N431 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 3/20/2024	**Client Initials** M.B.	**Age** 75	**Gender** F
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Widow	**Allergies** Latex, pollen, iodinated contrast media, erythromycin, Lyrica, Neurontin, Cymbalta, duloxetine, fluoxetine, and tetracycline.
Code Status Attempt CPR/Full treatment	**Height** 5’5” (165.1 cm)	**Weight** 139 lb. 5.3 oz. (63.2 kg.)	

Medical History (5 Points)

Past Medical History: Anxiety, depression, arthritis, back pain, cataract, carpel tunnel, CVA, diabetes mellites 2, dysphagia, ganglion cyst (left thumb), glaucoma, heart disease, hiatal hernia, joint replacement, urinary tract infection, hypertension, hypoxia, hypercholesterolemia, hyperlipidemia, osteopenia, PVC’s, left sided sciatica, left shoulder impingement, supraspinatus, and thrombocytopenia.

Past Surgical History: Hand neuroplastic left carpal tunnel release 4/2/2018, complete hysterectomy in 1985, right median carpel tunnel release nerve neuroplastic 8/29/18, left total knee arthroplasty 12/12/2016, right total knee arthroplasty 11/1/2010, wisdom teeth extraction patient reported no date known , appendectomy the patient reported no date known, lumbar spine fusion anterior approach the patient reported no date known, gallbladder removal the patient reported no date known, right rotator cuff repair the patient reported no date known, left rotator cuff repair the patient reported no date known, spinal L4 and L5 fusion the patient reported no date known, and tonsillectomy the patient reported no date known.

Family History: The patient reports that her father and paternal grandfather both were diagnosed with colon cancer. The patient reports that her mother was diagnosed with cardiac arrythmias. The patient reports that her sister experienced both a stroke and a heart attack.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): The patient reports that she is a former cigarette smoker utilizing a pack a day for over thirty years. The patient denies any past or present alcohol or illegal drug use.

Assistive Devices: The patient is currently utilizing the use of a walker, gait belt, and standby assist while admitted in the hospital. The patient denies the use of daily assistive devices before her hospital admittance.

Living Situation: The patient reports living alone in an apartment. The patient reports that she relies on friends as a support system because she is widowed and has no children.

Education Level: The patient reports that she is a high school graduate and currently has no learning barriers.

Admission Assessment

Chief Complaint (2 points): Concern for generalized seizure and supporting symptoms experienced. The patient experienced an unresponsive episode for five minutes while convulsing and the patient lost control of their bladder function during that time.

History of Present Illness – OLD CARTS (10 points): A 75-year-old Caucasian female presented to the ER 3/20/2024 for concerns of a generalized seizure. The patient's friend reported that the patient became unresponsive for five minutes while driving, experienced convulsions, and lost control of her bladder. The patient denies experiencing an aura, dizziness, déjà vu, or a history of seizures or related symptoms. Patient reports only experiencing chest pain and nausea during the event and states "it was like a cardiac event". The patient reports nothing

makes her symptoms experienced better and nothing makes it worse. The patient reports no treatment for her symptoms experienced were treated before arriving at the ER.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Generalized seizure.

Secondary Diagnosis (if applicable): Active hospital diagnosis for this current hospitalization include LV mural thrombus, NSTEMI, HTN, hypomagnesemia, hypokalemia, nausea, vomiting, dyspepsia, iron deficiency anemia due to chronic blood loss, heartburn, loss of consciousness, shock, and dehydration.

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

A seizure is the result of an imbalance of impulses that occurs within the brain between inhibitory and excitatory impulses abruptly because of an ion malfunction. The brain experiences sudden electrical activity that is not able to be controlled. (Capriotti & Frizzell, 2020).

Seizures can be a direct result of a genetic abnormality or a structural lesion that can also assist in the occurrence of numerous neurological abnormalities. Structural lesions can be a result of an environmental factor, some common environmental related lesions are brain tumors, traumatic brain injuries, lesions directly on the brain, or infections affecting the brain. Structural lesions can also be a result of genetics, some common genetic related lesions include tumor syndromes, metabolic disorders, or malformations directly affecting the brain. Brain synapse or development of the brain is often related to the development of seizures during childhood and can occur randomly and intensely (Mayoclinic.org, 2024).

Seizures can directly affect a patient’s neurological system, cardiovascular system, reproductive system, respiratory system, central nervous system, muscular system, digestive

system, and skeletal system. Mental confusion, visual changes, fatigue, unconsciousness, depression, headaches, abnormal heart rate, labored breathing, uncontrollable muscle movements, lack of control of the bowels, lack of control of the bladder, and increased risks for negative effects during pregnancy. Body systems can also be affected when signs and symptoms cause an injury to occur within a body system (Capriotti & Frizzell, 2020). For example, during convulsions a patient may experience trauma to their head or bones related to a fall because of having a seizure while standing. Vital signs, diagnostic testing, and laboratory results will also be affected when a seizure occurs. An MRI or CT scan may be ordered to determine neurological damage that occurred from the seizure. An EEG or deep brain stimulation testing may be ordered to determine brain activity that is occurring. Labs including a CBC, CK, electrolyte, creatinine, liver function, and renal function test are ordered to determine how a seizure has affected the function of a patient's body, an elevated creatinine level often occurs when a seizure has occurred. Vital signs are affected when a seizure occurs because of the activation of the sympathetic nervous system which increases the patient's heart rate and blood pressure (Capriotti & Frizzell, 2020).

Acute or chronic seizures can often be treated by medication for prevention of occurrence by utilizing antiepileptic medications or anticonvulsant medications. Surgery is an option for patients experiencing recurrent seizures that are not able to be controlled by medication (Capriotti & Frizzell, 2020). Our patient that I am providing care for this shift has suffered a seizure and has had diagnostic and laboratory testing performed, the patient hasn't been prescribed or administered an anticonvulsant medication at this time because of testing that has not occurred at this time and because of results that have not populated at this time. The patient experienced a five-minute period of unconsciousness accompanied by uncontrolled urination,

confusion, and uncontrollable muscle movement all associated signs and symptoms of an occurrence of a seizure.

Pathophysiology References (2) (APA):

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

Mayo Clinic Staff. (2024). *Seizures*. Mayoclinic.org. https://www.mayoclinic.org/diseases-conditions/seizure/symptoms-causes/syc-20365711.

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	3.80 - 5.30 10(6)/mcL	3.35 10(6)/mcL	3.42 10(6)/mcL	The patient's decreased RBC count is related to the patient's diabetes and anemia diagnosis (Capriotti & Frizzell, 2020).
Hgb	13.0 - 16.5 g/dL	10.1 g/dL	10.8 g/dL	The patient's decreased Hgb is related to the patient's diabetes and anemia diagnosis (Capriotti & Frizzell, 2020).
Hct	38.0 - 50.0 %	30.9%	32.1%	The patient's decreased HCT is related to the patient's diabetes and anemia diagnosis (Capriotti & Frizzell, 2020).
Platelets	140 – 440 10(3)/mcL	409 10(3)/mcL	390 10(3)/mcL	
WBC	4.0 – 12.0 10(3) mcL	6.27 10(3)/mcL	7.31 10(3)/mcL	
Neutrophils	47.0 – 73.0%	N/A	3.70%	The patient's decreased neutrophil lab value is related to the patient's diabetes diagnosis. Hyperglycemia

				directly affects neutrophils because they are the first line of defense against infections and attempt to fight against diabetes inside of the patient's body (Capriotti & Frizzell, 2020).
Lymphocytes	19.0 – 49.0%	N/A	36.3%	
Monocytes	3.0 – 13.0%	N/A	9.3%	
Eosinophils	0.0 - 8.0%	N/A	2.3%	
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/mL	135 mmol/mL	136 mmol/mL	
K+	3.5-5.1 mmol/mL	3.8 mmol/mL	5.0 mmol/mL	
Cl-	98-108 mmol/mL	102 mmol/mL	102 mmol/mL	
CO2	20 -31 mmol/mL	23.0 mmol/mL	22.0 mmol/mL	
Glucose	65-110 mg/dL	110 mg/dL	99 mg/dL	
BUN	7-26 mg/dL	22 mg/dL	21 mg/dL	
Creatinine	0.5 – 1.0 mg/dL	0.93 mg/dL	1.07 mg/dL	Elevated creatinine levels can occur when seizures occur (Capriotti & Frizzell, 2020).
Albumin	3.5-5.7 mg/dL	N/A	N/A	
Calcium	8.7-10.5 mg/dL	8.3 mg/dL	8.6 mg/dL	Decreased calcium levels can be associated with hypocalcemia and can result in an occurrence of a seizure (Capriotti & Frizzell, 2020).

Mag	1.6 - 2.2 mg/dL	1.6 mg/dL	1.7 mg/dL	
Phosphate	2.8 – 4.5 mg/dL	N/A	N/A	
Bilirubin	0.2 – 0.8 mg/dL	N/A	N/A	
Alk Phos	34 – 104 U/L	56 U/L	N/A	
AST	13 - 39 U/L	14 U/L	N/A	
ALT	7 – 52 U/L	9 U/L	N/A	
Amylase	29 – 103 U/L	N/A	N/A	
Lipase	11 – 82 U/L	N/A	N/A	
Lactic Acid	0.5 -2.0 mmol/L	N/A	N/A	
Troponin	0-0.04 ng/mL	37	26	An increased troponin is directly related to cardiac and renal associated diseases the patient is experiencing during this admittance (Capriotti & Frizzell, 2020).
CK-MB	3-5%	N/A	N/A	
Total CK	5-25 IU/L	N/A	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	0.8 – 1.1 Seconds	N/A	N/A	
PT	11 – 13.5 Seconds	N/A	N/A	
PTT	25 – 35 seconds	80.7	68.6	
D-Dimer	0 – 622	N/A	N/A	

	mg/mL			
BNP	0 – 100 mg/mL	N/A	N/A	
HDL	>40 mg/dL	N/A	N/A	
LDL	<130 mg/dL	N/A	N/A	
Cholesterol	<200 mg/dL	N/A	N/A	
Triglycerides	<150 mg/dL	N/A	N/A	
Hgb A1c	4.0 – 6.0 %	N/A	N/A	
TSH	0.270 – 4.200 mIU/L	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	Yellow/clear	Yellow/clear	N/A	
pH	5.0-9.0	6.5	N/A	
Specific Gravity	1.003-1.030	1.015	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	N/A	N/A	
WBC	0-5	N/A	N/A	
RBC	0-2	N/A	N/A	
Leukoesterase	Negative	Negative	N/A	

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	7.38-7.42	N/A	N/A	
PaO2	75-100 mmHg	N/A	N/A	
PaCO2	34-45 mmHg	N/A	N/A	
HCO3	22-26 mEq/L	N/A	N/A	
SaO2	94-100%	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	Negative	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points): EKG results of an abnormal sinus rhythm with premature ventricular and atrial complexes. EKG results noted changes from previous findings and included sinus tachycardia at a rate of 105 and a deep tissue wave. The EKG also noted a finding of AFIB with a rate of eighty-four, T wave inversion, and abnormal T wave. Chest Xray results concluded that there were no acute pulmonary findings. A CT scan and MRI performed, and the results are pending.

Diagnostic Test Correlation (5 points): The patient's EKG results are detrimental to the patient's plan of care because of the history of hypertension and the active hospital problem list additions of LV mural thrombus, and NSTEMI. An EKG will allow electrical activity of the heart to be visualized. The patient received a chest Xray to assist in determining if fluid volume overload occurred. A chest Xray will visualize the condition of the patient's lungs. A CT scan and an MRI are utilized to determine neurological effects from seizure activity (Capriotti & Frizzell, 2020).

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/Generic	aspirin (Bayer)	lorazepam (Ativan)	albuterol sulfate (ProAir)	acetaminophen (Tylenol)	guaifenesin (Mucinex)
Dose	80 mg.	0.5 mg.	90 mcg.	650 mg. tablet	10 mL.
Frequency	Once daily	Twice daily	Two puffs every 4 hours PRN.	Every 4 hours PRN.	Every four hours PRN.
Route	Oral	Oral	Inhalation	Oral	Oral
Classification	Pharmacologic Class: Salicylate Therapeutic. class: NSAID (Nurse's Drug Handbook, 2023).	Pharmacologic Class: Benzodiazepine. Therapeutic class: Anxiolytic (Nurse's Drug Handbook, 2023).	Pharmacologic Class: Adrenergic. Therapeutic class: Bronchodilator (Nurse's Drug Handbook, 2023).	Pharmacologic: No salicylate, para-aminophenol derivative. Therapeutic: Antipyretic, nonopioid analgesic (Nurse's Drug Handbook, 2023).	Pharmacologic Class: Expectorant. Therapeutic class: Expectorant (Drugs.com, 2024).
Mechanism of Action	Assist in blocking mediators involved in the inflammation response (Nurse's Drug Handbook, 2023).	By binding to specific benzodiazepine receptors this medication changes the effects of the neurotransmitters within the CNS. GABA assists in the control of emotional behavior and assists in the	“Albuterol attaches to beta 2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert ATP to	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system, Acetaminop	“Guaifenesin is utilized in cough and cold medications that are used to help clear mucus or phlegm from the chest. Guaifenesin thins mucus to assist with expelling mucus easier” (Drugs.com,

		treatment of anxiety. Lorazepam also interferes with neuronal cells by utilizing a hyperpolarization effect with the ability to interfere with the generation of seizures resulting in prevention (Nurse's Drug Handbook, 2023).	cAMP. This reaction decreases intracellular levels of cAMP. Together, these effects relax bronchial smooth muscle cells and inhibit histamine release" (Nurse's Drug Handbook, 2023, p. 34).	hen also acts directly on temperature regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2 (Nurse's Drug Handbook, 2023, p. 11).	2024, p. 1).
Reason Client Taking	Arthritis inflammation and pain.	Treatment of anxiety and assisting in the prevention of seizures.	The patient reports utilizing this medication PRN because of her history of hypoxia.	Pain management.	Chest congestion, cough, and cold.
Contraindications (2)	A diagnosis of thrombocytopenia (Nurse's Drug Handbook, 2023). The use of heparin and aspirin together increase the risk of	May cause an interaction if given with antidepressants (Nurse's Drug Handbook, 2023). The patient is currently prescribed an antidepressant paroxetine (Paxil).	A diagnosis of seizure disorder should be discussed with the PCP before utilizing this medication (Nurse's Drug Handbook, 2023).	May cause an interaction if given with albuterol (Drugs.com, 2024). The patient is currently prescribed albuterol (ProAir). Hepatic	Hepatic impairment related to the patient's diabetic diagnosis should be discussed before administration (Drugs.com, 2024).

	bleeding (Nurse's Drug Handbook, 2023).	May cause severe respiratory insufficiency in elderly patients (Nurse's Drug Handbook, 2023).	A diagnosis of hypertension should be discussed with the PCP before utilizing this medication (Nurse's Drug Handbook, 2023).	impairment related to the patient's diabetic diagnosis should be discussed before administration (Nurse's Drug Handbook, 2023).	May cause impairment of thinking or reaction time. Do not take while driving or while performing tasks that may require alertness or a fast reaction time (Drugs.com, 2024).
Side Effects/Adverse Reactions (2)	Decreased blood iron level (Nurse's Drug Handbook, 2023). A prolonged bleeding time with the risk of hemorrhage (Nurse's Drug Handbook, 2023).	Unsteadiness and vertigo may be experienced increasing the patient's risk for injury (Nurse's Drug Handbook, 2023). Chest pain and tachycardia may be experienced or worsened in a patient who already is experiencing these symptoms (Nurse's Drug Handbook,	Angina may be experienced during the use of this medication (Nurse's Drug Handbook, 2023). Hyperglycemia may be experienced while taking this medication (Nurse's Drug Handbook, 2023).	Hypoglycemic coma may be experienced with the use of this medication (Nurse's Drug Handbook, 2023). Hypertension or hypotension may be experienced with the use of this medication (Nurse's Drug Handbook, 2023).	Drowsiness may occur which may impair thinking or daily tasks (Drugs.com, 2024). Be aware of a possible allergic reaction if swelling of your face, lips, tongue, or throat occur (Drugs.com, 2024).

		2023).			
Nursing Considerations (2)	Be aware that elderly patients are at risk for toxicity when using this medication (Nurse's Drug Handbook, 2023). Be aware that aspirin should be stopped 5-7 days before a surgical procedure to reduce the risk of bleeding (Nurse's Drug Handbook, 2023).	Be aware when administering this drug to elderly patient's that it can cause unsteadiness and respiratory depression (Nurse's Drug Handbook, 2023). Check with the provider if the patient takes an antidepressant before administration because the two medications together increase the risk of suicidal ideation (Nurse's Drug Handbook, 2023).	Be aware when administering this medication can worsen conditions within a patient with a diagnosis of seizure activity (Nurse's Drug Handbook, 2023). Be aware when administering this medication, it can worsen conditions within a patient with a diagnosis of diabetes (Nurse's Drug Handbook, 2023).	Be aware that this medication should be cautiously used in patients with a hepatic impairment (Nurse's Drug Handbook, 2023). Be aware that daily calculations should be taken of acetaminophen intake including other medications including over the counter products that contain acetaminophen and do not exceed the maximum daily dosage amount (Nurse's Drug Handbook, 2023).	Be aware that this medication should be cautiously used in patients with a hepatic impairment (Drugs.com, 2024). Be aware that additional hydration should be encouraged to assist in loosening the congestion and providing lubrication to the patient's throat (Drugs.com, 2024).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess the patient for any active bleeding or labs that	A thorough respiratory assessment is essential before	Assess the patient's vitals and be aware of an	Assess the patient's total daily intake of acetaminoph	Assess the patient's airway and any symptoms of

	confirm the CBC is not within a safe range to administer the medication (Nurse's Drug Handbook, 2023).	administering the medication because of the possible side effects of respiratory depression that can occur in elderly patients. (Nurse's Drug Handbook, 2023). Monitor the patient's CBC, LDH, ALT, and AST lab results (Capriotti & Frizzell, 2020).	increased heart rate or blood pressure before administration of the medication because albuterol can increase the patient's HR and BP (Nurse's Drug Handbook, 2023). Monitoring of the patient's potassium levels is important in prevention of hypokalemia related diagnosis from albuterol use (Capriotti & Frizzell, 2020).	en including over the counter medications that contain acetaminophen to ensure the safe daily dosage is not exceeded (Nurse's Drug Handbook, 2023). Monitoring of the patient's electrolytes, ALT, AST, bilirubin, creatinine, glucose, PT, and PTT lab results to assist in the prevention of liver associated injuries (Capriotti & Frizzell, 2020).	swelling of the face, throat, lips, or tongue (Drugs.com, 2024). Labs to monitor when using this medication include serum uric acid and urate results if carcinoid syndrome is suspected (Capriotti & Frizzell, 2020).
Client Teaching Needs (2)	Educate the patient not to take ibuprofen or naproxen when taking aspirin (Nurse's Drug	Educate the patient to take this medication as prescribed and contact the provider to be	Educate the patient on the importance of washing the mouthpiece of the	Educate the patient not to exceed the daily recommender amount of acetaminophen because	Educate the patient on the importance of refraining from activities that may be affected by

	Handbook, 2023). Educate the patient to take aspirin with food to assist with the prevention of GI upset (Nurse's Drug Handbook, 2023).	removed from the medication properly because of the possibility of withdrawal symptoms or death (Nurse's Drug Handbook, 2023). Educate the patient on the importance of being aware of their medication regimen and not to misuse this medication due to the possibility of addiction that could result in overdose or death (Nurse's Drug Handbook, 2023).	inhaler once a week with water and allowing it to dry before replacing the devices cap (Nurse's Drug Handbook, 2023). Educate the patient to wait one minute between each inhalation (Nurse's Drug Handbook, 2023).	of the risk of liver damage (Nurse's Drug Handbook, 2023). Educate the patient on the signs and symptoms of hepatotoxicity including bleeding, bruising, and malaise (Nurse's Drug Handbook, 2023).	impaired thinking while using this medication such as driving (Drugs.com, 2024). Educate the patient to check all medication labels on all OTC medications before use to ensure they do not overdose on guaifenesin (Drugs.com, 2024).

Hospital Medications (5 required)

Brand/Generic	paroxetine hydrochloride (Paxil)	Insulin (Humalog)	heparin sodium (Heparin injection)	pantoprazole (Protonix)	ferrous sulfate (Iron)
Dose	40 mg.	1-20 units	50 units per kg.	40 meq.	324 mg. tablet
Frequency	BID	Before	PRN	BID before	Every 48

		meals and at bedtime.		meals.	hours.
Route	Oral	Subcutaneous	Injection IV push.	Oral	Oral
Classification	Pharmacologic Class: Selective serotonin. Therapeutic class: Antianxiety, antidepressant, antiobsessional, antipanic, premenstrual analgesic (Nurse's Drug Handbook, 2023).	Pharmacologic Class: Insulin. Therapeutic class: Antidiabetic (Drugs.com, 2024).	Pharmacologic Class: Anticoagulant. Therapeutic class: Anticoagulant (Nurse's Drug Handbook, 2023).	Pharmacologic Class: Proton pump inhibitor. Therapeutic class: Antiulcer (Nurse's Drug Handbook, 2023).	Pharmacologic Class: Hematinic. Therapeutic class: Antianemia, nutritional supplement (Nurse's Drug Handbook, 2023).
Mechanism of Action	"Exerts antianxiety, antidepressant, antiobsessional, and antipanic effects as well as relieving symptoms associated with premenstrual dysphoric disorder and hot flashes associated with menopause by potentiating	"Humalog is a fast-acting insulin that starts to work about 15 minutes after injection, peaks in about 1 hour, and keeps working for 2 to 4 hours. Insulin is a hormone that works by lowering levels of	"Binds with antithrombin III, enhancing antithrombin III's inactivation of the coagulation enzymes thrombin and factors Xa and Aia. At low doses, heparin inhibits factor Xa and prevents conversion of prothrombin to thrombin. Thrombin is needed for	"Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphates enzyme system, or proton pump, in gastric parietal cells. Normally the proton pump uses energy	"Acts to normalize RBC production by binding with hemoglobin or by being oxidized and stored as hemosiderin or aggregated ferritin in reticuloendothelial cells of the bone marrow, liver, and spleen. Iron is an essential component of hemoglobin, myoglobin,

	serotonin activity in CNS and inhibiting serotonin reuptake at presynaptic neuronal membrane. Blocked serotonin reuptake increases levels and prolongs activity in serotonin at synaptic receptor sites (Nurse's Drug Handbook, 2023, p. 1059).	glucose (sugar) in the blood" (Drugs.com, 2024, p. 1).	conversion of fibrinogen to fibrin; without fibrin clots can't form. At high doses, heparin inactivates thrombin, preventing fibrin formation and existing clot extension" (Nurse's Drug Handbook, 2023, p. 648).	from hydrolysis of ATPase to drive H+ and chloride out of parietal cells and into the stomach lumen in exchange for K+, which leaves the stomach lumen and enters parietal cells. After this exchange, H+ and Cl- combine in the stomach to form HCI. Pantoprazole irreversibly inhibits the final step in gastric acid production by blocking the exchange of intracellular H+ and extracellular K+, thus preventing H+ from entering the	and several enzymes including catalase, cytochromes, and peroxidase. Iron is needed for catecholamine metabolism and normal neutrophil function" (Nurse's Drug Handbook, 2023).

				stomach and additional HCI from forming" (Nurse's Drug Handbook, 2023, p. 1056).	
Reason Client Taking	Relief of depression and anxiety symptoms.	Management of diabetes mellitus 2.	Prevention of blood clots.	Prevention of heartburn.	Prevention of iron deficiency.
Contraindications (2)	A diagnosis of seizure disorder should be discussed with the PCP before utilizing this medication (Nurse's Drug Handbook, 2023). The use of paroxetine and aspirin together increase the risk of bleeding (Nurse's Drug Handbook, 2023).	The use of Humalog and albuterol together reduce the effectiveness of Humalog and blood sugars should be monitored closely (Drugs.com, 2024). The use of Humalog and aspirin together increase the risk of hypoglycemia (Drugs.com, 2024).	A history of thrombocytopenia (Nurse's Drug Handbook, 2023). The use of Heparin and aspirin together increase the risk of bleeding (Nurse's Drug Handbook, 2023).	Hepatic impairment related to the patient's diabetic diagnosis should be discussed before administration (Nurse's Drug Handbook, 2023). The use of pantoprazole may increase the patient's existing anxiety (Nurse's Drug Handbook, 2023).	A diagnosis of anemia should be discussed with the PCP before utilizing this medication (Nurse's Drug Handbook, 2023). The use of specific foods can decrease the absorption and effectiveness of the iron and a specific diet may need to be put into place (Nurse's Drug Handbook, 2023).
Side Effects/Adverse Reactions (2)	Tachycardia may be experienced	Hypoglycemia may occur if not	Hematemesis may occur with this use	Hepatic failure may occur with	Tachycardia and hypertension

	or worsened in a patient who already is experiencing this symptom (Nurse's Drug Handbook, 2023). Increased seizure activity may occur with use of paroxetine (Nurse's Drug Handbook, 2023).	administered as directed (Drugs.com, 2024). Thickening or hollowing of skin may occur at the injection site (Drugs.com, 2024).	of this medication (Nurse's Drug Handbook, 2023). Hematuria may occur with this use of this medication (Nurse's Drug Handbook, 2023).	this use of this medication (Nurse's Drug Handbook, 2023). Anxiety and depression may occur with this use of this medication (Nurse's Drug Handbook, 2023).	may be experienced or worsened in a patient who already is experiencing this symptom (Nurse's Drug Handbook, 2023). Dyspnea may be experienced with the use of this medication (Nurse's Drug Handbook, 2023).
Nursing Considerations (2)	Assess the patient for evidence of GI bleeding specifically in a patient that currently is prescribed aspirin (Nurse's Drug Handbook, 2023). Assess the patient for evidence of suicidal ideation (Nurse's Drug Handbook, 2023).	Assess the patient for signs and symptoms of hypoglycemia and monitor the patient's blood glucose level as directed and more often if hypoglycemia is suspected (Drugs.com, 2024). Assess the patient for hyperglyce	Use this medication cautiously in patients over the age of 60 (Nurse's Drug Handbook, 2023). Understand that bleeding is a very serious adverse effect to this medication and the proper plan of care should be followed for the prevention of excessive bleeding that could be fatal.	Assess the patient's urine output to ensure proper kidney function and (Nurse's Drug Handbook, 2023). Monitor the patient for an adverse reaction or the medication by assessing the patient's	Assess the patient's stool for occult blood because iron may turn stool black or green causing blood to be missed in stool (Nurse's Drug Handbook, 2023). Ensure that deferoxamine is on hand in case an iron overdose occurs (Nurse's Drug Handbook, 2023).

		mia and signs of increased urination or increased thirst (Drugs.com, 2024).	Keep protamine sulfate on hand because it is the antidote for Heparin (Nurse's Drug Handbook, 2023).	skin frequently to ensure no rash has formed (Nurse's Drug Handbook, 2023).	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess the patient's vitals and be aware of an increased heart rate or blood pressure before administration of the medication because paroxetine can elevate the patient's HR and BP to hypertensive levels (Nurse's Drug Handbook, 2023). This medication is an antidepressant and requires lab monitoring of CBC, chemistry,	Assess the patient's blood sugar before meals and before administration of medication (Drugs.com, 2024). Monitoring of blood glucose and C-peptide are the normal lab results monitored for insulin and GTT may be ordered as well (Capriotti & Frizzell, 2020).	Assess the patient for any abnormal bleeding and address the bleeding immediately (Nurse's Drug Handbook, 2023). Monitoring of aPTT lab results is the test used when heparin is being utilized (Capriotti & Frizzell, 2020).	Assess the patient's urine output and bowel movements for abnormal consistency, bleeding, or an inadequate amount produced (Nurse's Drug Handbook, 2023). Magnesium and calcium lab results are monitored for this medication (Capriotti & Frizzell, 2020).	Monitor the patient often for iron overdose. Signs and symptoms include abdominal pain, diarrhea, blood in stool, nausea, vomiting, and sharp abdominal cramps (Nurse's Drug Handbook, 2023). The labs monitored for this medication include CBC, blood iron levels, and ferritin levels (Capriotti & Frizzell, 2020).

	urinalysis, PT, PTT, BNP, HDL, LDL, cholesterol, triglycerides, and ABG's (Capriotti & Frizzell, 2020).				
Client Teaching Needs (2)	Educate the patient to take this medication exactly as directed. Swallow tablets whole and do not cut, crush, or chew (Nurse's Drug Handbook, 2023). Educate the patient to contact their PCP to inform them that they are currently utilizing paroxetine therapy because of potentially dangerous drug interactions (Nurse's Drug Handbook, 2023).	Humalog should not be used for treatment if it has not been refrigerated within 28 days (Drugs.com, 2024). Do not administer Humalog if it is cloudy, has particles in it, or if it has changed from its original color (Drugs.com, 2024).	Educate the patient on the importance of refraining from daily activities that may cause bleeding to occur. Suggest that the patient obtain a soft toothbrush to brush gently and an electric razor to avoid razor cuts that could lead to uncontrolled bleeding may occur with this use of this medication (Nurse's Drug Handbook, 2023).	Educate the patient to only use apple sauce or apple juice to mix the medication in, if necessary, with the use of this medication (Nurse's Drug Handbook, 2023). Educate the patient to take administer this medication thirty minutes before meals (Nurse's Drug Handbook, 2023).	Educate the patient to take iron supplements on an empty stomach and with a full glass of water or juice (Nurse's Drug Handbook, 2023). Educate the patient on the importance of iron absorption and that eating foods high in vitamin c can assists with absorption (Nurse's Drug Handbook, 2023).

Medications Reference (1) (APA):

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

Drugs.com staff. (2024). *Acetaminophen.* Drugs.com. https://www.drugs.com/druginteractions/acetaminophen-with-proair-hafa-11-0-109-2464.html.

Drugs.com Staff. (2024). *Guaifenesin.* Drugs.com. https://www.drugs.com/guaifenesin.html.

Drugs.com Staff. (2024). *Humalog.* Drugs.com. https://www.drugs.com/humalog.html.

Learning, J. & B. (2022). *Nurse's Drug Handbook 2023*. Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient is alert and oriented x4 to person, place, and time. The patient is well groomed, coherent, and no acute distress.

INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin is pink, dry, and warm with no jaundice, bruising, or rashes present. Stage one moisture associated skin damage noted on the patients postural medial gluteal. Skin turgor 3+. Braden score noted as 16 mild risks. No drain present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient's head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no nodules noted. Bilateral carotid pulses palpable 2+. Eyes symmetrical bilaterally, sclera white, cornea clear, conjunctiva pink, no drainage. PERRLA bilaterally. Ears are symmetrical bilaterally with no visible or palpable deformities, lumps, or lesions. Bilateral frontal sinuses are nontender to palpation, septum is midline, turbinate noted as moist and pink bilaterally and no visible bleeding, drainage, or polyps noted. Oral mucosa moist/pink dentures are intact with no signs of missing or damaged portions of the top or bottom portions of the dentures. Uvula is midline and tonsils moist/pink. .
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:**	Clear S1 and S2 without murmurs, gallops, or rubs noted. Normal rate and rhythm noted. Brachial and radial pulses 2 +, capillary refill 3+, no sign of vein distention noted. No edema present.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior and posterior bilaterally, no wheezes, crackles, or rhonchi noted. Chest rises and falls evenly. No accessory muscle use or distress noted.
GASTROINTESTINAL: **Diet at home:**	The patient reports that her diet at home is not limited. Her current diet while at the hp consists

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:**	of an NPO diet which changed to a cardiac diet at the end of the shift due to her heart catheterization procedure being cancelled. The patient's height is 5'5" and weight 139 lbs. 5.3 oz. Bowel sounds normal and active in all 4 quadrants and the client reports last BM as 3/24/24 at 09:00. Patient reports no pain, bleeding, or change in bowel movements. Abdomen is soft with no tenderness or pain reported in all 4 quadrants upon palpation. No distention, incisions, scars, drains, enlargements, masses, abnormalities, or wounds noted on abdomen. No ostomy, nasogastric, or feeding tube noted.
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 in color. The patient is incontinent of urine, 700 mL of output during the shift, and the patient's last urination was 3/25/24 at 11:00. The patient denies any pain experienced with urination. Dialysis N/A. External catheter utilized. No inspection of genitals performed.
MUSCULOSKELETAL: **Neurovascular status:** **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 ☐** **Needs support to stand and walk☐**	The patient does not exhibit any deficit in her neurovascular status. All extremities have full range of motion (ROM). Hand grips and pedal push and pulls demonstrate patient's normal and are equal strength. Supportive devices utilized at this time include a walker, gait belt, and a one-person standby assist related to the patient's cardiovascular and seizure diagnosis. ADL assistance for walking and transfers as a standby assist during the patient's HP admittance related to the patient's cardiovascular and seizure disorder. The fall risk is noted as yes. The patient's fall score is 40 and the patient is considered a moderate fall risk.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐**	The patient is able to MAEW in all extremities. PERLA noted bilaterally, Equal strength in arms and legs noted bilaterally. The patient is oriented

Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	x 4 to person, place, situation, and time. Normal cognition noted. Speech is clear. Sensory normal. LOC alert.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The patient states her coping methods consist of "praying". The patient states her developmental level is appropriate for her age and "she can read and write independently". The patient can make fully informed decisions for herself at home and at the HP. Patient reports she is of Catholic faith and her support system consists of friends and neighbors while at home where she lives independently. The patient reports that she is a widow and does not have children to assist with her care.

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
08:00	62	116/74	18	97.8 orally	95% room air
11:00	60	120/74	18	98.0 orally	95% room air

Vital Sign Trends: The patient's vital signs are currently stable and have not increased or decreased throughout the shift. The patient reports that her current level are her baseline vitals when she is at home.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
08:00	0-10 Numeric pain scale.	No pain reported.	0/10	No pain reported.	No interventions required.
11:00	0-10	No pain	0/10	No pain	No

	Numeric pain scale.	reported.		reported.	interventions required.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of first IV: 22 Guage **Location of IV:** Anterior lower right forearm. **Date of IV:** 3/21/2024. **Patency of IV:** No signs of swelling, redness, or pain. IV site cool while flushing with normal saline. **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Dressing is clean and dry. **Size of second IV:** 20 Guage **Location of IV:** Posterior lower left forearm. **Date of IV:** 3/21/2024. **Patency of IV:** No signs of swelling, redness, or pain. IV site cool while flushing with normal saline. **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Dressing is clean and dry.	No fluid utilized at this time. Saline lock in place for IV sites.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
NPO order followed 0% intake.	700 mL. of urine. Incontinent of urine x 2. -700%

Overview of care: Multiple blood glucose checks obtained throughout the shift and completion of result documentation per providers orders were completed. The patient was assisted to the bedside commode to urinate, and the patient was assisted with the changing of her

brief. The bed linens were changed due to incontinence that occurred when therapy removed the patient's external catheter. Medications were administered twice throughout this shift with the primary RN. The patient was assessed from head to toe noting any abnormalities or concerns that needed to be addressed and discussed. The results of the assessment were discussed with the primary RN assigned to the patient. Documentation was charted throughout the shift and any necessary concerns were addressed with the assistance of the primary RN.

Procedures/testing done: N/A

Complaints/Issues: The patient's stated that her only complaint is that she "wants to go home she has not been comfortable since she checked in".

Vital signs (stable/unstable): Vital signs remained stable throughout the shift and primary RN was notified of the patient's vital sign status.

Tolerating diet, activity, etc.: The patient was NPO throughout the shift and stated that she "is hungry enough to eat an entire cow". The patient was changed to a cardiac diet at the end of the shift and a tray was ordered. The patient tolerated her activity level well and utilized her walker and a staff person as the standby assist during ambulation with no complaints or complications during transfers, toileting, or repositioning.

Physician notifications: The physician changed the patient's diet from an NPO diet to a cardiac diet temporarily because the heart catheterization was changed to a different date and time.

Future plans for client: No future plans have been determined at this time. The patient is awaiting the physician's decision for a heart catheterization determination. The patient is anticipated to be discharged to a skilled nursing facility or to her home and it is anticipated that she will require rehabilitation and assistance upon discharge.

Discharge Planning (2 points)

Discharge location: PT/OT noted that discharge to a skilled nursing facility is a possibility and awaiting determination from the patient's insurance company. Discharge to home is also a possibility if the patient's home can accommodate her needs upon returning home including safety bars in place in the shower and toileting areas and handrails in place when entering the home related to the three steps at the patient's front door. The patient also will need a support system and a care giver when being discharged to her home. This situation is being discussed with the therapy department and the hospital social worker to determine the safest discharge plan for the patient.

Home health needs (if applicable): The patient will need a support system and possibly a care giver when being discharged to her home. The patient will need a safety and rehabilitation care plan if discharged to a skilled nursing facility including health care needs to be utilized at the facility before final discharge from the hospital.

Equipment needs (if applicable): Equipment needed to provide a safe environment for the patient when returning home includes safety bars in place in the shower and toileting areas and handrails in place when entering the home related to the three steps at the patient's front door. The patient may require temporary use of a walker and the removal of any environmental factors that may affect the patient's safety.

Follow up plan: A follow-up plan has not been determined currently. A follow up plan may include the patient's discharge plan, future procedures related to the patient's current hospitalization, and future appointments with location, date, and time noted.

Education needs: The patient will need to be provided with education focused on a safety plan related to generalized seizure disorder, diabetes mellites 2, medication administration, fall prevention, and environmental safety within the patient's home. The patient should be aware of signs and symptoms that can alert the patient to the possible occurrence of a seizure, hypoglycemia, or hyperglycemia. The patient should also be made aware of the process they can follow to prevent the occurrence from happening, for example monitoring blood glucose levels and administering insulin as ordered by the physician.

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

Nursing Diagnosis • Include full 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 ineffective airway clearance related to generalized seizure diagnosis (Phelps, 2023).	Cognitive impairment or neuromuscular impairment following a seizure can result in an airway obstruction or aspiration to occur (Phelps, 2023).	**1.** Assess the patient's respiratory status every 4 hours to assist in the prevention of an airway obstruction occurring (Phelps, 2023). **2.** Assist the patient to mobilize to the patient's full	**1.** The patient's airway will remain patent with no signs of distress (Phelps, 2023).	The patient's airway remained clear with no signs of impairment or distress throughout the shift. The patient's respiratory status was assessed every four hours and documented with no respiratory distress, obstruction, or aspiration experienced by the patient.

		capability to assist in full chest expansion. This will assist in the promotion of airway clearance and movement of blood and oxygen throughout the body (Phelps, 2023).		
2. Impaired skin integrity related to the patient's diagnosis of diabetes militias 2 as evidenced by the current post medial gluteal moisture associated skin damage experienced by the patient (Phelps, 2023).	The presence of the medical diagnosis diabetes militias 2 can be associated with the interference of wound healing. Wounds may take longer to heal, heal properly, heal completely, or worsen (Phelps, 2023).	**1.** Provide the patient with supportive measures. Assist the patient with their hygiene needs and comfort measures that assist with promoting comfort and maintaining adequate skin integrity (Phelps, 2023). **2.**Provide the patient with the proper educational information related to refraining from scratching or sheering the area where the wound is located. This will assist the	**1.** The patient's hygiene will remain well maintained. Skin assessments will occur once each shift and during toileting assistance (Phelps, 2023).	The patient's hygiene was well maintained, and the patient was changed often to assist in the prevention of moisture associated skin damage to maintain the patient's skin integrity.

		patient with maintaining proper skin integrity and infection prevention (Phelps, 2023).		
3. Decreased cardiac output related to the history of hypertension, NSTEMI, and LV thrombus as evidenced by the change noted on the ECG (Phelps, 2023).	Effective cardiac output is crucial to ensure that the body's metabolic demands are met (Phelps, 2023).	**1.** Monitor patient's HR and BP every 2-4 hours. Also monitor the patient for dyspnea, and shortness of breath (Phelps, 2023). **2** Maintain dietary restrictions as ordered this will assist in the reducing the risk of cardiac disease (Phelps, 2023).	**1.** The patient will maintain an adequate cardiac output (Phelps, 2023).	The patient maintained an adequate cardiac output during the shift. The patient's BP and HR remained within normal limits and the patient did not have signs of dyspnea or SOB.
4. Risk for injury related to the patient's seizure diagnosis (Phelps, 2023).	Promotion of seizure precautions and putting them in place reduces the risk for injuries that may occur if a seizure occurs (Phelps, 2023).	**1.** Improve the patient's environment as needed (Phelps, 2023). An example is to provide padded bedrails and mats for safety purposes. **2.** Educate the patient to utilize adaptive devices to reduce the risk of injury (Phelps, 2023).	**1.** The patient will remain free from injury during the shift (Phelps, 2023).	**1.** The patient remained free of injury during this shift because of the protection provided. The patient's head was protected by placing padding on the bed rails and on the floor. Ensuring bed rails are in place assists in fall prevention if a seizure occurs. A bed alarm provided the staff with the

				ability to be alerted if the patient exited the bed or possibly began convulsing which allows staff to assist the patient quickly.

Other References (APA):

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

Drugs.com staff. (2024). *Acetaminophen.* Drugs.com. https://www.drugs.com/druginteractions/acetaminophen-with-proair-hafa-11-0-109-2464.html.

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Mayo Clinic Staff. (2024). *Seizures*. Mayoclinic.org. https://www.mayoclinic.org/diseases-conditions/seizure/symptoms-causes/syc-20365711.

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

Concept Map (20 Points):

Subjective Data

- Patient reports only experiencing chest pain and nausea during the event and states “it was like a cardiac event”.
- The patient’s friend reports witnessing the event and reports that the patient became unresponsive for five minutes while driving, experienced convulsions, and lost control of her bladder.
- The patient denies experiencing an aura, dizziness, déjà vu, or a history of seizures or related symptoms.
- The patient reports allergies to latex, pollen, iodinated contrast media, erythromycin, Lyrica, Neurontin, Cymbalta, duloxetine, fluoxetine, and tetracycline.
-

Nursing Diagnosis/Outcomes

1. Risk for ineffective airway clearance related to generalized seizure diagnosis (Phelps, 2023). Goal: The patient’s airway will remain patent with no signs of distress (Phelps, 2023).
2. Impaired skin integrity related to the patient’s diagnosis of diabetes militias 2 as evidenced by the current post medial gluteal moisture associated skin damage experienced by the patient (Phelps, 2023). Goal: The patient’s hygiene will remain well maintained. Skin assessments will occur once each shift and during toileting assistance (Phelps, 2023).
3. Decreased cardiac output related to the history of hypertension, NSTEMI, and LV thrombus as evidenced by the change noted on the ECG (Phelps, 2023). Goal: The patient will maintain an adequate cardiac output (Phelps, 2023).

Objective Data

- B/P: 120/74
- P: 60
- R:18
- T: 98.0 orally
- O2: 95% Room air
- Stage one moisture associated skin damage noted on the patients postural medial gluteal.
- Decreased lab results: RBC, Hct, Hgb, Neutrophil, Calcium.
- Increased lab results: Creatinine and Troponin.
- Diagnostic test results: EKG results of an abnormal sinus rhythm with premature ventricular and atrial complexes. EKG results noted changes from previous findings and included sinus tachycardia at a rate of 105 and a deep tissue wave. The EKG also noted a finding of AFIB with a rate of 84, T wave inversion, and abnormal T wave. Chest Xray results concluded that there were no acute pulmonary findings. A CT scan and MRI were performed, and the results are pending.

Client Information

M.B.
75 years old
Female
Full Treatment/Attempt CPR
Height: 5’ 5”
Weight:139 lb. 5.3 oz.
Admission: 3/20/2024
Admitted for a concern for generalized seizure. The patient reports a history of anxiety, depression, CVA, diabetes mellites 2, heart disease, hypertension, hypoxia, hypercholesterolemia, hyperlipidemia, and thrombocytopenia.

Nursing Interventions

- Assess the patient’s respiratory status every 4 hours to assist in the prevention of an airway obstruction occurring (Phelps, 2023).
- Assist the patient to mobilize to the patient’s full capability to assist in full chest expansion. This will assist in the promotion of airway clearance and movement of blood and oxygen throughout the body (Phelps, 2023).
- Monitor patient’s HR and BP every 2-4 hours. Also monitor the patient for dyspnea, and shortness of breath (Phelps, 2023).
- Maintain dietary restrictions as ordered this will assist in the reducing the risk of cardiac disease (Phelps, 2023).
- Improve the patient’s environment as needed (Phelps, 2023). An example is to provide padded bedrails and mats for safety purposes.
- Educate the patient to utilize adaptive devices to reduce the risk of injury (Phelps, 2023).