Medications

1. Amlodipine: 10 mg tab; 1-tab oral daily

2. Budesonide nebulizer: 0.25 mg; Inhaled orally 2x daily

3. Buspirone: 5 mg; 1-tab oral daily

4. Levothyroxine: 137 mcg; daily at 0600

5. Morphine: 2 mg; IV push every 3 hours PRN

*Continued on page 4

Lab Values/Diagnostics

1. Creatinine 1.44 mg/dL (0.5-1.02)

2. BUN 39 mg/dL (10-20)

3. Glucose 160 mg/dL (74-100)

4. Calcium 8.8 mg/dL (8.9-10.6)

1.XR Chest AP; evaluation for pulmonary edema. No acute findings.

2. XR KUB; for patient's abdominal distention for confirmation there is no obstructive bowel or gas pattern present. No acute findings. The evaluation was limited due to patient's body habitus.

*lab ranges & diagnostics per Carle charting

***Continued on page 5**

Demographic Data

Date of Admission: 3/5/24
Admission Diagnosis/Chief Complaint: Heart failure/ Worsening shortness of breath
Age: 77
Gender: Female
Race/Ethnicity: White
Allergies: Codeine; bad headache
Code Status: No CPR; do not intubate
Height in cm: 167.6 cm
Weight in kg: 124.0 kg
Psychosocial Developmental Stage: Integrity vs. Despair
Cognitive Developmental Stage: Formal Operational
Braden Score: 15
Morse Fall Score: 45
Infection Control Precautions: Contact/droplet

Admission History

Patient is a 77 year-old female presented to the ER with respiratory distress at (O2 was 85% RA, BP was 260/160, with a HR of 130). She reports shortness of breath, malaise, and a dry cough since 3/3/24. She also reports a tightness in her chest and rates the pain an 8 out of 10. She states the pain is worse when lying flat and with ambulation. Besides resting, she has not done anything to treat her symptoms. She was taken to the ED by ambulance and was intubated upon arrival.

Medical History

Previous Medical History: Congestive heart failure, chronic obstructive pulmonary disease, type 2 diabetes, primary hypertension, hypothyroidism, mood disorder, dyslipidemia, coronary artery spasm

Prior Hospitalizations: 9/2018; hypothyroidism, 4/2022; shoulder arthritis, 6/2022; fracture of patella, 10/2022; avulsion of patellar tendon

Previous Surgical History: 2022; L knee, R knee, and R shoulder

Social History: No tobacco, alcohol, or drug use.

Pathophysiology

Disease process: Heart failure is a chronic condition that occurs when the heart is unable to pump enough blood to meet the body's needs. Heart failure involves changes within muscles cells located in the heart, as well other cells throughout the body that contribute to the heart's function (Cleveland Clinic, 2023). This leads to impaired cardiac function and reduced blood flow to vital organs (Cleveland Clinic, 2023).

S/S of disease: My patient displayed shortness of breath, chest pain, fatigue, weight gain, dry hacking cough, bloated stomach, and edema of the legs and abdomen (Cleveland Clinic, 2023).

Method of Diagnosis: Blood tests, cardiac cath, chest x-ray, ECG, cardiac MRI, CT scan, stress test, and genetic testing (Cleveland Clinic, 2023).

Treatment of disease: Treatment mainly depends on the underlying cause and its severity (Cleveland Clinic, 2023). It can range from lifestyle modifications, meds, and surgery. My patient was receiving med therapy management.

Active Orders

1. FL Modified Barium Swallow: The patient had dysphagia and failed her speech test. The provider wanted to further assess her pharyngeal swallow.

2. Transesophageal Echocardiogram: To provide images of the heart and its internal structure with a focus on mitral stenosis in regard to this patient.

3. ECG 12 Lead: To monitor QT intervals

4. Isolation (Contact/Droplet): Due to the patient having influenza and VRE

Physical Exam/Assessment

General: Alert and orientated x4, no acute distress noted, overall appearance well groomed.

Integument: Skin is warm and dry upon palpation. Ecchymosis present on upper and lower arms bilaterally. No clubbing or cyanosis noted. Skin turgor is of normal mobility and capillary refill less than 3 seconds fingers and toes bilaterally.

HEENT: Head and neck are symmetrical. Trachea is midline with no deviation. Thyroid was not assessed due to patient's body habitus. Bilateral palpable carotid 2+. No lymphadenopathy present. Bilateral auricles with no visible injury or drainage. Bilateral sclera white and cornea clear. Bilateral conjunctiva pink with no visible drainage. PERRLA and EOMS intact. Septum is midline. No visible bleeding polyps in the nose. Several teeth are missing and decayed.

Cardiovascular: Normal rate and rhythm. Clear S1 and S2 without gallops or rubs noted. No neck vein distention noted. Edema present in lower legs bilaterally.

Respiratory: Diminished lung sounds bilaterally. No wheezing, crackles, or rhonchi noted. Normal rate and patterns of respirations.

Genitourinary: Urine color amber. No pain with urination. Periwound present (was not able to assess due to dressing). Medial coccyx pressure wound present (was not able to assess due to dressing). The patient also utilizes a catheter but had it removed when she was going to her procedure. At the time of my assessment, the nurse was getting her a new one so I do not know the type and size.

Gastrointestinal: Diabetic diet. Abdomen is nontender with no rashes, lesions, or bruises noted. Distention is present. Bowel sounds are normaoactive in all four quadrants.

Musculoskeletal: Radial pulses 2+ bilaterally. Pedis pulses 1+ bilaterally. Equal strength in hand grips and pedal pushes. ROM is WDL. Patient requires ADL assistance; walker.

Neurological: A&Ox4. Adult mental status level. PERRLA intact.

Most recent VS (include date/time and highlight if abnormal): VS taken on 3/25 @ 1057

Temp: 97.6 F**, Route:** Oral**, Respiration Rate:** 18 breaths/ min**, Heart Rate:** 68 bpm**, Blood Pressure:** 132/68 mm Hg**, O2:** 96%, **Oxygen Needs:** Nasal cannula

Pain and pain scale used: The patient rated her pain on a numeric scale a 0/0.

Nursing Diagnosis 1	**Nursing Diagnosis 2**	**Nursing Diagnosis 3**
Risk for impaired gas exchange related to usage of nasal cannula as evidenced by diminished lung sounds (Phelps, 2020).	Risk for infection related to impaired skin integrity as evidenced by a pressure wound (Phelps, 2020).	Risk for social isolation related to contact precautions as evidenced by extended stay at the hospital (Phelps, 2020).
Rationale	**Rationale**	**Rationale**
Patient has a history of COPD and was admitted with respiratory distress at 85% on room air.	Patient had a stage two pressure wound with partial thickness on her medial coccyx.	Patient has been in the hospital for 20 days and is on isolation precautions. Her son is the only person that has visited her. She wants to see her granddaughter, but her son is hesitant to allow her to visit considering the precautions and her young age.
Interventions	**Interventions**	**Interventions**
Intervention 1: Keep HOB elevated to facilitate chest expansion (Phelps, 2020). **Intervention 2:** Reposition the patient every 2 hours to mobilize secretions (Phelps, 2020).	**Intervention 1:** Minimize the patient's risk for infection by utilizing hand hygiene before and after care (Phelps, 2020). **Intervention 2:** Reposition the patient every 2 hours to redistribute pressure and enhance blood flow to the wound (Phelps, 2020).	**Intervention 1:** Encourage the patient to utilize her phone more and call friends and family (Phelps, 2020). **Intervention 2:** Provide non-care related time with the patient and talk to her (Phelps, 2020).
Evaluation of Interventions	**Evaluation of Interventions**	**Evaluation of Interventions**
The patient was turned and elevated throughout the shift. She stated that it felt more comfortable, and it was easier to breathe.	The patient was compliant and cooperative with repositioning. According to her chart, the wound was improving.	The patient was excited to talk to me and tell me about her life. She said she cannot wait to be discharged because she misses her dog and granddaughter. She showed me pictures and told me stories about them. The patient seemed to be in a happier mood.

Medications

1. **Amlodipine: 10 mg tab; 1-tab oral daily** to control the patient's hypertension (Jones & Bartlett, 2023).
Pharmacological: Calcium channel blocker (Jones & Bartlett, 2023).
Therapeutic: Antianginal, antihypertensive (Jones & Bartlett, 2023).
Key Nursing Assessment prior to admin: Assess the patient's blood pressure (Jones & Bartlett, 2023).

2. Budesonide nebulizer: 0.25 mg; Inhaled orally 2x daily to improve airflow in patients with COPD (Jones & Bartlett, 2023).
Pharmacological: Corticosteroid (Jones & Bartlett, 2023).
Therapeutic: Antiasthmatic, anti-inflammatory (Jones & Bartlett, 2023).
Key Nursing Assessment prior to admin: Assess lung sounds and vitals before administration and during the peak of the medication (Jones & Bartlett, 2023).

3. Buspirone: 5 mg; 1-tab oral daily to manage the patient's anxiety (Jones & Bartlett, 2023).
Pharmacological: Azapirone (Jones & Bartlett, 2023).
Therapeutic: Anxiolytic (Jones & Bartlett, 2023).
Key Nursing Assessment prior to admin: Assess patient for any signs of paresthesia, dizziness, or personality changes (Jones & Bartlett, 2023).

4. Levothyroxine: 137 mcg; daily at 0600 to treat primary hypothyroidism (Jones & Bartlett, 2023).
Pharmacological: Synthetic thyroxine (Jones & Bartlett, 2023).
Therapeutic: Thyroid hormone (Jones & Bartlett, 2023).
Key Nursing Assessment prior to admin: Ask if the patient has eaten because this medication is best absorbed on an empty stomach (Jones & Bartlett, 2023).

5. Morphine: 2 mg; IV push every 3 hours PRN to treat this patient's air hunger/ breathlessness (Jones & Bartlett, 2023).
Pharmacological: Opioid (Jones & Bartlett, 2023).
Therapeutic: Opioid analgesic (Jones & Bartlett, 2023).
Key Nursing Assessment prior to admin: Assess level of consciousness and vitals frequently, as this medication can cause respiratory depression(Jones & Bartlett, 2023).

Relevant Lab Values/Diagnostics

1. **Creatinine 1.44 mg/dL** (0.5-1.02) due to congestive heart failure (Martin, 2023).
2. **BUN 39 mg/dL** (10-20) due to congestive heart failure (Martin, 2023).
3. **Glucose 160 mg/dL** (74-100) due to type 2 diabetes (Martin, 2023).
4. **Calcium 8.8 mg/dL** (8.9-10.6) due to hypothyroidism (Martin, 2023).

References (3) (APA):

Cleveland Clinic Staff. (2023). *Congestive heart failure*. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/17069-heart-failure-understanding-heart-failure

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