N321 Care Plan #1

Lakeview College of Nursing

Kayla Cox Schrubb

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
02/16/2024	MC	82	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Retired	Married	Blue dye, breo ellipta, capoten, captropril, cephalexin, contrast media, dabigatran, Demerol HCl, iodine, levofloxacin, meperidine, Olmesartan, medoxomil, Pradaxa, rivaroxaban, sulfa drugs, tamsulosin, valacyclovir, isosorbide, mononitrate, vancomycin, Xarelto, yellow food dye.
Code Status	**Height**	**Weight**	
Full Code	161 cm	70 kg.	

Medical History (5 Points)

Past Medical History: irregular heartbeat, pacemaker, heart failure, anemia, SOB, sinus infection, hiatal hernia, heartburn, IBS, chronic back pain, lung cancer

Past Surgical History: excision of cyst of breast 1967, bunionectomy 1984, cataract 2021, catheter ablation for cardiac arrhythmia 2021, CABG x 2- coronary artery bypass graft x2 2015, hysterectomy, breast lumpectomy, cardiac angiogram 2018, colonoscopy with biopsy 2020, arthroplasty shoulder reverse total 4/30/20220, EGD biopsy 12/29/2021, colonoscopy with biopsy 03/30/2022, EGD 03/30/2022.

Family History: patient is adopted, family history unknown.

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

Alcohol- past user, just for social uses, exercise- 3-4 times/week. Physical activity intensity: light. No substance abuse. No tobacco abuse.

Assistive Devices: Ax1, uses walker at night.

Living Situation: lives at home with spouse.

Education Level: retired.

Admission Assessment

Chief Complaint (2 points): Chest pain, SOB

History of Present Illness – OLD CARTS (10 points): Came into emergency department due to nausea after using Breo Ellipta inhaler at approximately 1300. Patient complained about chest pain and shortness of breath. Patient stating O2 at 82% on room air. Tried to sit down to catch breath but was not working. Patient stated, "she could not get the chest pain and shortness of breath to go away with anything she tried". Patient rated her pain a 8 out of 10 on the pain scale.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): chronic heart failure

Secondary Diagnosis (if applicable): hypoxia, visit for wound check.

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

Chronic heart failure (CHF)

"Heart failure is a clinical condition commonly resulting from a weakened ventricular muscle that is unable to sufficiently pump blood to meet the needs of the tissues" (Capriotti, pg 399 p 1, 2020). There are different types of heart failure. There is acute or chronic, systolic or diastolic dysfunction, HFrEF or HFpEF, high-output or low-output failure, right-sided or left sided heart failure, and forward or backward heart failure (Capriotti, 2020). My patient suffers from systolic heart failure.

Systolic heart failure is when the left ventricle of your heart has a difficulty pumping blood out of the chamber ((Capriotti, 2020). The left ventricle is supposed to pull forward and pump, but because of this failure, it causes inadequate ventricular emptying (Capriotti, 2020). In this case, tests show that there is less than 50% of the total left ventricular blood volume being pumped out of the heart (Capriotti, 2020). With the blood being left in the weakened ventricle, it causes the blood pressure to rise. Then, because of this blood being built up in the left ventricle, it starts to build up in the left atrium which causes hydrostatic pressure (Capriotti, 2020). Once the left atrium starts to build up, that hydrostatic pressure in that atrium then causes further back up in the pulmonary veins and even possibly in the pulmonary capillaries (Capriotti, 2020). Once is gets to the point where it is in the pulmonary capillaries, the patient will start experiencing pulmonary edema (Capriotti, 2020). Pulmonary edema is when there is an abnormal amount of extravascular fluid in the lungs of parenchyma (Malek & Soufi, 2023). When the blood builds up gets to this point, it can be life-threatening (RN Adult Med., 2021). Treatment will need to be done to slow down the rate, so it does not cause circulatory overload (RN Adult Med., 2021).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: introductory concepts and clinical perspectives*. F.A. Davis.

Holman, H. C., Williams, D., Johnson, J., Ball, B. S., Wheless, L., Leehy, P., & Lemon, T. (2019). *RN adult medical surgical nursing: review module*. Assessment Technologies Institute.

Malek, R., & Soufi, S. (2023, April 7). *Pulmonary edema*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK557611/

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	**3.80-5.41**	**3.33**	**3.56 (L)**	**Value goes along with Hgb, patient has chronic heart failure, so the circulation of blood flow throughout the body will be decreased.**
Hgb	**11.3-15.2**	**10.2**	**11 (L)**	**When the pt. came in, she was stating 82%, along with having hypertension**
Hct	**33.2-45.3**	**30.8**	**32.6 (L)**	**Patient is holding onto fluid; she is currently on a fluid restriction of 1500 mL along with being a strict I&O.**
Platelets	**149-393**	**154**	**145 (L)**	**This value could be suspected of this patient because of her chronic heart failure and being prescribed warfarin.**
WBC	**4.0-11.7**	**9.0**	**6.0**	
Neutrophils	**45.3-79.0**	**54.3**	**76.4**	
Lymphocytes	**11.8-45.9**	**35.7**	**14.3**	
Monocytes	**4.4-12.0**	**8.3**	**8.0**	
Eosinophils	**0.0-6.3**	**1.4**	**0.8**	
Bands	**3-5%**	**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	141	138	
K+	3.5-5.1	4.0	3.9	
Cl-	98-107	105	105	
CO2	21-31	23	26	
Glucose	74-109	101	115 (H)	Hyperglycemia can happen with patients that have a major illness. We also need to put in consideration to when the patient ate last. This value could have been taken soon after eating food or a snack which could cause a high glucose reading.
BUN	7-25	27 (H)	41 (H)	Her BUN levels could be reading high because after coming into the hospital and doing a UA, we found that the patient was currently experiencing a UTI.
Creatinine	0.60-1.20	1.10	0.99	
Albumin	3.5-5.2	3.9	N/A	
Calcium	8.6-10.3	10.3	10.6 (H)	This level is expected because of the patients' lung cancer. Lung and breast cancer can cause hypercalcemia.
Mag	1.6-2.6	N/A	N/A	
Phosphate	2.5-4.5	N/A	N/A	
Bilirubin	0.3-1.0	1.0	N/A	
Alk Phos	34-104	66	N/A	

AST	**13-39**	**15**	**N/A**	
ALT	**7-52**	**9**	**N/A**	
Amylase	**100-300**	**N/A**	**N/A**	
Lipase	**11-82**	**14**	**N/A**	
Lactic Acid	**0.3-2.6**	**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	**0.86-1.14**	**2.10 (H)**	**2.18 (H)**	**Patient has chronic heart failure; blood is not circulating through the body as needed which increases risk for clotting.**
PT	**11.9-15.0**	**23.3 (H)**	**25.1 (H)**	**Goes along with INR; patient is at higher risk for clotting because of her chronic heart failure. Patient is prescribed warfarin.**
PTT	**22.6-35.3**	**35.4 (H)**	**N/A**	**This represents the time for a clot, this is high for my patient because of not having adequate blood flow to her extremities because of her chronic heart failure.**
D-Dimer	**0-2.7**	**N/A**	**N/A**	
BNP	**<100**	**N/A**	**N/A**	
HDL	**>40**	**N/A**	**N/A**	
LDL	**<100**	**N/A**	**N/A**	
Cholesterol	**125-200**	**N/A**	**N/A**	
Triglycerides	**>1.7**	**N/A**	**N/A**	
Hgb A1c	**>5.7%**	**N/A**	**N/A**	

TSH	**0.5-5.0**	**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**	**Light yellow, clear**	**N/A**	
pH	**5.0-8.0**	**5.5**	**N/A**	
Specific Gravity	**1.005-1.034**	**1.020**	**N/A**	
Glucose	**Normal**	**Normal**	**N/A**	
Protein	**Negative**	**Trace (A)**	**N/A**	**Could be a sign of renal failure. Could be because of her chronic heart failure, she also has a history of IBS.**
Ketones	**Negative**	**Negative**	**N/A**	
WBC	**>5**	**13 (H)**	**N/A**	**After being admitted, the patient was diagnosed with a UTI which could have been causing her back pain.**
RBC	**0-1**	**1**	**N/A**	
Leukoesterase	**Negative**	**3+ (A)**	**N/A**	**Another sign that shows the patient is currently experiencing a UTI.**

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**	**<10,000 cfu/mL**	**N/A**	
Blood Culture	**Negative**	**N/A**	**N/A**	
Sputum Culture	**Negative**	**N/A**	**N/A**	

Stool Culture	**Negative**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

Rischer, K. (2022). *Think like a nurse: Building the knowledge base for professional practice*. KeithRN LLC.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Urinary analysis, Stress test, Cardiac labs test, Cardiac enzymes, and lipid profile, echocardiography, angiography, EKG, and Chest x-ray.

Diagnostic Test Correlation (5 points):

The patient had a UA done which found that she had a current UTI, which could be one of the reasons that her chief of complaint was her back pain. Another diagnostic test that was ordered for the patient was a stress test before she could be discharged. The provider would order this because of her arrythmias due to heart failure. A stress test provides information regarding the workload of the heart. The patient did have a result for a cardiac enzyme and lipid profile. Because of the patients exacerbated heart failure, we need this test because of the cardiac enzymes that are released into the bloodstream when the heart muscle suffers ischemia. The patient also had an echo done that has a result of 20-25%. An echo helps us diagnosis the valve disorder and cardiomyopathy. This test evaluates the size, shape, and motion of the structure of the heart. An angiography would be ordered to confirm and determine location and extent of heart disease. A chest x-ray was also ordered. This was ordered because of the patients' edema. The chest x-ray will show us if the heart was enlarged or had any fluid buildup.

Diagnostic Test Reference (1) (APA):

Holman, H. C., Williams, D., Johnson, J., Ball, B. S., Wheless, L., Leehy, P., & Lemon, T. (2019). *RN Adult Medical Surgical Nursing: Review module*. Assessment Technologies Institute.

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

Home Medications (5 required)

Brand/ Generic	**budesonide/ Pulmicort (Flexhaler)**	**aLPRAZolam/ (Alprazolam Intensol)**	**albuterol/ (ProAir Digihaler)**	**ondansetron/ (Zofran)**	**warfarin/ (Coumadin)**
Dose	**2 puffs**	**0.5 mg**	**2 puff**	**4 mg**	**2.5 mg**
Frequency	**BID**	**QID**	**Q4H, PRN**	**Q8Hr, PRN**	**daily**
Route	**Inhaled**	**Oral**	**Inhaled**	**Oral**	**Oral**
Classification	**Pharmacologic class: Corticosteriod Therapeutic class: antiasthmatic, anti-inflammatory (Jones & Barlett, 2023)**	**Pharmacologic class: Benzodiazepine Therapeutic class: anxiolytic, antipanic (Jones & Barlett, 2023).**	**Pharmacologic class: Adrenergic Therapeutic class: Bronchodilator**	**Pharmacologic class: Selective serotonin receptor antagonist Therapeutic class: Antiemetic**	**Pharamacologic class: Coumarin derivative Therapeutic class: anticoagulant**
Mechanism of Action	**Inhibits inflammatory cells and mediators, helps decrease inflammation in nasal and airway. (Jones & Barlett, 2023)**	**"May increase effects of gamma-aminobutyric acid (GABA) and other inhibitory neurothansmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of the CNS" (Jones**	**"Attaches to beta2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert ATP to cAMP" (Jones & Barlett pg 34 p 8, 2023).**	**"To prevent nausea and vomiting associated with highly emetogenic cancer chemotherapy" (Jones & Barlett pg 1013 p 15, 2023)**	**"Interferes with the livers ability to synthesize vitamin K-dependent clotting factors, depleting clotting factors (Jones & Barlett pg 1415 p 17, 2023).**

		& Barlett pg 49 p 8, 2023)	**To prevent exercise-induced bronchospasm.**		
Reason Client Taking	**The patient is experiencing a sinus infection.**	**Patient has a history of feeling anxious because of her past medical history.**	**Patient is diagnosed with chronic heart failure that makes her feel SOB.**	**Patient has a history of lung cancer.**	**Patient has history of chronic heart failure.**
Contraindications (2)	**1.Hypersensitivity to drug or its components. 2.Recent septal ulcers or nasal surgery or trauma (Jones & Barlett, 2023)**	**1.Acute angle-closure glaucoma 2.Hypersensivity to alprazolam (Jones & Barlett, 2023)**	**1. Hypersensitive to albuterol. 2. Be sure to check if patient is not allergic to sulfa.**	**1. Hypersensitivity to medication. 2. Need to be aware if patient is also taking apomorphine because it can contradict with its action. (Jones & Barlett, 2023)**	**1. At risk for having hemorrhagic tendencies. 2. Malignant hypertension (Jones & Barlett, 2023).**
Side Effects/Adverse Reactions (2)	**1. Hypertension, 2. peripheral edema (Jones & Barlett, 2023)**	**1. Abnormal involuntary movements. 2. Agitation (Jones & Barlett, 2023)**	**1. Anxiety 2. dizziness (Jones & Barlett, 2023)**	**1. Agitation 2. hypotension (Jones & Barlett, 2023)**	**1. Angina 2. hypotension (Jones & Barlett, 2023)**
Nursing Considerations (2)	**1.Need to determine if the patient has a milk allergy. The Drug contains small amounts of**	**1. The drug can be addictive, make sure to monitor patient. 2. Monitor for signs of depression.**	**1. If the patient has a cardiac disorder, diabetes, hypertension, hyperthyroidism, or**	**1. Need to check the patients' magnesium and potassium levels, if they are low then they**	**Monitor INR daily. 2. If patient was at childbearing age, we would want a negative pregnancy**

	lactose. 2.Need to be cautious if the patient has "ocular herpes simplex, tubercular infection, or untreated fungal, bacterial, or systemic viral infection (Jones & Barlett, 2023).	**(Jones & Barlett, 2023)**	**history of seizures, it can worsen these conditions. (Jones & Barlett, 2023) 2. Monitor potassium levels because this medication can cause hypokalemia (Jones & Barlett, 2023)**	**need to be corrected before administering medication. 2. Make sure the patient swallows' medication whole. (Jones & Barlett, 2023)**	**test because pregnant women cannot take this drug (Jones & Barlett, 2023).**

Hospital Medications (5 required)

Brand/ Generic	**metroprolol/ (Lopresor)**	**levalbuterol / (Xopenex)**	**montelukast/ (Singulair)**	**rosuvastatin/ (Crestor)**	**traMADol/ (ConZip)**
Dose	**50 mg**	**90 mcg= 2 puffs**	**10 mg**	**20 mg**	**50 mg**
Frequency	**1 tab daily**	**Q4H, PRN for SOB**	**daily**	**daily**	**Q12H, PRN pain**
Route	**PO**	**inhaled**	**PO**	**PO**	**PO**
Classification	**Pharmacologic class: Beta 1-**	**Pharmacologic class: Beta 2**	**Pharmacologic class: Leukotriene**	**Pharmacological class: HMG-CoA**	**Pharmacologic class: Opioid**

	adrenergic blocker Therapeutic class: Antianginal, antihypertensive	**agonist Therapeutic class: Bronchodilator**	**receptor antagonist Therapeutic class: Antiallergen, antiasthmatic**	**reductase inhibitor Therapeutic class: Antilipemic**	**agonist Therapeutic class: Opioid analgesic**
Mechanism of Action	**"Inhibits stimulation of beta1-receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand" (Jones & Barlett pg 879 p 15, 2023)**	**"Attaches to beta2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenyl cyclase to convert ATP to cAMP" (Jones & Barlett pg 767 p 18, 2023)**	**"Antagonizes receptors for cysteinyl leukotrienes, produced by arachidonic acid metabolism and released from eosinophils, mast cells, and others (Jones & Barlett pg 916 p 17, 2023) To prevent or treat asthma**	**"Reduces lipid levels by increasing the number of hepatic LDL receptors on the cell surface to increase uptake and catabolism of LDL (Jones & Barlett pg 1205 p 10, 2023).**	**"Binds with mu receptors and inhibits the reuptake of norepinephrine and serotonin" (Jones & Barlett pg 1358 p 4, 2023)**
Reason Client Taking	**Patient has a history of hypertension because of her chronic heart failure.**	**Patient is diagnosed with chronic heart failure so experiences SOB.**	**Patient has a history of SOB along with chest pain due to her chronic heart failure.**	**Patient is diagnosed with chronic heart failure; this helps reduce the risk for a MI.**	**Patient chief of complaint was her chronic back pain.**
Contraindications (2)	**1.Cardiogenic shock, heart block greater than the first degree. 2. Heart rate less than 45**	**1. Can reduce cardiovascular effect. 2. Being allergic to this medication.**	**1. Hypersensitivity of the drug. 2. Patient should not take if also taking a**	**1. Acute liver disease. 2. Unexplained reoccurring elevated serum levels of**	**1. Acute or severe bronchial asthma. 2. Hypersensitive to this medication,**

	beats/min (Jones & Barlett, 2023).		**Lopid (Jones & Barlett, 2023).**	**transaminase (Jones & Barlett, 2023).**	**for example GI obstruction (Jones & Barlett, 2023).**
Side Effects/Adverse Reactions (2)	**1.Confusion 2. arrythmias (Jones & Barlett, 2023)**	**1. Anxiety 2. Dry mouth and throat (Jones & Barlett, 2023).**	**1. Seizures 2. Suicidal ideations (Jones & Barlett, 2023).**	**1. Hepatic failure 2. acute renal failure (Jones & Barlett, 2023).**	**1. seizures 2. prolonged QT intervals (Jones & Barlett, 2023)**
Nursing Considerations (2)	**1.Be aware that the patient taking this for hypertension, but also have congestive heart failure because it could make the condition worse. 2. Assess ECG of patient. (Jones & Barlett, 2023)**	**1. Need to monitor for dyspnea and increased coughing. 2. Educate the patient on how to use inhaler correctly to receive the full dose (Jones & Barlett, 2023).**	**1. Monitor patient for adverse reactions. 2. Educate patient to report to physician for any suicidal ideations (Jones & Barlett, 2023).**	**1. With my patient being older, we will want to be cautious administering this drug to prevent renal failure. 2. Monitor serum lipoprotein level to help evaluate response to therapy (Jones & Barlett, 2023).**	**1. Educate patient that abuse of this drug could cause addiction. 2. Monitor patient for respiratory depression (Jones & Barlett, 2023).**

Medications Reference (1) (APA):

Jones & Bartlett. (2023). *2023 Nurse's Drug Handbook* (23rd ed.). Jones & Bartlett Learning, LLC.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert and oriented to person, place, time, and year.** **Patient does not seem to be in distress currently.** **Overall patient looks comfortable.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Skin color: appropriate for pt. ethnicity.** **Character: dry, intact** **Temperature: skin temperature appropriate for normal range.** **Turgor: normal, recoils immediately.** **Rashes: none** **Bruises: on right shin from bumping into object.** **Wounds: none** **Braden scale score: 21**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Eyes: PERRLA, conjunctiva/cornea clear bilaterally, EOM's intact bilaterally.** **Head/neck: Normocephalic, no obvious abnormities, hair distributed symmetrically, trachea midline, no enlarged thyroid.** Ears: No discharge or inflammation bilaterally. **Nose: Nares normal. Septum midline, no drainage.** **Teeth: Intact, no cracks or sores.**
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	**Regular rate and rhythm, S1 & S2 normal, no abnormal sounds heard. Peripheral pulses +2 bilaterally, capillary refill under 3 seconds.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Coarse breath sounds bilaterally.
GASTROINTESTINAL: **Diet at home:** **Current Diet**	At home diet: tries to monitor amount of salt consumed. **Hospital diet: low salt 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:**	**Ht: 161 cm** **Wt: 70 kg** **Bowel sounds: bowel sounds active in all 4 quadrants.** **Last BM: 02-17-2024** **Palpation: soft, no masses or tenderness** **Inspection: no distention, scars or abnormal masses bugling.**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Yellow** **Clear** **No odor**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Active ROM **Uses walker to mobilize** **Strength normal bilaterally.** **Able to do daily activities, knows she must limit herself because of SOB.** **Fall risk score: 25, low-fall risk.** **Mobility: needs assistance with walker, also on oxygen currently.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:**	**Appropriate for age.** **Alert and orientated to time, place, self.** **Speech: clear, no slurs** **Sensory: intact** **LOC: no barriers.**

Mental Status: **Speech:** **Sensory:** **LOC:**	
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):**	Patient has history of anxiety because of diagnosis but seems to be coping well currently. Development: appropriate for age. Religion: Christian, personal/family data: supportive husband, he is a helping hand, home environment: patient feels safe.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0341	**82**	**108/70**	**16**	**35.7**	**92%**
0749	**74**	**104/66**	**18**	**35.7**	**97%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0749	**8**	**Back**	**Severe**	**Sharp, stabbing pain.**	**Gave Tylenol**
0900	**4**	**Back**	**Mild**	**Still there, not as sharp.**	**Pt. explained she was comfortable.**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:**	22-gauge needle Right antecubital (AC). 02/16/2024

Patency of IV: **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	No phlebitis/infiltration present, catheter patient Saline-locked, dry, and intact.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
540. 360x2 mL water, 120 juice	**N/A, (none noted in chart)**

Nursing Care

Summary of Care (2 points)

Overview of care: Overall good care. Patient was in good spirits. Happy to go home after stress test later in the day. Patient is aware of her diagnosis and seems to have a grasp on what she needs to be aware of. Patient took all education well.

Procedures/testing done: Urinary analysis, Stress test, Cardiac labs test, Cardiac enzymes, and lipid profile, echocardiography, angiography, EKG, and Chest x-ray.

Complaints/Issues: Only complaint patient had was her back pain. Patient stated that she is feeling much better.

Vital signs (stable/unstable): Stable.

Tolerating diet, activity, etc.: Tolerating diet well, able to mobilize with her walker well. Ax1

Physician notifications: Happy with current patient status. Patient is planning to discharge today after results of her stress test.

Future plans for client: Have a follow up appointment for her Urinary symptoms 02/21/2024, Cardiology 02/26/2024.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): None

Equipment needs (if applicable): Walker.

Follow up plan: Urinary symptoms 02/21/2024, Cardiology 02/26/2024.

Education needs: educate the patient to contact provider with any chest pain or SOB, educate of perineal hygiene, educate patient on heart healthy diet for heart and UTI (low salt, low fat). Educate patient to not consume too many liquids.

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. Activity intolerance relating to chest pain on exertion as evidence by the patient coming into the ED complaining about chest pain and SOB (Phelps, 2023).	**Patient came into the ED complaining of chest pain and SOB with a O2 saturation of 82%.**	**1.Teach patient exercises for increasing strength and endurance to improve breathing and general health.** **2.Get patient out of bed and walk 1 lap around the unit 3x a day or as tolerated (Phelps, 2023)**	**1. Patient will be able to keep her blood pressure, pulse, and respiratory rate within normal range while doing activities (Phelps, 2023).**	**The husband responded positively to this goal and action plan. He understands that he will still have to help her as she is gaining her strength. The client thought this goal was good. She showed interest in rehab as well.**

2. Decreased cardiac output relating to alteration of heart rate as evidence by the patient experiencing arrythmias (Phelps, 2023).	**Patient has a history is irregular heartbeat and has a pacemaker.**	**1. Instruct patient that is she as any signs of chest pain or SOB to report it immediately.** **2.Monitor vital signs every 4 hours.**	**1. Patient will verbalize the understanding of these signs and symptoms to be aware of and to report them immediately (Phelps pg 83 p 1, 2023)**	**Both the patient and the husband were in the room when talking about these signs and symptoms they need to be aware of. They both were able to verbalize to me that they understood the teaching.**
3. Fatigue relating to anxiety as evidence by the patient being diagnosed with chronic heart failure (Phelps, 2023).	**Patient chart noted that she had anxiety while also being prescribed Alprazolam Intensol.**	**1.Monitor patients diet making sure she is staying away from drinks that contain caffeine.** **2. Go over the patients' daily schedule, make sure to discuss alternate activities with periods of rest (Phelps, 2023).**	**1. The patient is going to be able to adjust her daily schedule to make sure she is getting 8 to 10 hours of sleep at night (Phelps, 2023).**	**Patient understands the importance of rest. She knows that her feeling fatigued is because of her heart not being able to meet the needs for her body to increase her oxygen demand while doing certain daily activities (Phelps, 2023). The husband understands that he will need to make the house assessable for her to mobilize throughout the house with her walker.**

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual*. Wolters Kluwer.

Concept Map (20 Points)

Subjective Data

Patient complained of her back pain being sharp.
Also stated that when she goes to bathroom she feels out of breath.
Patient stated that she is feeling better than before arriving to the hospital.
Stated concerns about her family medical history because of being adopted and not knowing.
Says she has been coping with her being diagnosed with chronic heart failure but feels anxious at times.
At 0730, stated her pain being an 8 out of 10.
At 0900, stated pain was better and rated a 4 out of 10.

Nursing Diagnosis/Outcomes

Nursing diagnosis: Activity intolerance relating to chest pain on exertion as evidence by the patient coming into the ED complaining about chest pain and SOB.
Goal: patient will be able to walk a full lap around the unit with her walker while keeping O2 stat within normal range before D/C.

Nursing diagnosis: Decreased cardiac output relating to alteration of heart rate as evidence by the patient experiencing arrythmias.
Goal: patient will be able to verbalize the signs and symptoms when chest pain or SOB starts occurring before discharge.

Nursing diagnosis: Fatigue relating to anxiety as evidence by the patient being diagnosed with chronic heart failure.
Goal: patient will be able to keep pulse and heart rhythm in normal limits for chronic heart failure before discharging home.

Client Information

82-year-old female with a history of **irregular heartbeat, pacemaker, heart failure, anemia, SOB, sinus infection, hiatal hernia, heartburn, IBS, chronic back pain, and lung cancer. Came into ED for SOB and chest pain. Past surgical history excision of cyst of breast 1967, bunionectomy 1984, cataract 2021, catheter ablation for cardiac arrhythmia 2021, CABG x 2-coronary artery bypass graft x2 2015, hysterectomy, breast lumpectomy, cardiac angiogram 2018, colonoscopy with biopsy 2020, arthroplasty shoulder reverse total 4/30/20220, EGD biopsy 12/29/2021, colonoscopy with biopsy 03/30/2022, EGD 03/30/2022.**

Objective Data

Vital signs are currently stable: HR- 74, BP- 104/66, RR 18, Temp- 35.7C, O2- 97%. UA came back positive for a UTI. Echo came back with results of 20-25%. Patient has an intake of 540 while on a fluid restriction of <1500mL. Pt. INR, PT and PTT lab results came back high. Pt has course breath sounds bilaterally. No pitting edema present. Chest x-ray came back normal with no changes in heart than before.

Nursing Interventions

Nursing diagnosis: Activity intolerance relating to chest pain on exertion as evidence by the patient coming into the ED complaining about chest pain and SOB.
- Nursing intervention: teach patient exercise to increase their strength and endurance to help with breathing and general health.
- Nursing intervention: Get patient out of bed to walk 1 lap around the unit 3x a day or as tolerated.

Nursing diagnosis: decreased cardiac output, relating to alteration of heart rate as evidence by the patient experiencing arrythmias.
- Nursing intervention: monitor vital signs every 4 hours.
- Nursing intervention: Instruct the patient to report any signs/symptoms of chest pain and/or SOB immediately to the provider.

Nursing diagnosis: Fatigue relating to anxiety as evidence by the patient being diagnosed with chronic heart failure.
- Nursing intervention: monitor patients' diet and make sure she is staying away from drinks that contain caffeine.
- Nursing intervention: Go over patients' schedule, discuss alternate activities with rest periods.