N321 Care Plan #1

Lakeview College of Nursing

N321: Adult Health I

Brittney J. Burns

Professor Kristal Henry

March 18th, 2024

Demographics (3 points)

Date of Admission 03/13/2024	Client Initials MH	Age 84	Gender F
Race/Ethnicity White non-Hispanic	Occupation Retired	Marital Status Widowed	Allergies Egg White (Egg Protein), Levofloxacin, Penicillin, Aspirin, Influenza A (H1n1) Monovalent Vaccine, Ketoconazole-hydrocortisone, Propoxyphene, Sulfa Antibiotics, Sulfacetamide, Vancomycin Hcl.
Code Status Full	Height 165 cm (about 5'5 ft)	Weight 108.9 kg (about 240.08 lbs.)	

Medical History (5 Points)

Past Medical History: Benign hypertension, Depression, Hyperlipoproteinemia (Chronic), Obesity, Peripheral Arterial Disease, Urinary incontinence, Spinal stenosis, Hyperglycemia, Hyperbilirubinemia, Chronic low back pain w/ bilateral sciatica, Breast cancer screening, Osteopenia, Vitamin D deficiency, Atrial Flutter, Renal insufficiency, Chronic anticoagulation, Overweight BMI of 40-44.9 in adult, Macrocytosis, Covid-19, Anxiety, Lumbar radiculopathy, Influenza A, deficiency,

Past Surgical History: Total hip replacement, Total hip replacement

Family History: Client was not transparent with family medical history. However, she did state that she was once married and from that marriage she gave birth to 7 children. Both mother and father are deceased.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): The client denies tobacco, alcohol, and drug use.

Assistive Devices: Walker, Bi-Pap, Gait belt

Living Situation: Lives in an assisted living.

Education Level: High school graduate

Admission Assessment

Chief Complaint (2 points): SOB

History of Present Illness – OLD CARTS (10 points): On March, a non-Hispanic white woman with a past medical history of congestive heart failure, benign hypertension, peripheral arterial disease, and atrial flutter presented to OSF emergency department via EMS with shortness of breath that was present for 2 days. Prior to coming to the emergency department, the client was seen at Carle's Convenient Care for shortness of breath on 03/12/2024. There she was prescribed antibiotics and Medrol Dosepak but was not able to get the medications. Within 24 hrs. of the convenient care visit the client symptoms started to worsen so EMS was dispatched to her assisted living. The client denied chest pain, dizziness, and palpitations. Though the patient denied these symptoms an EKG and X-ray were done. The client also denies fever, chills, vomiting, and nausea. At the time of assessment, it was unclear if the client had any alleviating or aggravating factors other than the patient stating things felt worse after going to convenient care and not being able to obtain her medication.

Primary Diagnosis

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

Secondary Diagnosis (if applicable): RSV

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

Heart failure is a serious condition in which the heart doesn't effectively pump an adequate amount of blood to support the body's need. The disease can present and is described in multiple different ways depending on the location and severity of the disease. The disease can be acute or chronic, systolic or diastolic, HFrEF or HFpEF, high-output or low-output failure, right-sided or left-sided heart failure, and forward or backward failure (Capriotti, 2020).

Renin-angiotensin-aldosterone system or RAAS has a major role in the neurohormonal effects of heart failure. This system is responsible for alterations, whether acute or chronic. Congestive heart failure occurs when fluid pressure is increased and then forced to go back through the lungs resulting in right side heard damage. This damage causes the blood to back up in the venous system by the right side losing pumping power (Hinkle et al., 2022).

The smaller protein, angiotensin I, to which angiotensinogen is linked, changes into angiotensin II in the lungs during circulation. The fact that angiotensin II promotes ventricular hypertrophy development and exacerbates heart failure and has broad systemic effects is noteworthy. Angiotensin II is a potent arterial vasoconstrictor and exerts this effect on the systemic arterial system. This widespread vasoconstriction raises peripheral arterial resistance, which increases the afterload of the weakened heart (Capriotti, 2020).

Signs and symptoms of Congestive Heart failure are dependent on which side of the heart it occurs in, though it is important to note that left-sided heart failure can contribute to right-sided heart failure. Jugular Venous Distention, Ascites, GI disturbances, hepatojugular reflux, hepatomegaly, splenomegaly, and peripheral edema presents on right-side ventricular failure.

Left ventricular failure presents as dyspnea, cough, orthopnea, PND, Weak peripheral pulses, and decreased cerebral perfusion, confusion, disorientation (Capriotti, 2020).

The client presented to the emergency room with lung crackles and worsening dyspnea. She denied having chest pain or any other symptoms, but the medical staff determined that a chest x-ray and EKG were required due to her shortness of breath and crackles. The client was found to have minor bilateral pleural effusions and significant bilateral pulmonary infiltrates. After that, the patient was given an ACE inhibitor (lisinopril) and a loop diuretic (furosemide) to help alleviate congested heart failure. The client was also put on a nasal cannula and placed on bedrest.

Pathophysiology References (2) (APA):

Capriotti, T. (2022). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Hinkle, J. L. (2022). *Brunner and Suddarth's textbook of medical-surgical nursing*. Wolters Kluwer.

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 n	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**4.2-5.4 10(6) mL**	**4.38 mcL**	**3.77 mcL**	**low RBC values are caused by decreased bone marrow production increase blood loss or increase RBC**

				destruction (Pagana et al., 2021)
Hgb	**12.0-16 g/dl**	**14.5 g/dl**	**12.8 g/dL**	
Hct	**37.0-47%**	**43.9%**	**38%**	
Platelets	**150-400 10 (3) moL**	**239 moL**	**248 moL**	
WBC	**5.00-10.00 10 (3) moL**	**15.0 moL**	**9.50 mol**	**increase total white blood count usually indicates infections inflammation tissue neurosis necrosis or leukemic neoplasia (Pagana et, al., 2021) in terms of my client she was diagnosed with RSV which would indicate increase of her white blood cell count.**
Neutrophils	**47.0-73.0%**	**62.5%**	**59.7%**	
Lymphocytes	**19.0-49%**	**28.9%**	**25.6%**	
Monocytes	**3.0-13.0%**	**6.9%**	**11.0%**	
Eosinophils	**0.0-8.0%**	**1.2%**	**3.4%**	
Bands	**0.0-1.0%**	**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-	**135-144 mmol/L**	**140 mmol/L**	**144 mmol/L**	
K+	**3.5-5.1 mmoL/L**	**4.2 mmol/L**	**4.2 mmol/L**	
Cl-	**98-108 mmoL/L**	**105 mmol/L**	**104 mmol/L**	
CO2	**23-30 mmoL/L**	**23 mmol/L**	**31 mmol/L**	**this abnormal finding may indicate metabolic alkalosis (Pagana et. Al., 2021) this may have been increased in my patient due to her having shortness of breath and wheezing and being diagnosed with RSV**
Glucose	**74-106 mg/dL**	**212**	**113**	

BUN	**10-20 mg/dL**	**29**	**33**	
Creatinine	**44-97 umol/L 0.5-1.1 mg/dL**	**23**	**28**	**this abnormal result could be cause of diabetic neuropathy.** **Test is used to diagnose impaired renal function (Pagana et al., 2021)**
Albumin	**3.5-5.7 g/dL**	**3.9 g/dL**	**N/A**	
Calcium	**8.8-10.2**	**10 g/dL**	**9.3 g/dL**	
Mag	**30-120 U/L**	**N/A**	**N/A**	
Phosphate	**30-120 U/L**	**N/A**	**N/A**	
Bilirubin	**0.3-1 mg**	**0.9mg**	**N/A**	
Alk Phos	**30-120 U/L**	**90 u/L**	**N/A**	
AST	**30-120 U/L**	**N/A**	**N/A**	
ALT	**4-36 U/L**	**N/A**	**N/A**	
Amylase		**N/A**	**N/A**	
Lipase		**N/A**	**N/A**	
Lactic Acid		**1.9**	**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	**11.0 12.5 seconds**	**N/A**	**N/A**	
PT	**11.0 12.5 seconds**	**N/A**	**N/A**	

PTT	**60-70 seconds**	**N/A**	**N/A**	
D-Dimer	**0.4 mcg/mL**	**N/A**	**N/A**	
BNP	**<100 Critical >400pg/mL**	**1150**	**N/A**	**the abnormal findings of the BNP were because of congestive heart failure (Pagana et al., 2021)**
HDL		**N/A**	**N/A**	
LDL		**N/A**	**N/A**	
Cholesterol	**<200 mg/dL**	**N/A**	**N/A**	
Triglycerides	**35-135 mg/dL**	**N/A**	**N/A**	
Hgb A1c		**N/A**	**N/A**	
TSH	**0.5-53 ng/mL**	**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	**NEG**	**N/A**	**N/A**	
pH	**NEG**	**N/A**	**N/A**	
Specific Gravity	**NEG**	**N/A**	**N/A**	
Glucose	**NEG**	**N/A**	**N/A**	
Protein	**NEG**	**N/A**	**N/A**	
Ketones	**NEG**	**N/A**	**N/A**	
WBC	**NEG**	**N/A**	**N/A**	
RBC	**NEG**	**N/A**	**N/A**	
Leukoesterase	**NEG**	**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	**NEG**	**N/A**	**N/A**	
Blood Culture	**NEG**	**PENDING**	**N/A**	**No growth found**
Sputum Culture	**NEG**	**N/A**	**N/A**	
Stool Culture	**NEG**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

X-ray chest single view (03/13/24)

- **Impression: Moderately extensive bilateral pulmonary infiltrates have appeared since 03/12/2024. Probable bilateral pleural effusions. No pneumothorax is demonstrated. Heart size and pulmonary vascularities are within defined limits.**

EKG (03/13/24)

- **Impression: Atrial fibrillation with rapid ventricular response. Low voltage QRS, cannot rule out anterior in fact cited on or before 12/28/23. Marked ST abnormality possible lateral subendocardial injury. Abnormal ECG.**

X-ray chest single view (03/14/24)

- **Impression: There are scattered ill-defined infiltrates in both lungs. Moderately decreased since 03/13/24. Small bilateral pleural effusions. Heart and pulmonary vascularities are within normal limits.**

X-rays chest 2 views (03/15/24)

- **Impressions: There are scattered ill-defined infiltrates in both lungs. No significant changes since 03/14/24. Heart is upper limits of normal. Pulmonary vascularities are within normal limits.**

Diagnostic Test Correlation (5 points):

These tests were important to complete the evaluation of pulmonary and cardiac systems. This test was specifically done to check the inflammation of the lungs for pneumonia and pericarditis. This test could also check for pulmonary edema pericardial infusion (Pagana et al., 2021)

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

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

Home Medications (5 required)

Brand/	**furosemide**	**lisinopril**	**doxycycline**	**metoprolol**	**hydrochloroth**

Generic	**Lasix**	**Prinivil**	**hyclate Vibramycin**	**succinate Toprol-XL**	**iazide**
Dose	**20mg**	**5 mg**	**100 mg**	**150 mg**	**25mg**
Frequency	**Daily**	**Daily**	**Daily**	**Daily**	**Daily**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	***Pharmacologic class: Loop diuretic (NDH, 2023). Therapeutic class: Antihypertensive, diuretic (NDH,2023).***	***Pharmacologic class: Angiotensin-converting enzyme (Ace) inhibitor (NDH, 2023). Therapeutic class: Antihypertensive (NDH,2023).***	***Pharmacologic class: Tetracycline (NDH, 2023). Therapeutic class: Antibiotic (NDH,2023).***	***Pharmacologic class:* Beta-blocker *(NDH, 2023). Therapeutic class: Antianginal, antihypertensive (NDH,2023).***	***Pharmacologic class: Thiazide diuretic (NDH, 2023). Therapeutic class: Diuretic (NDH,2023).***
Mechanism of Action	**Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation (NDH, 2-23).**	**May reduce blood pressure by inhibiting conversion of angiotensin II. Angiotensin II is a potent vasoconstrictor that also stimulates adrenal cortex to secrete aldosterone. Lisinopril may also inhibit renal and**	**Exerts a bacteriostatic effect against a wide variety of gram positive and gram-negative organisms. Doxycycline is more lipophilic than other tetracyclines, which allows it to pass more easily through the bacterial lipid**	**Inhibits stimulation of beta receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial (NDH,2023).**	**A thiazide diuretic, hydrochlorothiazide promotes movement of sodium, chloride, and water from blood in peritubular capillaries into nephron's distal convoluted tubule. Initially, it may decrease cardiac output, extracellular fluid volume, or plasma**

		vascular production of angiotensin II. Decreased release of aldosterone reduces sodium and water reabsorption and increases their execution, thereby reducing blood pressure (NDH, 2023).	**bilayer, where is binds reversibly to 30S ribosomal subunits. Bound doxycycline blocks the binding of aminoacyl transfer RNA to messenger RNA, this inhibiting bacterial protein synthesis *(NDH,2023).***		**volume, which explains blood pressure reduction. It also may reduce blood pressure by direct arterial dilation (NDH, 2023).**
Reason Client Taking	**CHF; To reduce edema caused by cirrhosis, heart failure, and renal disease.**	**To treat hypertension**	**To treat RSV**	**Managing hypertension alone or in conjunction with antihypertensives.**	**As adjunct to treat edema caused by heart failure.**
Contraindications (2)	**Anuria and an allergy to furosemide or its components (NDH, 2023).**	**Hereditary or idiopathic angioedema or a history of angioedema related to previous treatment with an ACE inhibitor (NDH,**	**Hypersensitivity to amlodipine or its components**	**For angina and hypertension: Cardiogenic shock, heart block greater than first degree, overt cardiac failure, sinus brady.**	**Anuria and an allergy to thiazides (NDH, 2023).**

		2023). Concurrent aliskiren use in patients with diabetes (NDH, 2023),			
Side Effects/Adverse Reactions (2)	**Dizziness, Arrhythmias**	**MI, Bronchospasm**	**Black "hairy" tongue, Pericarditis**	**CVA, Bronchospasm**	**Hypotension, metabolic alkalosis**
Nursing Considerations (2)	**Be aware of patients who are allergic to sulfonamides may also be allergic to furosemide. Monitor patients closely.**	**Notify prescriber if patient has persistent, nonproductive cough, a common adverse effect of ACE inhibitors such as lisinopril (NDH, 2023). Monitor for dehydration, which can lead to hypotension especially if the patient experiences diarrhea or vomiting (NDH, 2023).**	**Monitor liver function test results as appropriate to detect hepatotoxicity *(NDH,2023)*.** **Expect doxycycline to increase risk of oral, rectal, or vaginal candidiasis – especially in debilitated or elderly patients, and those on prolonged therapy- by changing the normal balance of**	**Use cautiously in patients with angina or hypertension who have congestive heart failure because beta blockers such as metoprolol can further depress myocardial contractility, worsening heart failure (NDH, 2023). If patient with heart failure develops symptomatic bradycardia, expect to decrease the metoprolol dosage (NDH, 2023).**	**Monitor blood pressure, daily weight, fluid intake and output, and serum electrolytes, especially potassium (NDH, 2023). Assess for evidence of hypokalemia, such as muscle spasms and weakness (NDH, 2023).**

			microbial flora *(NDH,2023).*		

Hospital Medications (5 required)

Brand/ Generic	**apixaban Eliquis**	**atorvastatin calcium Lipitor**	**ceftriaxone Rocephin**	**duloxetine Cymbalta**	**Pregabalin Lycric**
Dose	**5 mg**	**20mg**	**2g**	**60mg**	**50mg**
Frequency	**2x daily**	**Daily**	**Daily**	**Daily**	**Daily**
Route	**Oral**	**Oral**	**Intravenous**	**Oral**	**Oral**
Classification	***Pharmacologic class: Factor Xa inhibitor (NDH, 2023). Therapeutic class: Anticoagulant (NDH,2023).***	***Pharmacologic class: HMG-CoA reductase inhibitor (NDH, 2023). Therapeutic class: Antihyperlipidemic (NDH,2023).***	***Pharmacologic class: Third generation cephalosporin (NDH, 2023). Therapeutic class: Antibiotic (NDH,2023).***	***Pharmacologic class: Thiazide diuretic (NDH, 2023). Therapeutic class: Diuretic (NDH,2023).***	***Pharmacologic class: GABA analogue (NDH, 2023). Therapeutic class: Analgesic, anticonvulsant (NDH,2023).*** **Controlled substance schedule V**
Mechanism of Action	**Inhibits free**	**Reduces plasma**	**Interferes with**	**Inhibits dopamine,**	**Binds to A2D site an**

	and clot-bound factor Xa and prothrombinase activity. Although apixaban has no direct effect on platelet aggregation induced by thrombin. By inhibiting factor Xa, apixaban decreases thrombin generation and thrombus development (NDH, 2023).	**cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown (NDH, 2023).**	**bacterial cell wall synthesis by inhibiting cross-linking peptidoglycan strands. Peptidoglycan makes the cell membrane rigid and protective. Without it bacterial cells rupture and die (NDH,2023).**	**neuronal serotonin, and norepinephrine reuptake to potentiate noradrenergic and serotonergic activity in the CNS. These activities may elevate mood and inhibit pain signals stemming from peripheral nerves adversely affected by chronically elevated serum glucose level (NDH, 2023).**	**axillary subunit of voltage calcium channels in SNS tissue where it may reduce calcium dependent release of several neurotransmitters possibly by modulating calcium channel function. With fewer neurotransmitters pain sensation and seizure activity decline (NDH, 2023).**
Reason Client Taking	**To reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation.**	**To reduce the risk of acute cardiovascular events.**	**To treat lower respiratory tract infections caused by K. pneumoniae or S. pneumoniae**	**To relieve neuropathic pain associated with diabetic peripheral neuropathy.**	**To relieve neuropathic pain associated with diabetic peripheral neuropathy**
Contraindications (2)	**Active pathological bleeding, severe allergy to**	**Unexplained rise in serum transaminase level, active hepatic**	**Allergy to ceftriaxone, penicillin's, or any components**	**Chronic liver disease. Use of MAO inhibitors**	**Allergies to pregabalin or its components**

	apixaban or its components	**disease**	**in that family. Administration of ceftriaxone solutions containing lidocaine.**	**within 5 days of stopping duloxetine.**	
Side Effects/Adverse Reactions (2)	**Hemorrhagic stroke, Anaphylaxis**	**Angioedema, Rectal hemorrhage**	**Seizures, Hepatitis**	**Suicidal ideation, Aggression**	**Heart failure, hypoglycemia**
Nursing Considerations (2)	**Be aware if apixaban is discontinued prematurely and adequate alternative anticoagulation is not present the risk of thrombosis increases (NDH, 2023).**	**Monitor patients' blood glucose levels because atorvastatin therapy can affect blood glucose control (NDH, 2023).** **Use atorvastatin cautiously in patients who consume substantial quantities of alcohol or have a history of liver disease because atorvastatin can increase risk of liver dysfunction (NDH, 2023).**	**Obtain culture and sensitivity results, if possible and as ordered, before giving drug (NDH, 2023).** **Assess for superinfections, such as cough or sputum changes, diarrhea, drainage, fever, malaise pain, perineal itching, rash, redness, and swelling (NDH, 2023).**	**Obtain patients baseline blood pressure before duloxetine therapy starts and assess it periodically thereafter for changes. If orthostatic hypotension occurs during therapy notify prescriber and anticipate the drug may have to be discontinued (NDH, 2023).** **Screening patients for a personal or family**	**monitor patient closely for evidence of suicidal behavior or thinking especially when therapy starts or dosages change (NDH, 2023). Monitor patients closely for adverse reactions. Notify prescriber if significant adverse reactions persist (NDH, 2023).**

				history of bipolar disorder mania or hypomania which drug may activate (NDH, 2023),	

Medications Reference (1) (APA):

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

Assessment

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

GENERAL: No apparent distress **Alertness: A&O x4** **Orientation: Time, place, situation, and person** **Distress: No acute distress** **Overall appearance: Neat and**	

appropriate	
INTEGUMENTARY: **Skin color:** **Character: cool dry blanchable** **Temperature: 97.8** **Turgor: Normal** **Rashes: none present** **Bruises: Yes, on both forearms** **Wounds: none** **Braden Score: 18** **Drains present: Y☐ N ☒** **Type:**	**Denies tenderness and tingles**
HEENT: Atraumatic, symmetrical bilaterally. **Head/Neck: WDL** **Ears: N/A** **Eyes:** **Note:** **Teeth: missing teeth**	Both the bilateral EOMs and PERRLA are intact. Both eyes have a pink conjunctiva, a white sclera, a clean cornea, and no obvious eye discharge. Both lids are pink, wet, and free of discharge or sores.
CARDIOVASCULAR: **Heart sounds: S1 S2 sounds** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable): Atrial Fibrillation, Irregular** **Peripheral Pulses:** **Capillary refill: 3 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema: None**	**Atrial Fibrillation, Irregular**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **Clear**	Shortness of breath on ambulation, Tachycardia, Wheezing LLQ, URQ (posterior), Generalized wheezing on anterior. Noticeable wheezing without ambulation.
GASTROINTESTINAL: **Diet at home: Cardiac** **Current Diet Cardiac** **Height: 5'5** **Weight: 241 lbs** **Auscultation Bowel sounds: within normal limits** **Last BM: 03/15/24** **Palpation: Pain, Mass etc.: Void of pain and masses**	.

Inspection: **Distention: WDL** **Incisions: None** **Scars: none** **Drains: none** **Wounds: none** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color: Amber** **Character: Dark** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: External** **Size:**	
MUSCULOSKELETAL: **Neurovascular status: WDL** **ROM: WDL** **Supportive devices: Walker gait belt** **Strength: WDL** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 91** **Activity/Mobility Status: 1 assist/ standby** **Independent (up ad lib) ☐** **Needs assistance with equipment x☐** **Walker gait belt** **Needs support to stand and walk☐ yes**	Client can only ambulate 10-20 feet before needing to rest.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: A&O x4** **Mental Status: WDL** **Speech: Clear** **Sensory: WNL**	.

LOC: WNL	
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Prayer and laughter** **Developmental level:** **Religion and what it means to pt.:** **Christian, the client is strong in her faith** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient lives alone in assisted living. The client has seven children and mentioned previously being married. The client was not very forthcoming with her family life and used humor to deflect.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	**95**	**128/73**	**20**	**98**	**95%**
1100	**96**	**110/71**	**20**	**97.8**	**90%**

Pain Assessment, two sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	**0**	**N/A**	**N/A**	**N/A**	**N/A**
1100	**0**	**N/A**	**N/A**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:22 **Location of IV: distal right upper arm** **Date on IV: 03/17/2024** **Patency of IV: clean, dry, intact** **Signs of erythema, drainage, etc.: No though there is some noticeable bruising.**	Hep lock/ Saline Lock: No IV fluids

IV dressing assessment: clean, dry new dressing	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
360 mL	**175 mL (was not charted however it was in the canister)**

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was upbeat and cooperative with care. The client was eager to get up and ambulate the room although she still physically felt tired. The client stated she knew the only way she was going to leave the hospital was to cooperate with the staff so that they could discharge her home. The patient used humor to mask her anxiety and to deflect from topics she was not comfortable with sharing. The student nurse was able to remove the clients external catheter, peripheral iv, and assisted the patient in getting dressed.

Procedures/testing done: COVID-19 testing was completed prior to discharge. The results were negative.

Complaints/Issues: Shortness of breath

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Tolerating cardiac diet and 1500 mL fluid restriction. The patient was able to ambulate 10-20 feet before needing a break.

Physician notifications: No notifications on this nursing students shift to notify the doctor of.

Future plans for the client: The client will be discharged to an assisted living facility, Hawthorne.

Discharge Planning (2 points)

Discharge location: Long term care facility, Hawthorne.

Home health needs (if applicable): The client will need physical therapy as related to her shortness of breath as made evident by her use of a walker and only being able to ambulate around her hospital room 10-20 feet before needing a break.

Equipment needs (if applicable): Walker, gait belt.

Follow-up plan: Follow-up with physical therapy

Education needs: The importance of mobility

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

Nursing Diagnosis • Include complete nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for Impaired physical mobility as related to anxiety, safety, and activity intolerance made evident by reluctance	**The client is not able to walk more than 10-20 feet without exertion.**	**1. Encourage attendance at physical therapy sessions and support activities on the unit by using the same**	**1. The patient shows no evidence of contractures venous stasis thrombus formation skin breakdown hypostatic pneumonia or**	**Prior to discharge the patient was made aware that they would continue physical therapy once they got to their assisted living**

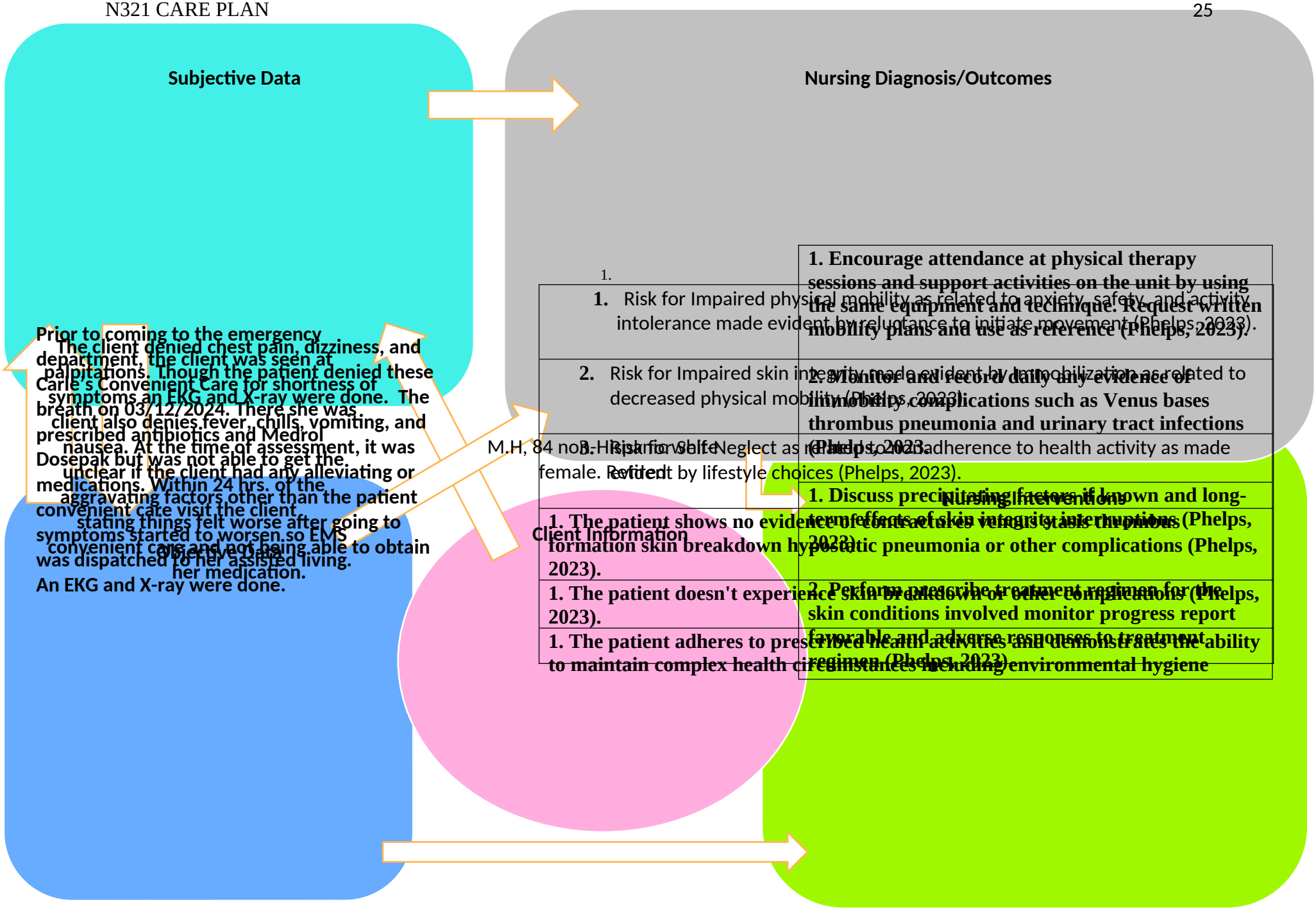
to initiate movement (Phelps, 2023).		**equipment and technique. Request written mobility plans and use as reference (Phelps, 2023).** **2. Monitor and record daily any evidence of immobility complications such as Venus bases thrombus pneumonia and urinary tract infections (Phelps, 2023.**	**other complications (Phelps, 2023).**	**facility. Patient was given instruction and demonstration of skills and carrying out the mobility regimen. Patient was anxious about it but also ecstatic that she was able to go home and to continue therapy.**
2. Risk for Impaired skin integrity made evident by Immobilization as related to decreased physical mobility (Phelps, 2023).	**These measures reduce pressure, promote circulation, and minimize skin breakdown (Phelps, 2023).**	**1. Discuss precipitating factors if known and long-term effects of skin integrity interruptions (Phelps, 2023).** **2. Perform prescribe treatment regimen for the skin conditions involved monitor**	**1. The patient doesn't experience skin breakdown or other complications (Phelps, 2023).**	**The patient was given instructions about their treatment regimen and how to carry out doing these skills the patient responded positively to these nursing interventions.**

		progress report favorable and adverse responses to treatment regimen (Phelps, 2023).		
3. Risk for Self-Neglect as related to nonadherence to health activity as made evident by lifestyle choices (Phelps, 2023).	**Persons who intentionally neglect self-care as a lifestyle choice will fare better if the decision to improve self-care is their decision (Phelps, 2023).**	**1. Assess patient with complex health issues for adequate coping abilities (Phelps, 2023).** **2. Encourage patient to identify internally motivating factors for adhering to health regimens (Phelps, 2023).**	**1. The patient adheres to prescribed health activities and demonstrates the ability to maintain complex health circumstances including environmental hygiene nutrition and fitness in a positive way (Phelps, 2023).**	**The patient explained to the student nurse why this was causing so much anxiety. The patient then became optimistic about care once she realized she was going home though she stated it would be bothersome she would still do it.**

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual*. Wolters Kluwer.

Concept Map (20 Points):


Subjective Data
Prior to coming to the emergency department, the client was seen at Carle's Convenient Care for shortness of breath on 03/12/2024. There she was prescribed antibiotics and Medrol Dosepak but was not able to get the medications. Within 24 hrs. of the convenient care visit the client symptoms started to worsen.so EMS was dispatched to her assisted living.
The client denied chest pain, dizziness, and palpitations. Though the patient denied these symptoms an EKG and X-ray were done. The client also denies fever, chills, vomiting, and nausea. At the time of assessment, it was unclear if the client had any alleviating or aggravating factors other than the patient stating things felt worse after going to convenient care and not being able to obtain her medication.
An EKG and X-ray were done.
Other Data
Nursing Diagnosis/Outcomes
1.
1. Risk for Impaired physical mobility as related to anxiety, safety, and activity intolerance made evident by reluctance to initiate movement (Phelps, 2023).
2. Risk for Impaired skin integrity made evident by immobilization as related to decreased physical mobility (Phelps, 2023).
3. Risk for Self-Neglect as related to adherence to health activity as made evident by lifestyle choices (Phelps, 2023).
1. The patient shows no evidence of contractures venous stasis thrombus formation skin breakdown hypostatic pneumonia or other complications (Phelps, 2023).
1. The patient doesn't experience skin breakdown or other complications (Phelps, 2023).
1. The patient adheres to prescribed health activities and demonstrates the ability to maintain complex health circumstances including environmental hygiene
Nursing Interventions
1. Encourage attendance at physical therapy sessions and support activities on the unit by using the same equipment and technique. Request written mobility plans and use as reference (Phelps, 2023).
2. Monitor and record daily any evidence of immobility complications such as Venus bases thrombus pneumonia and urinary tract infections (Phelps, 2023).
1. Discuss precipitating factors if known and long-term effects of skin integrity interruptions (Phelps, 2023).
2. Perform prescribe treatment regimen for the skin conditions involved monitor progress report favorable and adverse responses to treatment regimen (Phelps, 2023).
M.H, 84 non-Hispanic female. Retired
Client Information