

**Medications**

Aspirin 81 mg PO PRN; Pharmacological: Salicylate; (NDH, 2023); Therapeutic: NSAIDs (NDH, 2023); Patient taking it for pain; The nurse should be cautious administering the medication in patients who are at high risk for bleeding (NDH, 2023).

Clopidogrel (Plavix) 75 mg PO Daily; Pharmacological: Platelet inhibitor (NDH, 2023); Therapeutic: Platelet aggregation inhibitor (NDH, 2023). Patient taking to reduce the risk of an MI; Be cautious in patients who have hepatic and renal disorders (NDH, 2023).

Lisinopril 5 mg PO daily; Pharmacological: Angiotensin-converting enzyme (ACE) inhibitor (NDH, 2023); Therapeutic: Antihypertensive (NDH, 2023); Patient taking for HTN; Monitor the patient's creatinine levels and be cautious in patients who have fluid volume deficit and renal impairment (NDH, 2023).

Magnesium sulfate 12.5-25 mL/hr; Pharmacological: Mineral (NDH, 2023); Therapeutic: Electrolyte replacement (NDH, 2023); Patient was getting magnesium to prevent magnesium deficiency; The nurse should monitor the patient's electrolyte levels and the patient's renal function (NDH, 2023).

Metoprolol succinate ER (Toprol XL) 50 mg PO daily; Pharmacological: Beta1-adrenergic blocker (NDH, 2023); Therapeutic: Antianginal or antihypertensive (NDH, 2023); The patient is taking for HTN; Be cautious giving this medication to patients who have congestive heart failure, because the beta-blockers can cause more depression of myocardial contractility (NDH, 2023).

Furosemide (Lasix) 40 mg IV push; Pharmacological: Loop diuretic (NDH, 2023); Therapeutic: Antihypertensive or diuretic (NDH, 2023); The patient is taking this medication because the patient has congestive heart failure, and this medication will help get the excessive fluid off the heart; The nurse should get the patient's weight before administering the medication (NDH, 2023).

Ondansetron (Zofran) IV push PRN; Pharmacological: Selective serotonin receptor antagonist (NDH, 2023); Therapeutic: Antiemetic (NDH, 2023); The patient is taking this medication for nausea and vomiting; Monitor the patient for hypokalemia and hypomagnesemia (NDH, 2023).

Tramadol (Ultram) 50 mg PO PRN every 6 hours; Pharmacological: Opioid agonist (NDH, 2023); Therapeutic: Opioid analgesic-controlled substance schedule IV (NDH, 2023); The patient is taking for pain; The nurse should monitor the patient for respiratory depression (NDH, 2023).

Heparin (Heparin Lock Flush) 8.5 mL/hr IV; Pharmacological: Anticoagulant (NDH, 2023); Therapeutic: Anticoagulant (NDH, 2023); The patient is taking this medication to help treat/prevent blood clots; The nurse needs to be cautious in patients who are at high risk for bleeding (NDH, 2023).

**Demographic Data**

**Date of Admission:** 3/3/2024

**Admission Diagnosis/Chief Complaint:** Congestive Heart Failure

**Age:** 64 years old

**Gender:** Male

**Race/Ethnicity:** White

**Allergies:** Penicillin, iron, and statins

**Code Status:** No CPR/Do not intubate

**Height in cm:** 193 cm

**Weight in kg:** 67.9 kg

**Psychosocial Developmental Stage:** Integrity vs. Despair (Cherry, 2022)

**Cognitive Developmental Stage:** Formal operational stage (Cherry, 2023).

**Braden Score:** 11

**Morse Fall Score:** 60

**Infection Control Precautions:** N/A

**Pathophysiology**

**Disease process:** Congestive heart failure is a disorder that causes the heart to pump blood effectively enough to supply nutrients to your body. Fluids and blood build up in your legs and lungs ("Congestive heart failure," 2023). According to Malik et al., 2023, it states, "The neuroendocrine system is stimulated by a drop in cardiac output, which results in the production of vasopressin, endothelin-1, norepinephrine, and adrenaline. Vasoconstriction brought on by these mediators increases afterload." Some causes of congestive heart failure are cardiomyopathy, diabetes, hypertension, MI, alcohol/drug/or tobacco use ("Congestive heart failure," 2023).

**S/S of disease:** Some signs of congestive heart failure are chest pain, shortness of breath, heart palpitations, fatigue, swelling in the lower extremities, weight gain, cough, and loss of appetite ("Congestive heart failure," 2023). A nurse will see in a patient with CHF is tachypnea and tachycardia (Malik et al., 2023). The nurse will also see weight gain in the patient, pulses will be irregular, and edema (Malik et al., 2023). The patient had shortness of breath sometimes, fatigue, weight gain, cough, and edema in all extremities.

**Method of Diagnosis:** There are several different ways to diagnose congestive heart failure. Some ways are blood tests, chest x-ray, cardiac cath, ECHO, MRI, stress test, and genetic testing ("Congestive heart failure," 2023). The provider will also do a physical exam and ask questions based on the symptoms that the patient is presenting with ("Congestive heart failure," 2023). The patient had a cardiac cath, ECHO, and chest x-ray done.

**Treatment of disease:** The type of heart failure a patient has, and its cause will determine how the patient will be treated ("Congestive heart failure," 2023). A patient can exercise, change their lifestyle, and get treatment for HTN. A patient can also get surgery and start medication to help control symptoms ("Congestive heart failure," 2023). The patient is on several different medications to help control the signs and symptoms of CHF. The patient has stopped smoking and states he does not use alcohol or drugs. There is no cure for congestive heart failure, but you can slow down the progression ("Congestive heart failure," 2023).

**Admission History**

A 64-year-old male came to the ED at OSF with SOB. The patient stated that he was feeling weak. The patient denied any chest pain, fever, chills, headache, or dizziness. The patient did not state how signs and symptoms were managed at home before arriving to the ED. The patient's O2 stat was 80% on 2L. The patient appeared to be in fluid overload and was transferred to Carle on 3/3/2024.

**Medical History**

**Previous Medical History:** Acute anemia, Amputated below right knee, Astigmatism of eye, cataract (bilaterally), Charcot's arthropathy, Chronic pancreatitis, Cystitis, Type 2 diabetes, Diabetic polyneuropathy, Diabetic ulcer of left toe, DVT, Gangrene of toe and left foot, GBS, Gluteal abscess, HCAP (health care pneumonia), HTN, Hyperkalemia, MI, MRSA, Obesity, Osteoarthritis, Osteoarthrosis, Pneumonia with abscess, Polyarthritits, RA, Renal tubular acidosis, Sepsis, Skin cancer

**Prior Hospitalizations:** 1/2/2024, 1/10/2024, and 3/3/2024 of this year

**Previous Surgical History:** Amputation, Atherectomy (coronary), Bone biopsy, Colonoscopy, Facial soft tissue procedure, Foot arthrotoomy, Foot debridement, HCl and D post-op wound, ICD insertion, IR US arterial access, IR US bladder, left heart cath, Leg amputation below knee, Toe amputation, Gallbladder removal, Suprapubic cath, Right and left cath, Right and left total knee amputation

**Social History:** The patient was a former cigarette smoker and quit in 1999. The patient reports no use of tobacco, alcohol, or drugs.

**Active Orders**

Cardiac monitoring: The patient has congestive heart failure

No CPR/Do not intubate: The patient has chosen to not use extraordinary measures

Clear liquid diet: To help the patient stay hydrated

CBC every 3 days: To monitor the patient's blood labs

Transfer with assist to bed, chair, and toilet: The patient is an amputee and needs help transferring

I/O Q4: To monitor patient's fluid because of his congestive heart failure

Vital signs Q4: To monitor the patient's baseline vitals

Daily weight: To monitor the patient's weight to see if they have loss the excess fluid or not

SCD: To help prevent blood clots

Turn Q2: To help prevent bedsores

Wound care on coccyx and left leg: The patient has multiple wounds

Centrella bed: The type of bed the patient is in; I think the patient needs a new bed called the Centrella Max, it blows up with air off and on to help with pressure injuries.

Blood sugar check AC/HS: The patient is diabetic

### Physical Exam/Assessment

**General:** The patient was alert and oriented x4. The patient was well groomed and was in acute distress.

**Integument:** The patient's skin color was normal for ethnicity. Skin was warm and dry. The patient had bruises, scars, and wounds upon inspection. The patient had a stage 4 wound on his coccyx. The patient had slow skin turgor. No clubbing or cyanosis of the nails. Capillary refill is 3 seconds or less in the upper extremities.

**HEENT:** The patient's head and neck were asymmetrical during rest and movement. Trachea was midline with no deviation. The thyroid was not palpable. Carotid pulses were 2 + bilaterally. Sclera's were white bilaterally; eyelids were moist and pink bilaterally with no drainage or lesions. PERRLA intact bilaterally.

**Cardiovascular:** S1 and S2 with a murmur present. No gallops or rubs present. Irregular rate and rhythm. PMI was palpable.

**Respiratory:** Respirations were symmetrical and labored with crackles in the lungs. The patient had a productive cough. The patient reported no shortness of breath during the assessment.

**Genitourinary:** The patient had a suprapubic catheter. The patient's urine was yellow and odorless.

**Gastrointestinal:** The patient was on a clear liquid diet. The patient's abdomen was soft, nondistended, and nontender in all 4 quadrants. The patient's bowel sounds were normoactive in all 4 quadrants. Last bowel movement was 3/4/2024.

**Musculoskeletal:** All extremities have limited range of motion. All extremities were warm, dry, and blotchy bilaterally. The patient's hand grips were weak bilaterally. The patient is an amputee, so no pedal pushes were present. All extremities had edema. Left and right radial pulses were a +1. No tingling or numbness in all extremities bilaterally.

**Neurological:** The patient was alert and oriented x4. PERRLA was intact.

**Most recent VS (include date/time and highlight if abnormal):** 3/4/2024 at 1543

Temperature: 98.2F (oral); Pulse: 93; RR: 18 (nasal cannula 3L); BP: 126/72

**Pain and pain scale used:** 0-10 scale

Patient stated 0 out of 10 pain

<p align="center"><b>Nursing Diagnosis 1</b></p> <p>Ineffective breathing pattern related to the patient getting short of breath periodically as evidence by labored breathing (Phelps, 2021).</p>	<p align="center"><b>Nursing Diagnosis 2</b></p> <p>Excess fluid volume related to the patient’s congestive heart failure as evidence by the patient having edema (Phelps, 2021).</p>	<p align="center"><b>Nursing Diagnosis 3</b></p> <p>Impaired skin integrity related to pressure over bony prominences as evidence by the patient having several wounds (Phelps, 2021).</p>
<p align="center"><b>Rationale</b></p> <p>I chose this diagnosis because the patient had labor breathing and would periodically complain about shortness of breath.</p>	<p align="center"><b>Rationale</b></p> <p>I chose this diagnosis because the patient has CHF and has edema in all his extremities along with crackles within his lungs.</p>	<p align="center"><b>Rationale</b></p> <p>I chose this diagnosis because the patient had several wounds on his body. One of those wounds being a stage 4 on his coccyx.</p>
<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Monitor the patient’s respiratory rate (Phelps, 2021).  <b>Intervention 2:</b> Auscultate the patient’s breath sounds frequently (Phelps, 2021).</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Weigh the patient daily (Phelps, 2021).  <b>Intervention 2:</b> Administer diuretics (Phelps, 2021).</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Inspect the patient’s skin (Phelps, 2021).  <b>Intervention 2:</b> Reposition the patient every 2 hours (Phelps, 2021).</p>
<p align="center"><b>Evaluation of Interventions</b></p> <p>The patient’s respiratory rate remained in the same range and when auscultating the patient’s breath sounds, he had crackles bilaterally.</p>	<p align="center"><b>Evaluation of Interventions</b></p> <p>The patient gets weighed daily and was 67.9 kg on 3/4/2024. We administered furosemide to the patient via IV push to help eliminate the excess fluid that was on the patient.</p>	<p align="center"><b>Evaluation of Interventions</b></p> <p>The nurse and I inspected the patient’s skin and took pictures of all his wounds to upload to his chart. The nurse and I also did incontinence care on the patient and repositioned the patient to get him off of his bottom.</p>

**References (3) (APA):**

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