# N431 Care Plan # 1

Lakeview College of Nursing

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## Demographics (3 points)

| **Date of Admission** 2/16/12 | **Client Initials** MRM | **Age** 60 | **Gender** Female |
|---|---|---|---|
| **Race/Ethnicity** White/Caucasian | **Occupation** No Employed | **Marital Status** Married | **Allergies** Latex - Itching Morphine - N/V Adhesive tape silicones-atopic dermatitis |
| **Code Status** Full Code | **Height** 5'7" | **Weight** 302 | |

## Medical History (5 Points)

**Past Medical History:** Bleeding stomach ulcer, CAD, Chronic systolic congestive heart failure, COPD, DM Type 2, Hyperlipidemia, Hypothyroidism, Left ventricular systolic dysfunction, Mass of skin of finger of right hand, MI X2, Obesity, CPAP, Osteoarthritis, Pacemaker, Paroxysmal atrial fibrillation, Severe mitral regurgitation, Sleep-related hypoventilation/hypoxemia in other disease.

**Past Surgical History:** Arm/hand soft tissue procedure Right: 7/22/16; biventricular acid: 2/5/18; cardiac catheterization; cardioversion: 02/15; EGD/Colonoscopy: 6/1/2018; finger surgery: 7/22/16; right heart Catheterization: 1/31/18; upper gastrointestinal endoscopy: 1/16/18, 7/16/18;

**Family History:** Mother: Lung cancer/ emphysema

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

A former smoker, who smoked half a pack a day for 20 years, would smoke cigarettes. Her quit date was 1/14/2018, and she has had 6 years of cessation. The patient states they don't drink.

**Assistive Devices:** Mobility impairment - needs a wheelchair

**Living Situation:** Lives at home with husband Timothy

**Education Level:** GED

## Admission Assessment

**Chief Complaint (2 points):** Abdominal pain and distension

**History of Present Illness – OLD CARTS (10 points):** A 60-year-old female presented to the ED with signs and symptoms of abdominal pain and distention with a productive cause that has lasted for the past 3 days. The patient states that having a productive cough that produces yellow/green sputum. Aggravating factors include laying flat, with relieving of sitting up and deep breathing. The pt has had a CT/X-ray of her abdomen and her chest which showed opacities through the lower lobes of the right lung. Treatment began with 500 mg azithromycin, 1 g ceftriaxone, and 80 mg furosemide for initial management, then treatment included IV lasix, and IV dobutamine to get fluid off the body and help with hypotension. The patient denies any chest pain, shortness of breath, fever, nausea, vomiting, diarrhea, constipation, or blood in the stool.

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):** Pneumonia

**Secondary Diagnosis (if applicable): N/A**

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

Pneumonia is an infection that inflames the alveoli in either one or both lungs. Possible fluid or pus can fill the alveoli, which can cause dyspnea or shortness of breath. Sattar and Sharma (2023) suggest that pneumonia can be caused by an extensive list of agents, including bacteria, viruses, fungi, and parasites. The respiratory system is not a sterile

environment and is exposed to environmental bacteria daily. With my patient specifically, it was community-acquired pneumonia, which is, “any pneumonia acquired outside of a hospital in a community setting." (Jain et al., 2023) The invasion of pathogens causes an inflammatory response in the clinical syndrome of pneumonia.

Signs and symptoms that correlate with my patient's symptoms include shortness of breath, dyspnea, and abdominal distention. Sattar and Sharma (2023) suggest that the patient can also have chest pain, confusion, cough with sputum production, and fever. Vital signs could also be out of normal limits, as there could be a temperature increase above 98.0 degrees, an elevated heart rate, increased respiration, and a low oxygen saturation rate. Since the alveoli are not able to exchange the $CO^2$ gas for $O^2$.

Diagnostic testing that is done to diagnose pneumonia includes a chest x-ray, computed tomography, arterial blood gases, and sputum culture to specifically see what pathogen is causing the pneumonia and what medication is correct for sensitivity. My patient had a positive culture and was being treated with multiple antibiotics. The chest x-ray and computed tomography show if there are any opacities or obstructions in the lungs. Arterial blood gases are done to see the respiratory or metabolic imbalance that is happening since the body is not being perfused fully. Lastly, they could obtain a pleural fluid culture to see if there is an infection in the pleural cavity, as suggested by Jain et al. (2023)

Treatment of the disease is done after assessing the sputum culture and seeing the sensitivity it has to certain penicillins if the patient is allergic. They could give tetracycline, which is another type of antibiotic; the patient was specifically on Gentamicin. Also, the patient could receive bronchodilators and mucolytics to help open the bronchioles and break up the

secretions. The patient had both albuterol and tiotropium and had a history of asthma that also helped with the pneumonia.

**Pathophysiology References (2) (APA):**

Jain, V., Vashisht, R., Yilmaz, G., & Bhardwaj, A. (2023, July 31). Pneumonia pathology. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK526116/

Sattar, S. B. A., & Sharma, S. (2023, August 14). *Bacterial pneumonia*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK513321/

## 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** | 3.5-5.8 M/uL | 3.73 | 3.34 | Possibly due to bleeding or malnutrition. (Bladh, 2023) |
| **Hgb** | 12-18 g/dL | 9.6 | 8.5 | This could be due to hypothyroidism, bleeding also decreases in O2 in the body. Fluid overload. (Bladh, 2023) |
| **Hct** | 35-45 % | 31.6 | 28.5 | This could be due to bleeding malnutrition, inflammation, and hypothyroidism. Fluid overload. (Bladh, 2023) |
| **Platelets** | 140-440 /mm3 | 209 | 268 | |
| **WBC** | 4,000-10,500 /mm3 | 7.47 | 10.01 | |
| **Neutrophils** | 38-75 % | 68.3 | 67.5 | |
| **Lymphocytes** | 10-50% | 12.7 | 11.7 | |
| **Monocytes** | 1-13% | 8.6 | 8.3 | |

| | | | | |
|---|---|---|---|---|
| **Eosinophils** | 0-6% | 5.2 | 5.5 | |
| **Bands** | 0-2% | 0.5 | 0.5 | |

**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 | 137 | |
| **K+** | 3.5-5.3 mmol/L | 4.0 | 4.6 | |
| **Cl-** | 98-109 mmol/L | 100 | 99 | |
| **CO2** | 22.0-29.0 mmol/L | 38.0 | 33.0 | Possible lung infection with fluid overload. (Bladh, 2023) |
| **Glucose** | 74-109 mg/dL | 153 | 126 | Diabetes type 2, possible infection response. (M. & Bladh, 2023) |
| **BUN** | 7-25 mg/ dl | 13 | 9 | |
| **Creatinine** | 0.7-1.3 mg/dL | 1.0 | 0.9 | |
| **Albumin** | 3.4-5.4 g/dL | 3.6 | 3.9 | |
| **Calcium** | 8.6-10.2 mg/dl | 9.0 | 9.6 | |
| **Mag** | 1.9-2.7 mg/dL | 2.1 | 2.6 | |
| **Phosphate** | 2.8-4.5 mg/dL | N/A | N/A | |
| **Bilirubin** | 0.3–1.0 mg/dL | 1.8 | 1.7 | Due to infection dehydration from being NPO, and stress. (M. & Bladh, 2023) |
| **Alk Phos** | 44-150 IU/L | 147 | 146 | |
| **AST** | 15-39 U/L | 26 | 18 | |
| **ALT** | 7-52 U/L | 13 | 13 | |
| **Amylase** | 25-115 U/L | 19 | 19 | Due to insulin resistance, or issue |

| | | | | |
|---|---|---|---|---|
| | | | | with the liver/kidney. (M. & Bladh, 2023) |
| **Lipase** | 0-160 U/L | 129 | 35 | |
| **Lactic Acid** | 0-2.0 mmol/L | 0.71 | 0.68 | |
| **Troponin** | <0.04 ng/mL | 0.01 | 0.46 | |
| **CK-MB** | 0-4.0 | 2.3 | 3.2 | |
| **Total CK** | 22-269 iU/L | 101 | 146 | |

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

| Lab Test | Normal Range | Value on Admission | Today's Value | Reason for Abnormal |
|---|---|---|---|---|
| **INR** | 0.8-1.1 | 0.9 | 1.0 | |
| **PT** | 9.8-12.3 | 27.2 | 22.4 | Pt liver is not working properly and glucose is high. (M. & Bladh, 2023) |
| **PTT** | 27-39 seconds | 32.2 | 57.6 | Possible liver disease. (M. & Bladh, 2023) |
| **D-Dimer** | 0-241ng/mL | 240 | 240 | |
| **BNP** | <100 pg/ml | N/A | 128 | Possible kidney/liver failure, lung isse. (M. & Bladh, 2023) |
| **HDL** | ≥59 mg/dL | N/A | N/A | |
| **LDL** | <150 mg/dL | N/A | N/A | |
| **Cholesterol** | <200 mg/dL | N/A | N/A | |
| **Triglycerides** | <150 mg/dL | 74 | 80 | |
| **Hgb A1c** | 4-6% | 9.0 | 7.3 | Pt is a Diabetic Type 2, and DM is not managed. (M. & Bladh, 2023) |
| **TSH** | 0.45-5.33 ulU/mL | 2.397 | 3.065 | |

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

| Lab Test | Normal Range | Value on Admission | Today's Value | Reason for Abnormal |
|---|---|---|---|---|
| **Color & Clarity** | Clear, Yellow straw | Clear | Clear | |
| **pH** | 5.0-8.0 | 7.0 | N/A | |
| **Specific Gravity** | 1.001-1.035 | 1.008 | N/A | |
| **Glucose** | Negative | Positive | N/A | |
| **Protein** | Negative | Negative | N/A | |
| **Ketones** | Negative | Negative | N/A | |
| **WBC** | 0-25/ uL | 47 | N/A | |
| **RBC** | 0-20/uL | 2 | N/A | |
| **Leukoesterase** | Negative | Trace | N/A | Possible infection in the urinary tract. (M. & Bladh, 2023) |

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

| Test | Normal Range | Value on Admission | Today's Value | Explanation of Findings |
|---|---|---|---|---|
| **pH** | 7.35-745 | N/A | N/A | |
| **PaO2** | 80-100 mmHg | N/A | N/A | |
| **PaCO2** | 35-45 mmHg | N/A | N/A | |
| **HCO3** | 22-26mEq/L | N/A | N/A | |
| **SaO2** | 95-100% | 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** | Negative | Negative | N/A | |
| **Blood Culture** | Negative | Negative | N/A | |
| **Sputum Culture** | Negative | Positive | N/A | Few squamous cells, epithelial cell/ possible infections. (M. & Bladh, 2023) |
| **Stool Culture** | Negative | N/A | N/A | |

**Lab Correlations Reference (1) (APA):**

M., V. L. A., & Bladh, M. L. (2023). *Davis's comprehensive manual of Laboratory and diagnostic tests with nursing implications*. F.A. Davis Company.

## Diagnostic Imaging

**All Other Diagnostic Tests (5 points):** CT Chest/Abdomen 2/16/24

**Diagnostic Test Correlation (5 points):** The patient was found with subcarinal mediastinal lymphadenopathy and 5 mm in short axis diameter without additional enlarged lymph nodes. Nodular and tree-in-bud pulmonary opacities are seen in small clusters in the right upper lobe. mild pulmonary emphysema and mosaic appearance of lungs due to respiratory motion.

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

Radiological Society of North America (RSNA) and American College of Radiology (ACR). (n.d.). *Pneumonia*. Radiologyinfo.org.

https://www.radiologyinfo.org/en/info/pneumonia#:~:text=CT%20of%20the%20lungs%3A%20A,a%20problem%20within%20the%20airway.

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

**Home Medications (5 required)**

| **Brand/Generic** | **Acetaminophen/ Tylenol** | **Albuterol/ proventil** | **Amlodipine /Norvasc** | **Melatonin** | **Levothyroxine** |
|---|---|---|---|---|---|
| **Dose** | 500 mg | 90 mcg | 5 mg | 3 mg | 50 mcg |
| **Frequency** | PRN | q.d. | q.d. | PRN | q.d. |
| **Route** | PO | Inhaler | PO | PO | PO |
| **Classification** | Analgesic/ antipyretics | Beta-adrenergic agents | Calcium channel blockers | Pineal hormone agents | Thyroid hormones |
| **Mechanism of Action** | By blocking prostaglandin synthesis from arachidonic acid by inhibiting enzymes. *2023 Nurse's Drug Handbook*. (2023). | Acts upon B2-adrenergic receptors, inhibiting smooth muscle relaxation. | Binds to dihydropyridine and nondihydropyridine. *2023 Nurse's Drug Handbook*. (2023). | secreted by the pineal gland and is bound throughout the body | replaces thyroxine levels that are lacking. *2023 Nurse's Drug Handbook*. (2023). |
| **Reason Client Taking** | To help with moderate pain/ decrease the temperature | To dilate patients bronchiles as possible constriction | Control Hypertension | To help patient sleep | to manage hypothyroidism |
| **Contraindications (2)** | Severe hepatic impairment/ liver disease | Possible heart or blood vessel disease, also | Pts with a history of renal impairment | Any bleeding disorders, if patient takes | Acute myocardial infarction, |

| | | | | | |
|---|---|---|---|---|---|
| | pancreatitis or bile issues | any hypertension | and liver issues | birth control, high blood pressure | hyperthyroidism, and acute myocarditis/pancarditis |
| **Side Effects/Adverse Reactions (2)** | headache, dark urine, and nausea | Chest pain, headache, dizziness, and drowsiness | Arrhythmias, chest pain, hypotension, and pancreatitis | headache, nausea, dizzy, and dry mouth | Diarrhea, chest pain, and decreased urine output |
| **Nursing Considerations (2)** | Routinely check AST and ALT, and also check BUN and creatinine for kidney funtion | Assess lung sounds and oxygen saturation as needed lungs to be clear. | Monitors pt with impaired hepatic function closely because it is metabolized with by the liver | Don't drive heavy machinery also watch for bleeding and seizures. *2023 Nurse's Drug Handbook*. (2023). | monitor for s/s of hyperthyroidism, monitor for anxiety and tachycardia |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | ALT, AST, BUN, AND creatinine | ABGs, HGB, and allergies | HR/BP assessment | LOC and blood sugar | TSH, T3, AND T4 |
| **Client Teaching Needs (2)** | instruct patient to not take more than 4,000 mg in 24 hours, don't take if in hepatic failure | Don't administer if BP is high, also don't take if blood sugar is high or low | Don't take if HR is below 50 | Caution drowsiness and heavy machinery, avoid activities till alert | report and changes in LOC and don't take on empty stomach |

**Hospital Medications (5 required)**

| **Brand/Generic** | **Fluticasone furoate-vilanterol/ Breo Ellipta** | **Potassium chloride extended release** | **Spironolactone** | **Tiotropium bromide/ Spiriva Respimat** | **Lasix/ furosemide** |
|---|---|---|---|---|---|
| **Dose** | 100-25 mcg | 80 mEq | 25 mg | 2 spray | 10 mg/ml |
| **Frequency** | q.d | QID | BID | q.d | q.d. |
| **Route** | Inhaler | Oral | oral | inhaler | IV |
| **Classification** | Beta-adrenergic and glucocorticoid combo | Potassium replacement | Potassium-sparing diuretics | Anticholinergics | Diuretic |
| **Mechanism of Action** | Inhibits inflammatory cells | Maintenance of intracellular fluid balance | Causes amounts of sodium and water to be excreted while retaining potassium | block the muscarinic receptors for acetylcholine. *2023 Nurse's Drug Handbook*. (2023). | inhibits electrolyte reabsorption through kidneys by enhancing the excretion of water from ones body. *2023 Nurse's Drug Handbook*. (2023). |
| **Reason Client Taking** | To decrease inflammation of lungs | To keep potassium levels within range | To keep potassium levels within range and get fluid off body | Dialate/ relax the smooth lining of the lungs | To get fluid off the body |
| **Contraindications (2)** | Primary treatment of | Pt with high potassium, | Patients with renal | pt allergic c to milk, pt | Don't take with |

| | | | | | |
|---|---|---|---|---|---|
| | athma, pts with COPD | renal fauilure | issues, addison's disease | with renal issue | hepatic disease or cirrhosis, electrolye imbalance |
| **Side Effects/Adverse Reactions (2)** | Nosebleeds, dizziness, fever | Diarrhea, muscle weakness, and indigestion | Irregular heartbeat and shortness of breath | pharyngitis, headache, and sinusitis | Irregular heartbeat and shortness of breath |
| **Nursing Considerations (2)** | Assess for swelling of neck and shortness of breath. *2023 Nurse's Drug Handbook*. (2023). | Monitor serum potassium and renal function, lastly pH | monitor blood pressure and renal function | monitor for paradoxical bronchspas m and possible dyspnea | monitor blood pressure and renal function |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | Renal function panel and CBC | Electrolytes: potassium, EKG | Potassium,e lectrolyte, and vital signs | Renal function, ECG, heart sounds | Electroyle and ital signs |
| **Client Teaching Needs (2)** | 1spray for each nostril 2 times a day, and don't forget to hold breath | Take with full glass of water, don't lie down for 10 minutes after administrati on of medication | Take on an empty stomach, don't take before going to sleep | Notify PCP if change in LOC or trouble breathing, take as prescribed | Take missed dose ASAP and caution use of alcohol. m**onitor blood pressure and renal function** |

**Medications Reference (1) (APA):**

*2023 Nurse's Drug Handbook*. (2023). . Jones & Bartlett Learning.

**Assessment**

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

| | |
|---|---|
| **GENERAL:**<br>**Alertness:** Alert<br>**Orientation:** Only to person and place<br>**Distress:** No apparent distress<br>**Overall appearance:** Well-groomed and pleasant | |
| **INTEGUMENTARY:**<br>**Skin color:** White, normal for race<br>**Character:** Dry, Intact<br>**Temperature:** Warm<br>**Turgor:** 2+<br>**Rashes:** None noted<br>**Bruises:** None noted<br>**Wounds:** Posterior coccyx, right anterior lower proximal arm skin tear, left transverse, lower back, posterior hip ulcer, left lumbar spine<br>**Braden Score:** 18<br>**Drains present: Y ☐ N ☒**<br>**Type:** | |
| **HEENT:**<br>**Head/Neck:** Head and neck are symmetrical<br>**Ears:** Auricle is pink, moist, and not lesions.<br>**Eyes:** The sclera was white, the cornea was clear, and the conjunctiva was pink, with no discharge noted. EOMs intact<br>**Nose:** Septum is midline with no drainage or bleeding noted<br>**Teeth:** Top and bottom dentures | . |
| **CARDIOVASCULAR:**<br>**Heart sounds:** S1 and S2 present with no murmurs, gallops, or rubs<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:** 1+ symmetric<br>**Capillary refill:** +1<br>**Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☒ N ☐**<br>**Location of Edema:** Lower extremities Bilateral +2 | . |

| | |
|---|---|
| **RESPIRATORY:**<br>**Accessory muscle use:** **Y☐** **N ☒**<br>**Breath Sounds: Location, character**<br>Posterior/anterior bilateral even breathing with no wheezes but diminished in lower lobes | . |
| **GASTROINTESTINAL:**<br>**Diet at home:** General<br>**Current Diet:** NPO<br>**Height:** 5'7"<br>**Weight:** 302 lb<br>**Auscultation Bowel sounds:** Present in all four quadrants<br>**Last BM:** 3/3/24<br>**Palpation: Pain, Mass, etc.:** No pain or mass noted<br>**Inspection:** No lesions or rashes noted<br>**Distension:** distention noted<br>**Incisions:** No incisions noted<br>**Scars:** No scars noted<br>**Drains:** No drains noted<br>**Wounds:** No wounds noted<br>**Ostomy:** **Y ☐** **N ☒**<br>**Nasogastric:** **Y ☐** **N ☒**<br>**Size:**<br>**Feeding tubes/PEG tube** **Y ☐** **N ☒**<br>**Type:** | . |
| **GENITOURINARY:**<br>**Color:** clear, Yellow<br>**Character:** Clear<br>**Quantity of urine:** 700ml<br>**Pain with urination:** **Y ☐** **N ☒**<br>**Dialysis:** **Y ☐** **N ☒**<br>**Inspection of genitals:** Not performed<br>**Catheter:** **Y ☐** **N ☒**<br>**Type:**<br>**Size:** | |
| **MUSCULOSKELETAL:**<br>**Neurovascular status:** A&OX4<br>**ROM:** Full ROM<br>**Supportive devices:** wheelchair<br>**Strength:** +2 on both sides on the upper and lower extremities. | . |

| | |
|---|---|
| **ADL Assistance:** Y☐ N ☒<br>**Fall Risk:** Y ☒ N☐<br>**Fall Score:** 16<br>**Activity/Mobility Status:** Pt is a two-man assist.<br>**Independent (up ad lib)** ☐<br>**Needs assistance with equipment** ☐<br>**Needs support to stand and walk** ☒ | |
| **NEUROLOGICAL:**<br>**MAEW:** Y ☒ N☐<br>**PERLA:** Y ☒ N☐<br>**Strength Equal:** Y ☒ N ☐<br>**if no - Legs** ☐ **Arms** ☐ **Both** ☐<br>**Orientation:** Oriented to person and place<br>**Mental Status:** Friendly, agreeable, and alert<br>**Speech:** Good<br>**Sensory:** No obvious deficits<br>**LOC:** Alert | . |
| **PSYCHOSOCIAL/CULTURAL:**<br>**Coping method(s):** Spending time with husband<br>**Developmental level:** Formal operational stage/No deficits observed<br>**Religion & what it means to pt.:** Not assessed<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** PT is married and currently lives with her husband. Her daughter has grown up and moved out. | . |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| 0720 | 70 | 118/58 | 20 | 97.9 | 96 |
| 1136 | 74 | 111/62 | 18 | 97.8 | 97 |

**Vital Sign Trends:** Patient vitals were stable through the day, as were respiratory rate and $O^2$ rate, which stayed constant even with movement.

**Pain Assessment, 2 sets (2 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| 0816 | 0-10 | none stated | none stated | none stated | N/A |
| 1136 | 0-10 | none stated | none stated | none stated | N/A |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV:** 20 G<br>**Location of IV:** 3 in RAC<br>**Date on IV:** 2/18, 2/20, 2/28<br>**Patency of IV:** Clear, dry, intact<br>**Signs of erythema, drainage, etc.:** None present<br>**IV dressing assessment:** Clean; Intact;Dry | Infusing to two of the 20 G, one is saline locked |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| **400 ml water**<br><br>**250 Lasix in 0.9 Solution** | **700 ml urine** |

**Nursing Care**

**Summary of Care (2 points)**

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**Overview of care:** Pt was awake from the beginning of the shift and had fluids running for Dobutrex and Lasix, as both were for heart failure one to help with low blood pressure the other to remove the fluid. The patient was also administered daily medications of her nebulizers, and folic acid, as well as potassium pill to make sure her labs are within normal. She was placed on NPO to prepare her for stent placement, which happened later that day.

**Procedures/testing done:** Cardiac catheter placement of the right side

**Complaints/Issues:** The patient verbalized no complaints

**Vital signs (stable/unstable):** Stable

**Tolerating diet, activity, etc.:** Pt is on heart healthy sodium restriction; activity do as much as is tolerable but not exert oneself

**Physician notifications:** Preparing patient for stent placement

**Future plans for client:** PT/OT

**Discharge Planning (2 points)**

**Discharge location:** Home

**Home health needs (if applicable):** Wheelchair and routine lab testing for Potassium

**Equipment needs (if applicable):** Wheelchair

**Follow up plan:** Follow up with physician and therapy for mobility and perform basic ADLs

**Education needs:** Education is needed for Myocardial infarction s/s as well as teaching on heart-healthy diet

**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** |
|---|---|---|---|---|
| ● Include full nursing diagnosis with | ● Explain why the | | | ● How did the client/family |

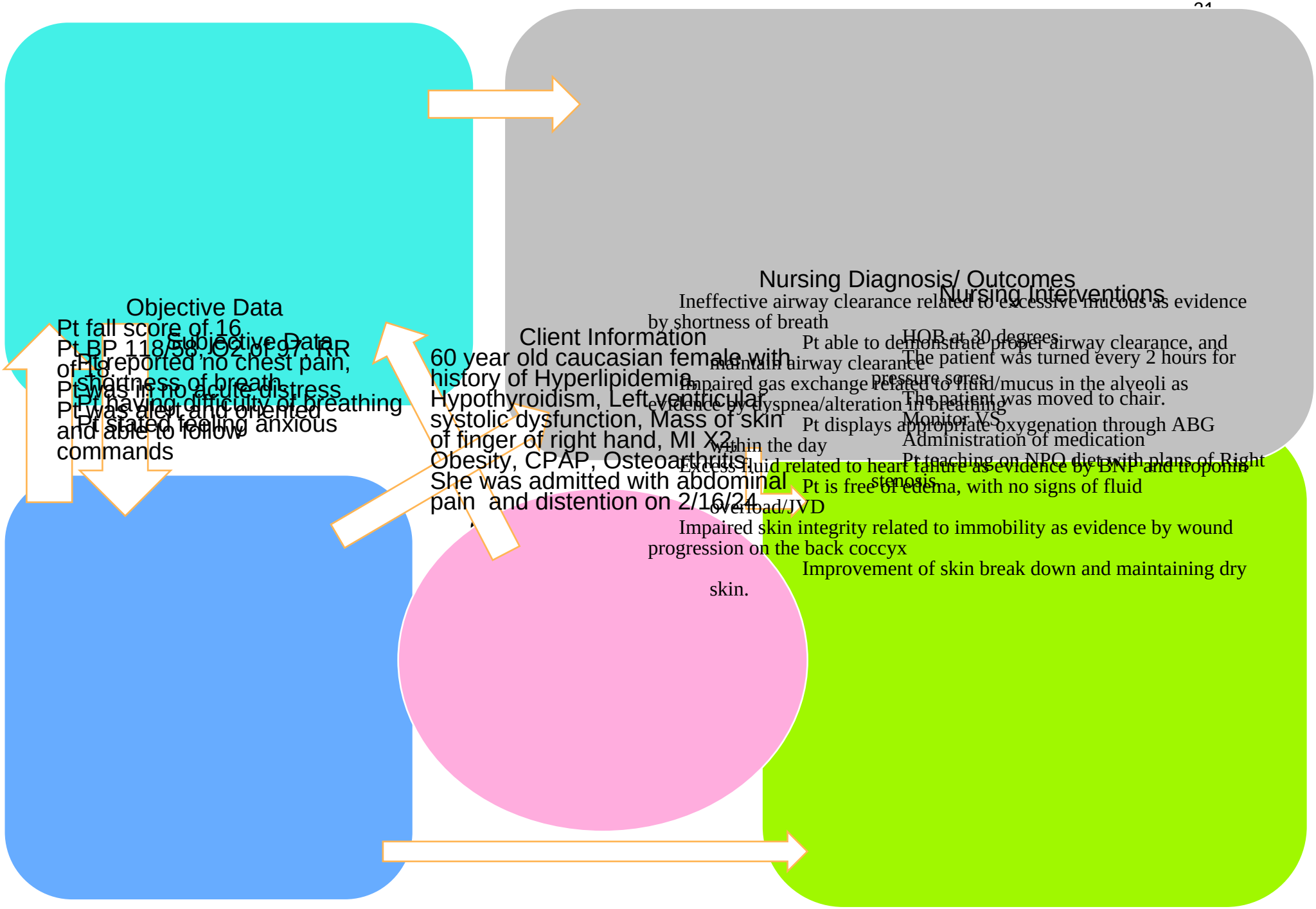
| | | | | |
|---|---|---|---|---|
| "related to" and "as evidenced by" components<br>● Listed in order by priority – highest priority to lowest priority pertinent to this client | nursing diagnosis was chosen | | | respond to the nurse's actions?<br>● Client response, status of goals and outcomes, modifications to plan. |
| ❖ Ineffective airway clearance related to excessive mucous, as evidenced by shortness of breath | ❖ The patient has a history of asthma, and seeing O2 stat when admitted was 90% | ❖ Administration of supplemental oxygen<br>❖ Administration of bronchodilators | ❖ patient able to demonstrate proper airway clearance, and maintain airway clearance | ❖ Pt able to tolerate ADLs without dyspnea episodes. |
| ❖ Impaired gas exchange related to fluid/mucus in the alveoli, as evidenced by dyspnea /alteration in breathing | ❖ The pts x-ray showed show opacities through the lower branches of alveoli | ❖ Encourage deep breathing and coughing exercises<br>❖ Assisting with client positioning to promote breathing | ❖ Pt displays appropriate oxygenation through ABG within the day | ❖ Pt's ABG will be within normal limits before the end of shift. |
| ❖ Excess fluid related to heart failure as evidence by BNP and troponin | ❖ Pts weight as well for electrolyte imbalance shows the excess | ❖ Administration of lasix<br>❖ Administration of dobutamine | ❖ Pt free of edema<br>❖ Pt free of JVD | ❖ Pt able to tolerate daily ADLs and decreased fluid retention |

| | | | | |
|---|---|---|---|---|
| | fluid as effecting K and Na | | | |
| ❖ Impaired skin integrity related to immobility as evidence by wound progression on the back coccyx | ❖ Pt had a wound on the coccyx and has had history of poor skin integrity from diabetes | ❖ Turn q2<br>❖ 4x4 pads placed over any bonny providence<br>❖ Management of diabetes | ❖ Improvement of skin break down and maintaining dry skin. | ❖ Assessment over the bony providences with no more incidence of skin break down for hospital stay. |

**Other References (APA):**

Mayo Foundation for Medical Education and Research. (2020, June 13). *Pneumonia*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204

**Concept Map (20 Points):**


Objective Data
Pt fall score of 16
Pt BP 118/58, O2 of 97, RR of 18
Pt was in no acute distress
Pt was alert and oriented and able to follow commands
Subjective Data
Pt reported no chest pain, shortness of breath
Pt having difficulty of breathing
Pt stated feeling anxious
Client Information
60 year old caucasian female with history of Hyperlipidemia, Hypothyroidism, Left ventricular systolic dysfunction, Mass of skin of finger of right hand, MI X2, Obesity, CPAP, Osteoarthritis. She was admitted with abdominal pain and distention on 2/16/24.
Nursing Diagnosis/ Outcomes
Ineffective airway clearance related to excessive mucous as evidence by shortness of breath
Pt able to demonstrate proper airway clearance, and maintain airway clearance
Impaired gas exchange related to fluid/mucus in the alveoli as evidence by dyspnea/alteration in breathing
Pt displays appropriate oxygenation through ABG within the day
Excess fluid related to heart failure as evidence by BNP and troponin
Pt is free of edema, with no signs of fluid overload/JVD
Impaired skin integrity related to immobility as evidence by wound progression on the back coccyx
Improvement of skin break down and maintaining dry skin.
Nursing Interventions
HOB at 30 degrees.
The patient was turned every 2 hours for pressure sores.
The patient was moved to chair.
Monitor VS
Administration of medication
Pt teaching on NPO diet with plans of Right stenosis