

Physical Exam/Assessment

General: Patient is alert and orientated to person, place, timing, and situation. Patient appears with no acute distress and is well groomed in appearance.

Integument: Skin is warm and dry upon palpation. Skin is pink in color. No rashes, bruising or lesions noted upon visualization of the skin. Nails appear without clubbing or cyanosis. Capillary refills less than 3 seconds in fingers and toes bilaterally. Skin turgor mobility appears normal.

HEENT: Head and neck appear symmetrical. Thyroid is nonpalpable, and no nodules noted. Trachea appears midline without deviation. Carotid pulses 2+ bilaterally. Auricles of ears appear with no palpable or visible abnormalities. No lumps or lesions noted on auricles of ears. **The patient is hard of hearing.** Sclera are white, cornea clear, and conjunctiva pink bilaterally. No drainage or abnormalities noted. PERLA bilaterally, EOMS intact bilaterally. Septum is midline without deviation. No polyps, bleeding, or lesions noted upon visualization. **Poor dentition with few teeth remaining.**

Cardiovascular: S1 and S2 present, without gallops or murmurs noted. Normal rate and rhythm noted. PMI palpable at 5th intercostal space of MCL. **Edema noted on both lower extremities 2+ with diminished pulses.**

Respiratory: Lung sounds are clear upon auscultation bilaterally. No wheezing, crackles, or rhonchi noted. Normal rate and pattern noted. **Patient seems to needed deeper inhalation on breathes during exertion. Patient reports experience dyspnea.**

Genitourinary: **Urine appears dark yellow and cloudy. Patient was using an external catheter.** Patient reported no pain with urination and no difficulty urinating.

Gastrointestinal: Patient reports a "normal" diet at home but **reported lack of appetite.** Patient has an NPO diet during admission. Patient is 160 cm tall and weighs 69.5 kg. Bowel sounds are normoactive in all four quadrants. No masses or pain noted upon palpitation of the abdomen. Abdomen is **slightly distended** but soft. No wounds, drains, or scars noted upon visualization. Last bowel movement reported on 3/17/2024, the bowel movement was melena.

Musculoskeletal: All extremities have full range of motion. Pedal pushes and hand grips are equal in strength bilaterally 5. Patient uses a walker and hearing aid as assistive devices. Patient is a 15 on the morse fall risk scale.

Neurological: Patient is oriented to time, person, place, and situation. Normal cognition. Speech is clear and understandable. MAEW, PERLA present. Patient is alert, awake, and appropriately answering questions. Patient has equal strength in all extremities bilaterally.

Most recent VS (include date/time and highlight if abnormal):

Date: 3/18/24 Time: 1100

BP: 152/65, RR: 16, HR: 62, O2: 98, Temp: 98.2F

Pain and pain scale used: Date: 3/18/24 Time: 1100

0-pain, no pain reported. Numerical pain scale used.

<p style="text-align: center;">Nursing Diagnosis 1</p> <p>Risk for impaired gas exchanged related to ineffective breathing pattern as evidenced by dyspnea, altered respiratory depth, and a medical diagnosis of iron deficiency anemia.</p>	<p style="text-align: center;">Nursing Diagnosis 2</p> <p>Risk for increased cardiac output related to decreased oxygenated blood to the heart as evidenced by chest pain, hypertension and cardiac arrhythmia.</p>	<p style="text-align: center;">Nursing Diagnosis 3</p> <p>Risk for ineffective tissue perfusion related to decrease supply of oxygenated red blood cells and impaired transport of oxygen as evidenced by a medical diagnosis of iron deficiency anemia, chest pain, shortness of breath, and low hemoglobin levels.</p>
<p style="text-align: center;">Rationale</p> <p>The patient was diagnosed with iron deficiency anemia which often results in impaired gas exchange due to the lack of oxygen the body is receiving and adequately using. The patient is at risk for impaired gas exchange when the patient cannot maintain a normal rate, rhythm, and depth of breathes.</p>	<p style="text-align: center;">Rationale</p> <p>The patient reported having chest pain which can be related to iron deficiency anemia because the heart is not receiving proper oxygenated blood to function. The cardiac arrhythmias the patient experiences may be indicated due to the heart lacking the proper oxygen needed to circulate therefor the heart may beat faster creating certain arrhythmias and hypertension.</p>	<p style="text-align: center;">Rationale</p> <p>The body lacks properly oxygenated red blood cells and lacks the proper transport of oxygen to organs and tissues in the body. This will result in ineffective tissue perfusion due to tissue and organs not receiving needed oxygen to function.</p>
<p style="text-align: center;">Interventions</p> <p>Intervention 1: Ensure the patency of the airway (Phelps, 2023). Intervention 2: Monitor the patients breath sounds Q4 and position patient to assist in easier breathing (Phelps, 2023).</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Monitor the patients vitals to monitor for any irregularities (Phelps, 2023). Intervention 2: Monitor the patient's level of consciousness routinely (Phelps, 2023).</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Monitor the patients' extremities for discoloration or pallor (Phelps, 2023). Intervention 2: Monitor the patients oxygen level and apply oxygen if needed (Phelps, 2023).</p>
<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient was receptive to care and following instruction appropriately. The airway was maintained without complication. The patient's breath sounds were monitored routinely without complication. The patient was sitting up to increase breathes to reduce the patient's difficulty in regulating breathing pattern.</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient's vitals were monitored routinely without complication. The patient did have high blood pressure readings which are in relation to a medical diagnosis of hypertension. The patient remained in an appropriate level of consciousness during the shift.</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient did state they felt cold, but skin was warm and dry upon palpation. We continued to monitor the patient's extremities for pallor or discoloration. There were no prominent discoloration or pallor noted. The patient was using supplemental oxygen upon admission but no longer required it later during current admission. The oxygen levels were being continuously monitored.</p>

References (3) (APA):

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