N431 Care Plan # 1

Presley King

Lakeview College of Nursing

N431: Adult Health II

2/29/2024

Demographics (3 points)

Date of Admission 2-23-24	Client Initials DH	Age 73	Gender Male
Race/Ethnicity Caucasian	Occupation Retired mechanic	Marital Status Married	Allergies Sudafed, Lisinopril
Code Status Full	Height 175.3cm 5’ 9”	Weight 114kg 252 lbs	

Medical History (5 Points)

Past Medical History: Asthma, CAD, HTN, Hyperlipidemia

Past Surgical History: CABG, rotator cuff, bypass graft study, peripheral angioplasty

Family History: Father (cancer), Mother/Brother (heart failure), Mother (MI)

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

The patient does not use tobacco, drink, or use drugs.

Assistive Devices: No assistive devices are needed

Living Situation: Lives at home with his wife

Education Level: High School

Admission Assessment

Chief Complaint (2 points): Shortness of Breath

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

The patient came into the ER for shortness of breath that started on 2-20-24. It was in his chest. He felt like he could not breathe fully, and the episode would last a few hours. It was a dull ache that was in his lungs. He tried to lie and put his hands above his head. He said that did not help, and it worsened when he went to bed. He took no medication at home to try to alive the ache.

The treatment that they are using at the hospital is oxygen and medication. The severity was moderate.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Congestive Heart Failure

Secondary Diagnosis (if applicable): None

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

Congestive heart failure (CHF) is a gradual disease. Many things hinder the heart's ability to function at full power properly. In the early stages of CHF, the cardiac output will try to compensate and maintain the body's demands. The result of CF on the sympathetic nervous system is decreased adrenaline stores and beta-receptor responsiveness (Malik et al., 2022). The results are changes in myocyte renewal, myocardial hypercontractility, and myocardial hypertrophy (Malik et al., 2022). The increased sympathetic response activates the renin-angiotensin-aldosterone system (RAAS), systemic vasoconstriction, and sodium retention (Malik et al., 2022). The RAAS system will release angiotensin II, increasing myocardial cellular hypertrophy (Malik et al., 2022). The reduced cardiac output will excite the neuroendocrine system by issuing endothelin-1, vasopressin, norepinephrine, and epinephrine (Malik et al., 2022).

There are many signs and symptoms of CHF. Someone might present with cardiogenic shock or hypoperfusion (Malik et al., 2022). The most common symptom that someone will complain of is shortness of breath (Malik et al., 2022). Other common symptoms are chest pain, fatigue, weakness, wheezing, a cough that will not disappear, and rapid weight gain (Mayo Clinic Staff, 2023). Paroxysmal nocturnal dyspnea may also be a huge symptom for someone

who has CHF (Malik et al., 2022). Someone may experience abdominal pain due to ascites or hepatic congestion (Malik et al., 2022). Swelling, especially in the lower extremities, acute pulmonary edema, neck vein distention, rales, and cardiomegaly might indicate CHF (Malik et al., 2022). My patient's chief complaint when he came in was shortness of breath; he said it gets worse when he lays down to go to bed for the night. He had no swelling in his lower extremities, but he did have coarse crackles upon auscultation. He gained 5 pounds in two days.

Expected findings include high blood pressure, irregular heart rhythms, myocarditis, tachypnea, and tachycardia (Mayo Clinic Staff, 2023). My patient had a normal sinus rhythm, a high respiration rate, and hypertension. Lab tests to help identify CHF include a complete blood cell count, renal and liver tests, and serum electrolytes. A white blood cell count is associated with CHF (Mayo Clinic Staff, 2023). Increasing lactate concentrations could represent cardiac oxidative substrate (Malik et al., 2022). My patient had a CBC completed and increased levels of WBC, Hct, Hgb, and troponin.

The diagnostic testing to help diagnose someone with CHF may include chest X-ray, ejection fraction, stress tests, coronary angiogram, EKG, myocardial biopsy, or an echocardiogram. (Mayo Clinic Staff, 2023). My patient had a chest X-ray completed along with an EKG. My patient had a normal sinus rhythm. The X-ray showed cardiomegaly, mild vascular congestion, edema, and CABG changes.

Treatment of CHF will include medications such as beta-blockers, ACE inhibitors, diuretics, angiotensin blockers, digoxin, potassium-sparing diuretics, positive inotropes, and vericiguat (Mayo Clinic Staff, 2023). My patient was put on furosemide to help treat his fluid retention. He was prescribed carvedilol to help prevent angina and to help widen the blood vessels. Spironolactone to help encourage potassium and magnesium retention. Some lifestyles

that help prevent or decrease CHF are stopping smoking, eating a healthy cardiac diet, exercising, limiting salt, limiting alcohol, reducing stress, and getting recommended vaccinations (Mayo Clinic Staff, 2023).

Pathophysiology References (2) (APA):

Malik, A., Brito, D., Vaqar, S., & Chhabra, L. (2023, November 5). *Congestive heart failure.* National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK430873/

Mayo Clinic Staff. (2023, April 20). *Heart failure.* Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/heart-failure/diagnosis-treatment/drc-20373148

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	3.8-5.3 10(6)mcL	3.68	N/A	The decrease in RBCs could be related to anemia that is relation to heart failure. Anemia is a secondary diagnosis of heart failure (Martin, 2023).
Hgb	12.0-15.8 g/dL	11.5	N/A	The decrease of Hbg is in relation to his anemia that may be caused from his heart failure (Martin, 2023).
Hct	36.0-47.0%	34.9	N/A	The decrease in Hct is related to his anemia, which is being caused by his heart failure (Martin, 2023).
Platelets	140-440 10(3)mcL	190	N/A	N/A
WBC	4-12 10(3)mcL	7.45	N/A	N/A
Neutrophils	47-73%	5.26	N/A	N/A

Lymphocytes	18-42%	1.45	N/A	N/A
Monocytes	4-12%	0.55	N/A	N/A
Eosinophils	0.0-1.0%	0.13	N/A	N/A
Bands	0.0-10.0%	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	138	139	N/A
K+	3.5-5.1 mmol/L	3.6	4.0	N/A
Cl-	98-107 mmol/L	102	97	The decrease in chloride could be from his anemia or dehydration since the patient is NPO (Martin, 2023).
CO2	22-30 mmol/L	26	29	N/A
Glucose	70-99 mg/dL	106	117	N/A
BUN	10-20 mg/dL	15	26	N/A
Creatinine	0.6-1 mg/dL	1.13	1.34	N/A
Albumin	3.5-5 g/dL	3.4	N/A	N/A
Calcium	8.7-10.5 mg/dL	8.7	9.5	N/A
Mag	1.6-2.6 mg/dL	N/A	2.2	N/A
Phosphate	2.8-4.5 mg/dL	N/A		N/A
Bilirubin	0.3-1.0 mg/dL	0.9	N/A	N/A
Alk Phos	34-104 u/L	122	N/A	N/A
AST	8-33 u/L	17	N/A	N/A

ALT	4-36 u/L	16	N/A	N/A
Amylase	29-103 u/L	N/A	N/A	N/A
Lipase	8-78 u/L	N/A	N/A	N/A
Lactic Acid	0.7-2.0 mmol/L	1.0	N/A	N/A
Troponin	**0.5-2.0mmol/L**	21	21	The increase of troponin may indicate myocardial injury (Martin, 2023).
CK-MB	**0-4mg/L**	71	56	N/A
Total CK		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	08-1.1	N/A	N/A	N/A
PT	10.1-13.1 sec	N/A	N/A	N/A
PTT	25-36 sec	N/A	N/A	N/A
D-Dimer	0.0-0.5	N/A	N/A	N/A
BNP	>100pg/ml	N/A	N/A	N/A
HDL	>40mg/dL	N/A	N/A	N/A
LDL	<130 mg/dL	N/A	N/A	N/A
Cholesterol	<200 mg d/L	N/A	N/A	N/A
Triglycerides	<150 mg d/L	N/A	N/A	N/A
Hgb A1c	4.0-6.0%	N/A	N/A	N/A
TSH	0.300-5.000 ml U/L	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	4.5-8	N/A	N/A	N/A
Specific Gravity	1.005-1.025	N/A	N/A	N/A
Glucose	≤ 130 mg/d	N/A	N/A	N/A
Protein	≤ 150 mg/d	N/A	N/A	N/A
Ketones	None	N/A	N/A	N/A
WBC	≤ 2-5 WBCs/hpf	N/A	N/A	N/A
RBC	≤ 150 RBCs/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 Range	Value on Admission	Today's Value	Explanation of Findings
pH	**7.34-7.45**	N/A	N/A	N/A
PaO2	**35-45**	N/A	N/A	N/A
PaCO2	**40-50**	N/A	N/A	N/A
HCO3	**22-26**	N/A	N/A	N/A
SaO2	**>95%**	95	98	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 bacteria/mL	N/A	N/A	N/A
Blood Culture	10-20 mL	N/A	N/A	N/A
Sputum Culture	>25 leukocytes	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Martin, P. (2023). *Complete normal lab values reference guide cheat sheet*. Nurselabs. https://nurseslabs.com/normal-lab-values-nclex-nursing/#h-total-calcium-ca-ionized-calcium

Diagnostic Imaging

All Other Diagnostic Tests (5 points): X-Ray Chest AP OPONY & and EKG completed on 2-23-2024

Diagnostic Test Correlation (5 points): The doctor wrote, "Cardiomegaly, sternotomy/CABG changes, mild vascular congestion/edema. The pattern appears like the previous exam. NO effusion or pneumothorax." The EKG rhythm showed a normal sinus rhythm. A chest X-ray shows the airway, lungs, heart, and blood vessels. It also produces an image revealing lung fluid (Mayo Clinic Staff, 2022). My patient had this performed because he came in and was diagnosed with heart failure. The X-ray shows fluid in his lungs that is related to his heart failure. An EKG is performed to record the heart's electric current and to assess any issues. My client came in for shortness of breath and dyspnea. An EKG was completed to show if his heart was firing

correctly. Both pertain to this client because he needs a visual of the heart and any abnormalities that might be causing his shortness of breath. An EKG is pertinent because we must identify if the heart is malfunctioning.

**Diagnostic Test Reference (1) (APA): **

Mayo Clinic Staff (2022, March 5). Chest X-rays. Mayo Clinic.

https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

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

Home Medications (5 required)

Brand/Generic	amiodarone (Pacerone)	atorvastatin (Lipitor)	losartan (Cozaar)	nitroglycerin (Nitrostat)	albuterol (Ventolin HFA)
Dose	200mg	40mg	100mg	0.4mg	90mcg
Frequency	Daily	Nightly	Daily	PRN	PRN
Route	Oral	Oral	Oral	Sublingual	Inhaled
Classification	**Pharmacological:** Benzofuran derivative (Jones & Bartlett, 2023) **Therapeutic**: Class III antiarrhythmic (Jones & Bartlett, 2023)	**Pharmacological:** HMG-CoA reductase (Jones & Bartlett, 2023) **Therapeutic:** Antihyperlipidemic (Jones & Bartlett, 2023)	**Pharmacological:** Angiotensin II receptor (Jones & Bartlett, 2023) **Therapeutic**: Antihypertensive (Jones & Bartlett, 2023)	**Pharmacological:** Nitrate (Jones & Bartlett, 2023) **Therapeutic**: Vascodilator (Jones & Bartlett, 2023)	**Pharmacological:** Adrenergic (Jones & Bartlett, 2023) **Therapeutic**: Brochodilator (Jones & Bartlett, 2023)
Mechanism of Action	According to Jones and Bartlett (2023), “acts on cardiac	According to Jones and Bartlett (2023), “reduces	According to Jones and Bartlett (2023), “blocks	According to Jones and Bartlett (2023), “may interact with	According to Jones and Bartlett (2023), “attaches to

	cell membranes, prolonging repolarizations and refractory period" (p.61).	plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA" (p.116).	binding of angiotensin II receptor site in tissue" (p.813).	nitrate receptor in vascular smooth-muscle cell membrane" (p.975).	beta, recpetors on brochial cell membranes which stimulate adenylate cyclase to convert to ATP" (p.33).
Reason Client Taking	To help control arrhythmias (Jones & Bartlett, 2023)	To help control lipid levels (Jones & Bartlett, 2023)	To help manage hypertension	To prevent anginal attacks (Jones & Bartlett, 2023)	To prevent bronchospasm (Jones & Bartlett, 2023)
Contraindications (2)	Bradycardia that causes syncope Cardiogenic shock (Jones & Bartlett, 2023)	Active hepatic disease Hypersensitive to atorvastatin (Jones & Bartlett, 2023)	Concurrent aliskiren Hypersensitivity to losartan (Jones & Bartlett, 2023)	Acute MI Cerebral hemorrhage (Jones & Bartlett, 2023)	Hypersensitive to albuterol Hypersensitive to albuterol component (Jones & Bartlett, 2023)
Side Effects/Adverse Reactions (2)	Ataxia, Confusion (Jones & Bartlett, 2023)	Amnesia, fatigue (Jones & Bartlett, 2023)	Dizziness, headache (Jones & Bartlett, 2023)	Anxiety, Dizziness (Jones & Bartlett, 2023)	Downiness, hyperglycemia (Jones & Bartlett, 2023)
Nursing Considerations (2)	Monitor vital signs and oxygen levels (Jones & Bartlett, 2023) Monitor liver enzymes (Jones & Bartlett, 2023)	Expect liver function to be performed before giving (Jones & Bartlett, 2023) Monitor blood glucose levels (Jones & Bartlett, 2023)	Monitor blood pressure (Jones & Bartlett, 2023) Monitor for muscle pain (Jones & Bartlett, 2023)	Use nitroglycerin cautiously in patients taking several medications (Jones & Bartlett, 2023) Monitor frequent heart and	Use cautiously in patients with cardiac disorders (Jones & Bartlett, 2023) Monitor serum potassium level (Jones & Bartlett,

				breath sounds (Jones & Bartlett, 2023)	2023)
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor any adverse effect and look at EKG prior	Look at lipid panels	Blood pressure and vital signs	Vital signs and CBC	Check respiration rate and oxygen or ABGs
Client Teaching Needs (2)	Educated to report abdominal bleeding Educate patient not to drink grape juice	Take drug at the same time everyday Advise patient who have diabetes to monitor their glucose levels closely	Instruct patient to not consume potassium-containing salt Avoid exercising in hot weather	Come to hospital if pain continues Advise patient to change positions slowly	Wait at least 1 minute between inhalations Rinse mouth after with water

Hospital Medications (5 required)

Brand/Generic	carvedilol (Coreg)	Spironolactone (Aldactone)	Furosemide injection	clopidogrel (Plavix)	Citalopram (Celexa)
Dose	12.5mg	12.5mg	40mg	75mg	20mg
Frequency	BID	Daily	BID	Daily	Daily
Route	Oral	Oral	IV push	Oral	Oral

Classification	**Pharmacological:** Nonselective beta blocker (Jones & Bartlett, 2023) **Therapeutic:** Antihypertension (Jones & Bartlett, 2023)	**Pharmacological:** potassium-sparing diuretic (Jones & Bartlett, 2023) **Therapeutic:** Diuretic (Jones & Bartlett, 2023)	**Pharmacological:** Loop diuretic (Jones & Bartlett, 2023) **Therapeutic:** Antihypertensive (Jones & Bartlett, 2023)	**Pharmacological:** platelet inhibitor (Jones & Bartlett, 2023) **Therapeutic:** platelet aggregation (Jones & Bartlett, 2023)	**Pharmacological:** Selective serotonin (Jones & Bartlett, 2023) **Therapeutic:** Antidepressant (Jones & Bartlett, 2023)
Mechanism of Action	According to Jones and Bartlett (2023), "reduces cardiac output and decreases peripheral vascular resistance" (p.209).	According to Jones and Bartlett (2023), "competes with aldosterone for receptors preventing sodium and water reabsorption" (p.1261).	According to Jones and Bartlett (2023), "inhibits sodium and water reabsorption in the loop of Henle and increase urine formation" (p.604).	According to Jones and Bartlett (2023), "binds to ADP receptors om the surface of activated platelets" (p.307).	According to Jones and Bartlett (2023), "blocks serotonin reuptake by adrenergic nerves ehen activated by nerve impulse" (p.282).
Reason Client Taking	To control hypertension	Help reduce ejection fraction	To help reduce edema	To reduce the rate of CVA and MI	To help depression
Contraindications (2)	Bronchial asthma (Jones & Bartlett, 2023) Cardiogenic shock (Jones & Bartlett, 2023)	Addison's disease (Jones & Bartlett, 2023) Hyperkalemia (Jones & Bartlett, 2023)	Anuria (Jones & Bartlett, 2023) Hypersensitive to furosemide (Jones & Bartlett, 2023)	Active bleeding (Jones & Bartlett, 2023) Peptic ulcer (Jones & Bartlett, 2023)	Pimozide therapy (Jones & Bartlett, 2023) Hypersensitive to citapram (Jones & Bartlett, 2023)
Side Effects/Adverse Reactions (2)	Dizziness, blurred vision (Jones &	Confusion, fever (Jones & Bartlett,	Headache, dry mouth (Jones & Bartlett,	Chest pain, loss of taste (Jones & Bartlett,	Anxiety, chest pain (Jones & Bartlett,

	Bartlett, 2023)	2023)	2023)	2023)	2023)
Nursing Considerations (2)	Avoid stopping drug abruptly in patient with hyperthyroidism (Jones & Bartlett, 2023) Monitor blood glucose level (Jones & Bartlett, 2023)	Evaluate serum potassium level 1 (Jones & Bartlett, 2023) Monitor patients with hepatic impairment (Jones & Bartlett, 2023)	Use cautiously in patient with advanced hepatic cirrhosis (Jones & Bartlett, 2023) Monitor for hyperkalemia (Jones & Bartlett, 2023)	Prolongs bleeding time (Jones & Bartlett, 2023) Concurrent aspirin therapy (Jones & Bartlett, 2023)	Monitor for possible serotonin syndrome (Jones & Bartlett, 2023) Use cautiously in cardiac patients (Jones & Bartlett, 2023)
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Blood pressure prior to administration	Take blood pressure to get a baseline	Check potassium levels and swelling prior	Check CBC	Assess the mood
Client Teaching Needs (2)	If tablet form, take with food (Jones & Bartlett, 2023) Seek emergency care if swelling or hives appear (Jones & Bartlett, 2023)	Show them how to take their blood pressure (Jones & Bartlett, 2023) If they are unable to swallow pill, then suspension to available (Jones & Bartlett, 2023)	Take several before bedtime (Jones & Bartlett, 2023) Change positions slowly (Jones & Bartlett, 2023)	Not to use NSAIDs Notify provide if extreme skin paleness, fever, or purple skin (Jones & Bartlett, 2023)	Effects may up to 4 weeks May cause symptoms of sexual dysfunction (Jones & Bartlett, 2023)

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023). *Nurse's drug handbook* (22nd ed., pp 823-824). Jones & Bartlett Learning

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient is alert and orientated x4. HE was well-groomed and in no acute distress at that time.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 19** **Drains present: Y☐ N ☒** **Type:**	The skin was pink, dry, and warm to the touch. He had no bruises, rashes, or ecchymosis. No cyanosis was noted. No wounds or drains are present. Braden score is 19. Skin turgor was normal.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The head and neck were symmetrical with the trachea midline with no deviation. No noted nodules with the thyroid nonpalpable. Sinuss are non tended upon palpation. Scerla was white and clear with no sign of drainage. EOMs and PERRLA intact bilaterally. The mouth is moist. Teeth are missing but has dentures. Soft palate rises and falls. No drainage or injury on his nose or ears.
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:**	The patient had a brady normal sinus rhythm. No gallops or murmurs were present when auscultated. Peripheral pulses were 2+ bilaterally. No vein distention. Cap refill was < 3 seconds. There was no edema present.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒**	No accessory muscle was used. He had course crackles but a normal rate and rhythm upon

Breath Sounds: Location, character	auscultation.
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:**	Diet at home was regular. He was put on a cardiac diet, but was NPO for 2-26-24. He was 5' 9" and 250 pounds. Bowel sounds present in all four quadrants. Last BM was on 2-25-2024. No pain or masses upon palpation. Abdomen was distended. No scars, drains, or wounds present.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine was dark yellow, but clear. He peed twice that day, but did not have a lot of output due to being NPO.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 8** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	He was AxO x4. No supportive devices. ROM was intact bilaterally. Strength was equal. Pedals pulls and pushes were of normal strength. He was independent getting up and walking around.
NEUROLOGICAL:	His mental state was that of an adult. His speech

MAEW: Y ☒ N☐ **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	was clear. Homans sign was negative. He 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):**	When he is stressed out, he likes to watch TV with his dog. His development level is that of an adult. He is catholic. His support team is his wife and daughters.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0711	**88**	**170/77**	**20**	**36.5C**	**91**
1110	**67**	**154/70**	**18**	**36.7C**	**92**

Vital Sign Trends: Vitals are within normal limits besides his blood pressure. He is hypertensive but has medication to help it decrease.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	**0**	**0**	**0**	**0**	**0**
1134	**0**	**0**	**0**	**0**	**0**

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:**	20G Right Antecubital IV access was patent 2-26-24 Dry, clean, and intact. No signs of drainage or erythema. Patient was not receiving anything but pushing medications through the IV.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
40mls (sips of water, was NPO)	600ml (urine)

Nursing Care

Summary of Care (2 points)

Overview of care: I completed a head-to-toe assessment. I administered his medication with the nurse observing. I emptied his urinal and answered his call light if he pressed it. He had his daughter and wife visit for the majority of the day.

Procedures/testing done: X-Ray of his chest, EKG

Complaints/Issues: The patient had no complaints or issues during my clinical.

Vital signs (stable/unstable): They were steady, but he was hypertensive

Tolerating diet, activity, etc.: He was tolerating his diet of NPO, and his activity was normal

Physician notifications: He had pulmonary coarse crackles

Future plans for client: The patient would be discharged back home with his wife**.**

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): Education on a healthier diet

Equipment needs (if applicable): N/A

Follow up plan: To continue to monitor his heart failure

Education needs: Modifiable risk factors such as exercising, eating healthy, and following his medication regimen

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
1. Risk for impaired gas change related to his congestive heart failure as evidence as the patient having fluid in his lungs and his low oxygen levels.	This was chosen because ethe patients oxygen keeps dropping even with oxygen	1. Monitor and administered oxygen therapy (Phelps, 2021) 2. Place patient in high fowlers to help enhance gas exchange (Phelps, 2021)	Patient does not experience dyspnea and patient has normal breath sounds	Patient and family responded well to the interventions and made sure if the patient was having shortness of breath or pain press his call light. His oxygen levels increased.
2. Risk for cardiac output related to the patient being diagnosed with CHF as evidenced by his bradycardi	The nursing diagnosis was chosen because the patient had been brady and his blood pressure has been high.	1. Measure the patient's input and output (Phelps, 2021) 2.Weight patient daily (Phelps, 2021)	Patients pulse rate and blood pressure will stay within normal limits	The family responded well to the treatment as they are used to his heart condition. The patient responded well and was curious as if he would lose any weight every morning because he had a 5-pound

a and alteration of blood pressure				weight gain from fluid retention.
3. Risk of excessive fluid volume related to his heart failure as evidence by weight gain of 5 pounds in a few days and X-ray the showed fluid in his lungs.	The chose this nursing diagnosis because the patient had crackles upon auscultation and the X-ray showed fluid buildup in his lungs.	1. Monitor temperature, pulse rate, heart sounds, and breathe sounds (Phelps, 2021) 2. Monitor intake and output (Phelps, 2021)	Patient has decrease in weight and decrease crackles in the lungs	Patient was scared when he heard of the fluid in his lungs, but him and family responded well after they were educated about the easy intervention that could help decrease the volume. Modification were to be put on a cardiac diet.
4. Risk for decreased activity tolerance related to sedentary lifestyle as evidence as the patient says, "I do not exercise because I feel like my heart cannot take it."	I chose this nursing diagnosis because it is important for the patient to live a healthier lifestyle, so he does not continue to decline in health.	**1.** Assess the patients' medications to identify medications that may cause posture, gait, or ambulatory issues (Phelps, 2021) **2.**Education the patient the importance of improving activity level (Phelps, 2021)	Patient continues ambulating when he feels like it and perform self-care activities to help prepare for discharge	The patient's family was supportive about the patient thinking about doing more physically throughout the day. The patient said he would try to walk at home, but h would stop if he felt short of breath.

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

- Patient stated that he had shortness of breath and chest pain that would last a few hours
- It started 2-20-24
- Felt like a dull ache
- Got worse at night
- Rated pain a 0

Nursing Diagnosis/Outcomes

1. Risk for cardiac output related to the patient being diagnosed with CHF as evidenced by his bradycardia and alteration of blood pressure

Outcome: Patient pulse rate and blood pressure will stay within normal limits

2. Risk for decreased activity tolerance related to sedentary lifestyle as evidence as the patient says, “I do not exercise because I feel like my heart cannot take it.”

Outcome: Patient continues ambulating when he feels like it and perform self-care activities to help prepare for discharge

3. Risk for impaired gas change related to his congestive heart failure as evidence as the patient having fluid in his lungs and his low oxygen levels.

Outcome: Patient does not experience dyspnea and patient has normal breath sounds

4. Risk of excessive fluid volume related to his heart failure as evidence by weight gain of 5 pounds in a few days and fluid in his lungs

Outcome: Patient has decrease in weight and decrease crackles in the lungs

Objective Data

- Chest X-ray that should fluid in lungs and Cardiomegaly
- High blood pressure of 170/77 and 154/70
- EKG showed normal sinus
- Urine output of 600ml
- High troponin, RBC, Hgb, Hct, Chl levels

Client Information

Patient is a 73-year-old Caucasian male that came into the ER for shortness of breath and chest pain. His is a full code and is allergic to Sudafed and lisinopril. He is married with three children and is a retired mechanic. He is a full code.

Nursing Care Interventions

Applied oxygen, monitored vitals, put in high folwers, Record input and output, Make sure he adheres to his cardiac diet, weight patient daily, auscultate lungs every shift

Medication Intervention

Carvedilol-To control hypertension
Spironolactone- Help reduce ejection fraction
Furosemide injection - To help reduce edema
Clopidogrel- To reduce the rate of CVA and MI