressing was intact and dry. There were no fluids running at the time.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
0% The patient was NPO for a nuclear medicine stress test.	There was nothing charted for the patient's output.

Nursing Care

Summary of Care (2 points)

Overview of care:

The patient's day was overall relaxing. Throughout the clinical the patient was sleeping or on her phone in bed. The patient was NPO and got moved to a regular diet after her test. I completed a head-to-toe assessment on the patient and then she went down for her test. I completed the assessment and took her vital signs once she got back onto the floor.

Procedures/testing done:

The patient went down for a nuclear medicine stress test around 1330 and did not get back up to the floor until around 1600.

Complaints/Issues:

The patient complained of chest pain but did not want medication until she was able to eat, because the medication upsets her stomach if she takes it on an empty stomach.

Vital signs (stable/unstable):

The patient's vitals were stable throughout the day.

Tolerating diet, activity, etc.: The patient was NPO for the test but was put back on a regular diet once she got back up to the floor from the test. Once the patient got her food and ate she took her medication and was tolerating her food and medication well. Throughout the clinical the patient was sleeping or on her phone in bed.

Physician notifications:

There were no physician notifications throughout the day

Future plans for client:

The patient was set to discharge on that day, but not sure if that was going to happen since she got back from the nuclear medicine test later than expected.

Discharge Planning (2 points)

Discharge location:

The patient plans to discharge home with family and supervision.

Home health needs (if applicable):

There were no home health needs addressed. I do not believe the patient will need home health if she monitors her chest pain.

Equipment needs (if applicable):

There was no equipment needs addresses. I do not believe the patient will need any special equipment.

Follow up plan:

The patient has an appointment scheduled for 2/28 with Dr. Muthekepalli, an internal medicine doctor.

Education needs:

The patient can be educated on diet modifications and pericardial effusion and how to watch for symptoms and manage it.

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	**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.

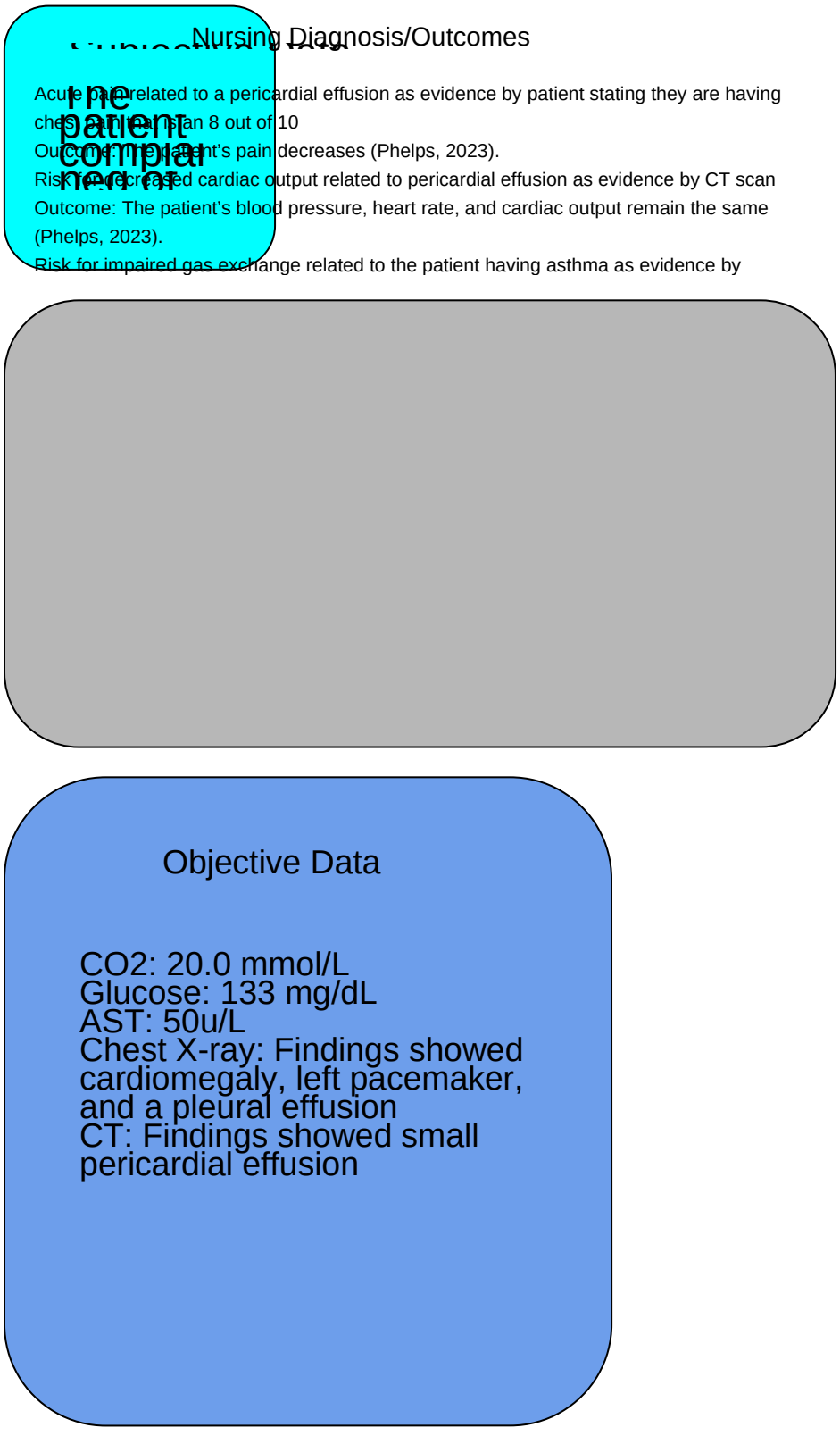
pertinent to this client				
1. Acute pain related to a pericardial effusion as evidence by patient stating they are having chest pain that is an 8 out of 10.	The patient came to the ED on 2/17 because of right sided chest pain.	**1.**Assess patients pain based on a scale 1-10 (Phelps, 2023). **2.** Administer pain medications to patient as prescribed (Phelps, 2023).	**1.** The patient's pain decreases (Phelps, 2023).	The patient's outcome goal was successful because the pain medications were helping her.
2. Risk for decreased cardiac output related to pericardial effusion as evidence by CT scan.	The patient had a CT scan performed on 2/18 that identified a pericardial effusion.	1. Monitor patient's chest pain (Phelps, 2023). 2. Monitor patient's respiratory status (Phelps, 2023).	**1.** The patient's blood pressure, heart rate, and cardiac output remain the same (Phelps, 2023).	The goal was successful because the patient's blood pressure, heart rate, and cardiac output all remained steady throughout the clinical.
3. Risk for impaired gas exchange related to the patient having	The patient has a history of asthma.	**1.** Monitor the patient's respiratory status every 4 hours	**1.** The patient's respiratory rate stays within limits (Phelps, 2023).	I provided the patient with an incentive spirometer to help the patient do her deep breathing exercises. The patient expected the teaching well.

asthma as evidence by diminished breath sounds.		(Phelps, 2023). **2.** Educate the patient about deep breathing exercises (Phelps, 2023).		
4. Impaired Physical Mobility related to restrictions on activity as evidence by pacemaker placement.	The patient had a pacemaker placed in January.	**1.** Perform ROM exercises that are within limitations (Phelps, 2023). **2.**Provide the patient with resources on the physical activity they can and cannot do (Phelps, 2023).	**1.** The patient's muscle strength and joint movement remains intact (Phelps, 2023).	The outcome was successful because the patient moves independently on their own in short distances and does not lift anything heavy.

Other References (APA):

Phelps, L. (2021). Nursing diagnosis reference manual (12th ed.). Wolters Kluwer

Concept Map (20 Points):



Client Information

34 years old
Female
Admission date: 2/17/2024
Occupation: Sheriff's Dept.
Code: Full
Allergies: Diazepam

Nursing Interventions

Assess patient's pain based on a scale 1-10 (Phelps, 2023).
Administer pain medication to patient as prescribed (Phelps, 2023).

Monitor patient's chest pain (Phelps, 2023).
Monitor patient's respiratory status (Phelps, 2023).

Monitor the patient's respiratory status every 4 hours (Phelps, 2023).
Educate the patient about deep breathing exercises (Phelps, 2023).