N431 Care Plan # 2

Lakeview College of Nursing

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N431 Adult Health II

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Demographics (3 points)

Date of Admission 3/8/24	**Client Initials** JT.	**Age** 87	**Gender** male
Race/Ethnicity Caucasian/White	**Occupation** Retired navy vet	**Marital Status** Divorced	**Allergies** Ciprofloxacin
Code Status DNR/DNI	**Height** 66”	**Weight** 132 lbs.	

Medical History (5 Points)

Past Medical History: CAD, HTN, HLD, chronic HFrEF with EF 45-50%, lung cancer, COPD, GERD, sick sinus syndrome s/p pacemaker, osteoporosis, CVA.

Past Surgical History: 2017 Cardiac Cath; 2017 Coronary angioplasty with stent placement; 2020 pacemaker

Family History: Father- Cancer; Mother- unknown; Sister- Cancer

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Former cigarette smoker quit in 1981; rarely has a glass of wine; does not use smokeless tobacco.

Assistive Devices: Straight cane

Living Situation: he lives alone in a house and just paid off his mortgage in 2023.

Education Level: High school graduate, 30-year Navy veteran.

Admission Assessment

Chief Complaint (2 points): Chest pain, weakness

History of Present Illness – OLD CARTS (10 points): The client states that he sat down to eat breakfast and felt a sudden, sharp chest pain in the center of his chest. He also had visual disturbances, such as flashing lights and halos. He said, "I thought that this must be what it feels like to die."The pain lasted for a minute or so, and he sat in his chair and waited “to come back to

his senses." He went to the nearest clinic, where they evaluated him and sent him to Carle's emergency room. He has not had chest pain since that time and denies shortness of breath, difficulty breathing, or any pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Bilateral Pulmonary Embolism

Secondary Diagnosis (if applicable): N/A

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

Pulmonary Embolism

A *pulmonary embolism* is a blood clot that has traveled to the lungs. The primary reason for this is because of venous insufficiency, which may be due to age, heart failure, immobility, or diabetes, to name a few. This patient is susceptible to blood clot formation because he is 89 years old and has a history of congestive heart failure with a low ejection fraction of 25%. He is a former smoker, although he quit in 1981. A *thrombus* is a blood clot that can form in the lower extremities. Once it breaks free and starts traveling, it becomes an embolus that can end up in the lungs, heart, or brain and cause severe damage because it blocks oxygen perfusion to the tissues. Of course, without oxygen, the tissue begins to die very quickly, making it extremely important to catch a blood clot early (Capriotti & Frizzell, 2020). Once the clot is lodged in the lung, substances that constrict the surrounding vessels are secreted. This, in turn, increases the heart's workload, which may cause ventricular failure (Hinkle et al., 2022).

Symptoms of pulmonary embolism are tachypnea, tachycardia, dyspnea, chest pain, anxiety, fever, persistent cough, bloody sputum, syncope, shock, or death (Hinkle et al., 2022). This patient reported a sudden, intense pain in the center of his chest, along with impending

doom, visual disturbances, and dizziness. He has not had any more chest pain since the initial one, and he does not have difficulty breathing, pain, or cough.

Standard workup includes a chest X-ray, mainly used to rule out other possibilities. However, chest X-rays do not usually show a pulmonary embolus. An EKG may show sinus tachycardia and possibly an ST or T wave change. An ABG may be done to show metabolic abnormalities. A multidetector computed tomography angiography (MDCTA) or pulmonary angiogram is used to diagnose pulmonary embolism. The d-dimer blood test can also determine the presence of a blood clot (Hinkle et al., 2022). This patient received an x-ray, which showed cardiomegaly, aortic atherosclerosis, and left upper lobe opacities. He did not receive an ABG. A CT of the chest was performed, and the results were that the patient had bilateral upper lobe pulmonary emboli. His d-dimer was also elevated.

According to Karadeniz (2023), there are specific diagnostic markers that may show an increased risk of mortality in the older adult patient such as low O2 saturation, high CRP, troponin, and leukocyte levels, and a high simplified pulmonary embolism severity index score (sPESI), which is a grading scale that takes into account patient history of heart failure, cancer, lung disease, age, pulse and blood pressure. This patient was not tested in this manner. However, his O2 saturation remained above 90 on room air, and he did not have a CRP blood test done. He would still score high on the sPESI scale, in any case.

Due to the patient’s symptoms, he was treated with stable pulmonary embolism procedures, including immediate anticoagulant therapy for up to 10 days. He was started on a heparin IV infusion. His anticoagulant treatment is indicated for up to 6 months (Hinkle et al., 2022). He developed uncontrolled nose bleeds two days in a row, which needed to be cauterized by the ENT specialist, so he was not discharged. The results of an abdominal CT performed

show that he has coffee-ground material throughout his colon, so he is scheduled for a small bowel balloon enteroscopy before he can be discharged.

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company.

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Karadeniz, G., & Çil, E. (2023). What are the mortality markers in elderly patients with acute pulmonary embolism? *European Review for Medical and Pharmacological Sciences*, *27*(1), 159–165. https://doi.org/10.26355/eurrev_202301_30867

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	3.5-5.2 10^6/uL	**3.18**	**2.81**	Older adults are at risk for anemia, and the patient has evidence of GI bleeding (Pagana et al., 2020).
Hgb	11.0-16.0 g/dL	**9.8**	**8.3**	Older adults are at risk for anemia, and the patient has evidence of GI bleeding (Pagana et al., 2020).
Hct	34.0-47.0%	**29.1**	**24.4**	Older adults are at risk for anemia, and the patient has evidence of GI bleeding (Pagana et al., 2020).
Platelets	140-400 10^3/uL	**190**	**171**	
WBC	4.0-11.0 10^3/uL	**3.77**	**4.38**	Low white blood cells can be associated with osteoporosis-related bone marrow loss (Pagana et al., 2020).
Neutrophils	1.60-7.70 10^3/uL	**1.12**	**1.98**	The low neutrophil count can be associated with physical or emotional stress (Pagana et al., 2020).
Lymphocytes	1.00-4.90	**1.33**	**1.35**	

	10^3/uL			
Monocytes	0.00-1.10 10^3/uL	**0.69**	**0.54**	
Eosinophils	0.0-0.5 10^3/uL	**0.58**	**0.47**	These are usually related to an allergic reaction (Pagana et al., 2020).
Bands	0-6%	**NA**	**NA**	

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	**134**	**134**	The client is malnourished (Pagana et al., 2020).
K+	3.5-5.1 mmol/L	**4.4**	**4.0**	
Cl-	98-107 mmol/L	**101**	**105**	
CO2	22.0-29.0 mmol/L	**25.0**	**23.0**	
Glucose	74-100 mg/dL	**60**	**89**	The patient was not able to eat his breakfast the morning he was admitted due to his chest pain (Pagana et al., 2020).
BUN	10-20 mg/dL	**18**	**12**	
Creatinine	0.55-1.02 mg/dL	**1.11**	**1.05**	
Albumin	3.4-4.8 g/dL	**3.3**	**NA**	This may be due to acute stress (Pagana et al., 2020).
Calcium	8.9-10.6 mg/dL	**8.7**	**8.0**	Low calcium levels occur in patients with low albumin levels, usually because of malnutrition (Pagana et al., 2020).
Mag	1.6-2.6 mg/dL	**NA**	**2.0**	
Phosphate	2.5-4.5 mg/dL	**NA**	**NA**	
Bilirubin	0.2-1.2 mg/dL	**0.4**	**NA**	
Alk Phos	40-150 u/L	**53**	**NA**	

AST	5-34 u/L	**17**	**NA**	
ALT	0-55 u/L	**6**	**NA**	
Amylase	40-140 u/L	**NA**	**NA**	
Lipase	0-160 u/L	**NA**	**NA**	
Lactic Acid	4.5-19.8 u/L	**NA**	**NA**	
Troponin	0-4 ng/L	**9**	**NA**	This is a biochemical marker for cardiac ischemia related to a patient's chest pain (Pagana et al., 2020).
CK-MB	3-5%	**NA**	**NA**	
Total CK	<4.4 ng/mL	**NA**	**NA**	

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 seconds	**NA**	**NA**	
PT	11-13.5 seconds	**NA**	**NA**	
PTT	25-35 seconds	**NA**	**NA**	
D-Dimer	0-0.5 mg/mL	**2.28**	**NA**	The patient had bilateral pulmonary emboli (Pagana et al., 2020).
BNP	0-100 pg/mL	**242**	**NA**	He has a history of heart failure with a meager ejection fraction (Pagana et al., 2020).
HDL	35-80 mg/dL	**NA**	**NA**	
LDL	50-100 mg/dL	**NA**	**NA**	
Cholesterol	125-200 mg/dL	**NA**	**NA**	
Triglycerides	0-150 mg/dL	**NA**	**NA**	

Hgb A1c	< 5.7	**NA**	**NA**	
TSH	0.5-5.0 mIU/L	**NA**	**NA**	

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/clear	**NA**	**NA**	
pH	6.0-7.5	**NA**	**NA**	
Specific Gravity	1.005-1.030	**NA**	**NA**	
Glucose	0-0.8 mmol/L	**NA**	**NA**	
Protein	0-14 mg/dL	**NA**	**NA**	
Ketones	< 0.6 mmol/L	**NA**	**NA**	
WBC	0-5 hpf	**NA**	**NA**	
RBC	0-4 hpf	**NA**	**NA**	
Leukoesterase	0-5 cacels/hpf	**NA**	**NA**	

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	7.35-7.45	**NA**	**NA**	
PaO2	75-100 mmhg	**NA**	**NA**	
PaCO2	35-45 mmhg	**NA**	**NA**	
HCO3	22-28 mmEq/L	**NA**	**NA**	
SaO2	95-100%	**NA**	**NA**	

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	No signs of bacteria or yeast	**NA**	**NA**	
Blood Culture	< 0.9 IV	**NA**	**NA**	
Sputum Culture	No signs of bacteria or yeast	**NA**	**NA**	
Stool Culture	No signs of bacteria or yeast	**NA**	**NA**	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest x-ray; Chest CT, Abdominal CT, Colonoscopy

Diagnostic Test Correlation (5 points):

Chest x-ray (3/8/24)- patient c/o chest pain. This test can visualize chest wall inflammation, heart, or lungs. It can also show chest anatomy, fluid accumulation in the lungs or pleura, and abnormal growth (Pagana et al., 2020). The results of this test showed that the patient has cardiomegaly.

Chest CT scan (3/8/24)- This test is more accurate than a chest x-ray. It produces multiple 3-D images that help to visualize the lungs, heart, chest wall, esophagus, soft tissue, and pleura from

various angles (Pagana et al., 2020). The results of this test showed that the patient has bilateral upper lobe pulmonary emboli, and therefore, the patient was admitted to the hospital.

Colonoscopy (3/16/24)- This procedure visualizes the entire colon for signs of bleeding, abnormal growth, and inflammation. This procedure can also perform a biopsy (Pagana et al., 2024). This test showed that the patient had red blood and coffee ground material throughout his colon.

Abdominal CT scan (3/18/24)- This test can visualize any bleeding, perforation, inflammation, or abnormal growth in the abdominal cavity in multiple 3-D images and various positions (Pagana et al., 2020). The result of this test confirmed that the patient did not have GI bleeding.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

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

Home Medications (5 required)

Brand/Generic	Albuterol/ salbutamol	Aspirin/ acetylsalicylic acid	Lipitor/atorvastatin	Flonase/fluticasone propionate salmeterol	Lopressor/metoprolol tartrate
Dose	HFA 90 mcg actuation inhaler	81 mg tablet	40 mg tablet	230-21 mcg actuation inhaler	25 mg tablet
Frequency	2 puffs every 4-6 hours	Take one tablet every morning	Every day	2 puffs daily x 2	Take half a tablet (12.5 mg) every 12 hours
Route	By mouth	By mouth	By mouth	By mouth	By mouth
Classification	Therapeutic: bronchodilator Pharmacological: adrenergic (Comerford & Durkin, 2023)	Therapeutic: anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic Pharmacological: salicylate (Comerford & Durkin, 2023)	Therapeutic: antihyperlipidemic Pharmacological: HMG-CoA reductase inhibitor (Comerford & Durkin, 2023)	Therapeutic: anti-asthmatic and anti-inflammatory Pharmacological: corticosteroid (Comerford & Durkin, 20230)	Therapeutic: antianginal, antihypertensive Pharmacological: beta adrenergic blocker (Comerford & Durkin, 20230)
Mechanism of Action	It relaxes bronchial muscle cells and inhibits the release of histamine (Comerford & Durkin, 2023).	Blocks the inflammatory response causes vasodilation (Comerford & Durkin, 2023)	Increases LDL receptors in the liver to decrease cholesterol levels in the blood (Comerford & Durkin, 2023)	It stops the inflammatory cells related to asthma and rhinitis. (Comerford & Durkin, 20230)	It stops stimulating beta receptor sites in the heart, which decreases oxygen demand and helps reduce blood pressure.

					(Comerford & Durkin, 20230)
Reason Client Taking	Possibly for COPD	Antiplatelet action for the history of CHF.	He has a history of hyperlipidemia.	Possibly related to COPD	He has a history of hypertension and heart failure.
Contraindications (2)	1. Allergy 2. Use cautiously with cardiac problems (Comerford & Durkin, 2023)	1. Current or recent GI bleeding 2. Fever (Comerford & Durkin, 2023)	1. Liver disease 2. Allergy (Comerford & Durkin, 20230)	1. Allergy 2. Untreated systemic infections (Comerford & Durkin, 20230)	1. Anything more significant than a first-degree heart block 2. Sinus bradycardia (Comerford & Durkin, 20230)
Side Effects/Adverse Reactions (2)	1. Anxiety 2. Arrhythmias (Comerford & Durkin, 2023)	1. Increased bleeding time 2. Bronchospasm (Comerford & Durkin, 2023)	1. Arrhythmias 2. Hypoglycemia (Comerford & Durkin, 20230)	1. Adrenal insufficiency 2. Bronchospasm (Comerford & Durkin, 20230)	1. Leukopenia or thrombocytopenia 2. Arterial insufficiency (Comerford & Durkin, 20230)
Nursing Considerations (2)	1. Monitor potassium levels. 2. Be aware of possible drug tolerance. (Comerford & Durkin, 2023)	1. Older adult patients have a higher risk of toxicity. 2. Take with food to avoid GI upset. (Comerford & Durkin, 2023)	1. Monitor for signs of myopathy. 2. Give at the same time each day. (Comerford & Durkin, 20230)	1. Monitor for signs of infection. 2. Use cautiously in patients with liver disease. (Comerford & Durkin, 20230)	1. Use cautiously in patients with heart failure because it can worsen the disease. 2. An ACE inhibitor, digoxin, and a diuretic should be given for initial therapy in patients with heart failure. (Comerford & Durkin, 20230)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess respirations, lung sounds, and respiratory distress.	1. The patient has unknown bleeding in the colon; verify with the MD. 2. Verify that the patient does not have an allergy to aspirin.	1. Monitor liver function before administration. 2. Monitor glucose levels before administration. (Comerford & Durkin, 20230)	1. Wait one minute between each inhalation. 2. Administer 12 hours apart and give at the same time each day. (Comerford & Durkin, 20230)	1. Monitor EKG before administration. 2. Check glucose levels before giving medication. (Comerford & Durkin, 20230)
Client Teaching Needs (2)	1. Shake the canister before use. 2. Wash the mouthpiece once a week with water and let it air dry. (Comerford & Durkin, 2023)	1. Do not take aspirin 5 to 7 days before surgery. 2. Report signs of ringing in the ears. (Comerford & Durkin, 2023).	1. Using this drug is not a substitute for an unhealthy diet. 2. Do not double dose if you miss a dose. (Comerford & Durkin, 20230)	1. Rinse your mouth after each dose to prevent dry mouth or yeast infection. 2. Report ocular reactions to the doctor. (Comerford & Durkin, 20230)	1. Take medication with food; do not chew the medication. 2. Notify the provider if your heart rate falls below 60 bpm. (Comerford & Durkin, 20230)

Hospital Medications (5 required)

Brand/Generic	Protonix/pantoprazole sodium	Heparin Sodium	Sodium chloride 0.65% nasal spray	Spiriva Respimat mist/tiotropium bromide	MiraLAX/ polyethylene glycol
Dose	40 mg	100 units/ml in 5% dextrose	One dose	Two sprays	119 g oral powder
Frequency	Every 12 hours	710 units/hr 7.1 ml/hr	1 spray in each nostril TID	daily	One time
Route	Injection, IV push	Continuous IV	Nasal spray	Orally inhaled	By mouth

Classification	Therapeutic: antiulcer Pharmacologic: Proton pump inhibitor (Comerford & Durkin, 20230)	Therapeutic & Pharmacologic: Anticoagulant. (Comerford & Durkin, 20230)	Therapeutic: nasal moisturizer Pharmacologic: Salt solution (Conrad et.al., 2024)	Therapeutic: bronchodilator Pharmacologic: anticholinergic (Comerford & Durkin, 20230)	Therapeutic & Pharmacologic: Laxative (Puckey, 2024)
Mechanism of Action	It blocks gastric acid secretion. (Comerford & Durkin, 20230)	Binds with antithrombin to prevent blood clots. (Comerford & Durkin, 20230)	Adds moisture to the nasal passage and loosens thick mucus secretions. (Conrad et.al., 2024)	Relaxes bronchial smooth muscles and causes vasodilation. (Comerford & Durkin, 20230)	Increases the fluid in the bowel to help with bowel movement. (Puckey, 2024)
Reason Client Taking	History of GERD	Prevent more blood clots	Losen nasal mucus and moisturize nasal passages.	For long-term treatment for COPD (Comerford & Durkin, 20230)	The patient had a colonoscopy during his stay
Contraindications (2)	1. Allergy 2. Taking medications with rilpivirine. (Comerford & Durkin, 20230)	1. Uncontrolled bleeding 2. Sensitivity to pork products (Comerford & Durkin, 20230)	1. Allergy (Conrad et.al., 2024)	1. Allergy 2. Taking more than one anticholinergic can increase the effects. (Comerford & Durkin, 20230)	1. Bowel obstruction 2. Certain bowel disorders like ulcerative colitis or IBS. (Puckey, 2024)
Side Effects/Adverse Reactions (2)	1. C-diff 2. Liver failure (Comerford & Durkin, 20230)	1. Acute renal insufficiency 2. Hemorrhage (Comerford & Durkin, 20230)	1. Allergy 2. Nose irritation. (Conrad et.al., 2024)	1. Stroke 2. Supraventricular tachycardia (Comerford & Durkin, 20230)	1. Severe bloody diarrhea 2. Bloating, upset stomach, or gas. (Puckey, 2024)
Nursing Considerations (2)	1. It may worsen osteoporosis. 2. Monitor patient output for possible nephritis. (Comerford & Durkin, 20230)	1. Use cautiously in patients over age 60. 2. Use cautiously with patients with GI conditions. (Comerford & Durkin, 20230)	1. Monitor for allergies. 2. Check if the patient uses herbal supplements. (Conrad et.al., 2024) .	1. Monitor the patient for an anaphylactic reaction. 2. Have the patient rinse their mouth after using it to prevent dry mouth. (Comerford & Durkin, 20230)	1. Give powder with 4 to 8 ounces of fluid. 1. Give only once per day. (Puckey, 2024)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1. Monitor PT/INR lab work before administration. 2. Check if the patient has diarrhea or C-diff. (Comerford & Durkin, 20230)	1. Monitor PTT labs. 2. Watch for heparin-induced thrombocytopenia . (Comerford & Durkin, 20230)	1. Check for allergies. 2. Take as prescribed. (Conrad et.al.,2024)	1. Take vital signs. 2. Insert the medication into the inhaler before use. (Comerford & Durkin, 20230)	1. Monitor kidney function before administration. 2. The patient has signs of bleeding in his colon; verify with a physician. (Puckey, 2024)
Client Teaching Needs (2)	1. Notify the provider for signs of bleeding in the stool. 2. Notify the provider if there is worsening joint pain. (Comerford & Durkin, 20230)	1. Report signs of bleeding. 2. Avoid taking aspirin while on heparin therapy. (Comerford & Durkin, 20230)	1. Notify the provider if you have any reactions to taking the medication. 2. Take as prescribed. (Conrad et.al., 2024)	1. Do not use this medication for acute attacks. 2. Notify the provider for signs of anaphylaxis. (Comerford & Durkin, 20230)	1. You may have bloody loose stools. 2. Take medication with 4-8 ounces of fluid. (Puckey, 2024)

Medications Reference (1) (APA):

Comerford, K. C., & Durkin, M. T. (Eds.). (2023). *Nursing2023 drug handbook*. Wolters Kluwer.

Conrad, J., Whyte, J., Nazario, B., & Pathak, N. (2024). *Nasal spray (sodium chloride) nasal: Uses, side effects, interactions, pictures, warnings, and dosing*. WebMD. https://www.webmd.com/drugs/2/drug-162096/nasal-spray-sodium-chloride-nasal/details

Puckey, M. (2024). *Miralax uses dosage and side effects*. Drugs.com. https://www.drugs.com/miralax.html

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and oriented to person, place, time, and situation. He was in no apparent distress. The client was lying on his side, staring out the door, and curled under the covers.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present:** **Y☐** **N ☒** **Type:**	 His skin color was pale, warm, and dry to the touch. His skin turgor was delayed. There were no apparent rashes, bruises, or wounds. Braden score: 20 There is no risk of pressure ulcer development.
HEENT: **Head/Neck:----------** **Ears: ----------** **Eyes: ----------** **Note: ----------** **Teeth: ----------**	Head and face were symmetrical. His neck and thyroid were symmetrical, but he did seem to swallow a lot when he talked. He said that he has difficulty swallowing. Bilateral auricles had no visible or palpable problems. Both were clear. He does not have hearing aids. The bilateral eye sclera was white, with no visible drainage, and the conjunctiva was pale bilaterally. PERRLA bilaterally. He requires bifocal glasses. The nasal septum was midline, with no drainage. There was a small amount of dried blood inside his right nostril. The oral mucosa is pale and moist. The uvula is midline, and the soft palate rises and falls. His hard palate is intact. He has dentures.

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:**	He had clear S1 and S2 heart sounds with no murmurs or gallops. His rhythm is paced (due to the pacemaker) Upper extremity peripheral pulses 2+ bilaterally. Lower extremity peripheral pulses were absent. Capillary refill took much work to determine. There was no presence of edema.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	His respirations were unlabored and clear—no presence of wheezing or crackles. The rhythm was regular and symmetrical. He reports no difficulty breathing.
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:**	The client states that he tries to eat balanced meals but does not have a strict diet at home. The hospital diet is a clear liquid. Height: 66 inches Weight: 132 lbs. Bowel sounds are active in all four quadrants. The last bowel movement was on 3/18. He is incontinent of stool x 1. The stool has a loose consistency. He stated there was no pain upon palpation or no signs of masses, bruising, or scars. He is not distended.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine is clear and yellow per chart.
MUSCULOSKELETAL: **Neurovascular status:**	The client's nail beds are manicured. He clipped his nails after the shower. Both hands became

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**	cyanotic after the shower, but the color returned to normal when he sat in bed. He uses a cane for assistance. He became dizzy on his way back to bed from the shower, and I had to hold on to him to ensure he did not fall. Fall score: 12 Moderate fall risk. Hand and foot pushes and pulls are 5.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERRLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	He is oriented to person, place, time, and situation. His mental status is alert, and he has normal cognition. His speech is clear; he says he cannot talk well without his dentures. He answers questions appropriately and has a good memory.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & and what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The client states that he was raised as a Southern Baptist but does not follow religion. He has a support system of family and friends, including his niece, who is the closest to him and makes all his arrangements. The patient does seem sad and feels a loss of control. When he talks about the symptoms that brought him to the hospital, he almost breaks down crying. He states that he is thankful that the doctors are communicating with him about his Diagnosis. He wants to go home. The patient graduated high school and was in the Navy for 30 years. Developmental level- operational integrity versus despair.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1143	**69**	**137/65**	**18**	**36.7 oral**	**96% RA**
1500	**60**	**111/49**	**20**	**36.8 oral**	**97% RA**

Vital Sign Trends: His heart rate is lower but within normal range. He has a pacemaker. His blood pressure was slightly elevated in the morning and low in the afternoon. It could be due to taking his blood pressure medication as well as being on a clear liquid diet.

Pain Assessment, two sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1143	**0**		**0**	**none**	
1500	**0**		**0**	**none**	

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20 Guage
Location of IV:	Left forearm.
Date on IV:	3/15/2024
Patency of IV:	Patent
Signs of erythema, drainage, etc.:	No signs of redness, swelling, heat, or pain
IV dressing assessment:	Dressing is intact.

Intake and output (2 points)

Intake (in mL)	Output (in mL)
480 cc broth	**300 cc urine** **Incontinent of stool x 1**

Nursing Care

Summary of Care (2 points)

Overview of care: The nurse gave a report stating that the patient is emotional today, he wants to go home and is upset that his procedure is delayed until tomorrow. He would feel better if he could have a hot shower.

Procedures/testing done: He has a scheduled small bowel balloon enteroscopy for the next day. It was delayed because of issues with his pacemaker.

Complaints/Issues: The patient is sad and wants to go home. He is unsure of his discharge plan.

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: He is tolerating his diet. I assisted him to the shower. He was able to shower, shave, rinse his mouth, and dry himself off without assistance. He was unsteady after the shower and needed assistance returning to bed.

Physician notifications: The physician was not notified.

Future plans for client: The patient will be discharged depending on the results of the balloon enteroscopy. He will be discharged home alone; his niece will make arrangements to help him when he gets home.

Discharge Planning (2 points)

Discharge location: Home.

Home health needs (if applicable): None

Equipment needs (if applicable): Cane.

Follow up plan: Monitor his reactions to the new medications he will be on.

Education needs: Anticoagulation medications, diet, activity.

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

Nursing	Rationale	Interventions	Outcome Goal	Evaluation

Diagnosis		**(2 per dx)**	**(1 per dx)**	
1. Impaired gas exchange related to bilateral pulmonary emboli as evidenced by sudden chest pain and CT scan results (Phelps, 2020)	This was chosen because this is the reason the patient was admitted.	**1.** Monitor O2 saturation with pulse ox. **2.** Monitor the patient for shortness of breath, dyspnea, or dizziness.	**1.** The patient will not show signs of respiratory distress (Phelps, 2020)	The patient's O2 saturation remained above 90%; he did not show signs of respiratory distress or difficulty breathing. He remained alert and oriented.
2. Decreased cardiac output is related to ejection fraction of 25-30%, as evidenced by peripheral cyanosis after activity (Phelps, 2020).	This was chosen because there is concern related to peripheral cyanosis observed after activity.	**1.** Allow the patient to rest between activities. **2.** Assess the patient for signs of distress.	**1.** The patient does not verbally or physically show signs of difficulty breathing, confusion, or pain (Phelps, 2020).	The patient states that his fingers often turn blue after showering, but they return to normal when he is in bed.
3. Risk for imbalanced fluid volume related to heart failure and loose stool as evidenced by poor skin turgor and pale skin (Phelps, 2020).	This was chosen because the patient shows signs of dehydration but also has a history of heart failure.	**1.** Monitor intake and output. **2.** Provide the patient with water at his bedside.	**1.** The patient will verbalize the importance of fluid intake to prevent dehydration (Phelps, 2020).	The patient thanked me for providing water at his bedside and said it was important to drink fluids to stay hydrated.
4. Risk for activity intolerance related to heart failure and lung	This was chosen because the patient lives alone and will need to be	1. Assess the patient for signs of distress while performing	1. The patient will be able to complete activities of daily living with minimal	The patient could complete his shower, shave, and rinse his mouth by himself.

disease as evidenced by the patient stating that he has increasing difficulty in completing tasks (Phelps, 2020).	able to take care of himself when he is discharged.	the activity. 2. Assist with activity if needed.	assistance (Phelps, 2020)	

Other References (APA):

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

Concept Map (20 Points

Subjective Data

The client complained of sudden, severe chest pain, disorientation, visual disturbances, and a feeling of doom. He states he has not had chest pain since that first time. He also states that he became weak, so he decided to go to the clinic. He denies shortness of breath, besides his COPD, dyspnea, or pain.

Nursing Diagnosis/Outcomes

1. Impaired gas exchange related to bilateral pulmonary emboli as evidenced by sudden chest pain and CT scan results (Phelps, 2020)
   Outcome: The patient will not show signs of respiratory distress (Phelps, 2020)
2. Decreased cardiac output is related to ejection fraction of 25-30%, as evidenced by peripheral cyanosis after activity (Phelps, 2020).
   Outcome: The patient does not verbally or physically show signs of difficulty breathing, confusion, or pain (Phelps, 2020).
3. Risk for imbalanced fluid volume related to heart failure and loose stool as evidenced by poor skin turgor and pale skin (Phelps, 2020).
   Outcome: The patient will verbalize the importance of fluid intake to prevent dehydration (Phelps, 2020).
4. Risk for activity intolerance related to heart failure and lung disease as evidenced by the patient stating that he has increasing difficulty in completing tasks (Phelps, 2020).
   Outcome: The patient will be able to complete activities of daily living with minimal assistance (Phelps, 2020)

Objective Data

Vitals 1143: Pulse 69, Respirations 18, BP 137/65, temperature 36.7 degrees Celsius, O2 saturation 96% on room air.

Vitals 1500: Pulse 60, Respirations 20, BP 111/49, temperature 36.8 degrees Celsius, O2 saturation 97% on room air.

Client Information

87-year-old male with a history of heart failure, COPD, CAD, HTN, HLD, lung cancer, and a pacemaker. He came to the local clinic for chest pain and was transferred to Carle ER. Chest CT showed bilateral pulmonary emboli, so the patient was admitted.

Nursing Interventions

1. a. Monitor O2 saturation with pulse ox.
   b. Monitor the patient for shortness of breath, dyspnea, or dizziness.
2. a. Allow the patient to rest between activities.
   b. Assess the patient for signs of distress.
3. **a**. Monitor intake and output.
   b. Provide the patient with water at his bedside.
4. a. Assess the patient for signs of distress while performing the activity.
   b. Assist with activity if needed.