Medications

Protonix/pantoprazole (40 mg) gastric BID

Pharm class/Therapeutic class

Proton pump inhibitor

Reason client is taking - to help with absorption of food

Nursing assessment - Assess pts liver enzymes and any symptoms of heartburn *2023 Nurse's*

Demographic Data

Date of Admission: 3/25/24
Admission Diagnosis/Chief Complaint: Atrial Fibrillation
Age: 92
Gender: Female
Race/Ethnicity: White/Caucasian
Allergies: Beta-blockers - Hallucinations, Levaquin - felt "terrible"
Code Status: Full Code
Height in cm: 152.4
Weight in kg: 52.4
Psychosocial Developmental Stage: Integrity vs despair
Cognitive Developmental Stage: Formal operational stage

Pathophysiology

Disease process: Atrial fibrillation (AFib) is a type of cardiac arrhythmia (Nesheiwat et al., 2023). Which is the early activation of the AV nodes and the contraction of the atria caused by pulmonary vein beats. This cardiac remodeling of the atria causes structural and electrical alterations, which are the source of the arrhythmia. There is a pathway from myocytes to extracellular matrices and fibrous tissue (Nesheiwat et al., 2023).

S/S of disease: S/S for AFib include tachycardia, fatigue, dyspnea, dizziness, and diaphoresis. Which can lead to a unstable hemodynamic patient that get chest pain, pulmonary edema, and possibly syncope. With this arrhythmia if it gets to the worst complication there could arise an thromboembolic stroke, since the heart is very tachycardic it could send clots through the body. My patient specifically only had dyspnea and tachycardia, as her oxygen status was varying from 92 to 95 on 2 liters with a heart rate of >100 through the day. Pt was also having diminished breath sounds in lower lobes also she had a low blood pressure through the day.

Admission History

Pt is a 92-year-old female who presented to Carle on 3/25 after experiencing a fall onto her bottom about a week prior to 3/18. She did not hit her head, lose consciousness, or have any major injuries at home. Pt has a history of atrial fibrillation, severe mitral regurgitation, pericardial effusion, chronic kidney disease, a history of GI bleeds, and hypertension. Pt came into the emergency department with dyspnea and tachycardia. Pt's son states that she has been lethargic, had a poor intake, and is coughing up white, bubbly sputum. Aggravating factors include just physical exertion and moving around, but she had declined since the fall, and at this time there were no relieving factors. Treatment so far has included diltiazem for atrial fibrillation, the patient was also given a g-tube for feeding, also getting Protonix to help with absorption, and a lidocaine patch for pain, lastly was given oxygen to increase her O2 status.

Lab Values/Diagnostics

WBC 13.08 mg/dL (4-11 mg/d

Infectious disease as pt is on sepsis and C. Diff rule out (M. & Bladh, 2023).

RBC 2.22 mg/dL (3.5-5.20 mg/dL)

Possible cancer, also active GI bleed (M. & Bladh, 2023).

Hgb 7.5 mg/dL (11.0 -16.0 mg/dL)

GI bleed possible

Medical History

Previous Medical History: Acute blood loss anemia 7/23, ASD/TTE 4/15, benign HTN, Chronic atrial fibrillation 8/21, CKD 8/21, Closed traumatic minimally displaced fracture of one rib of left side 4/21, gastrointestinal hemorrhage 7/23, heart failure 8/21, malignant neoplasm of ascending colon 7/23, pericardial effusion 8/23, anemia 7/23

Prior Hospitalizations: 4/21, 7/21, 8/21, 7/23, 8/23

Previous Surgical History: Colonoscopy with EMR 10/23, EGD 7/23, phacoemulsion of cataract 12/15, R/L heart catheterization 7/23, TMVR 8/23

Active Orders

Cardiac monitor - Pt has history of atrial fibrillation

Admin of blood - decrease H/H

CBC- sepsis & C. Dif rule out also active bleed

Vital signs - monitor for A. Fib and also monitoring for possible

Maintain Iv - for blood administration and maintenance fluid of D5/ NS

Physical Exam/Assessment

General: Pt is A&0x2, as lethargic well-groomed, and has no acute distress

Integument: Skin color is appropriate for pt. Skin is warm, dry, bruised (ecchymosis). Lesions on bottom of heels, and pressure wound on coccyx. Normal quantity, distribution, and texture of hair. Nails without cyanosis but clubbing present. Skin turgor is +2 and decreased mobility. Capillary refill +2 seconds: fingers and toes bilateral.

HEENT: Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge. PERRLA bilaterally, EOMs intact bilaterally. Ears are bilaterally clear and whisper test is good. Nose is patent, the septum is midline. The posterior pharynx and tonsils are moist and pink without exudate. Tonsils are +2, the uvula is midline; the soft palate rises and falls symmetrically. Hard palate is intact. Dentition is appropriate for age, and the oral mucosa overall is dry with multiple lesions noted.

Cardiovascular: S1 and S2 palpated with no murmurs, gallops, or reubs detect the PMI at the 5th intercostal space at MCL rate increased and rhythm is atrial fibrillation.

Respiratory: Respiratory rate and pattern are normal; respirations are symmetrical and non-labored. The lung sounds are clear in the upper lobes but lower lobes are diminished with slight crackles. Respirations heard anterior and posterior.

Genitourinary: Urine is yellow straw like, no foul smell

Gastrointestinal: Pt just had G-tube place, as abdomen is soft and nontender, as mass wasn't noted upon palpation. Bowel sounds are normative in all four quadrants, also pt is incotinent

Musculoskeletal: Musculoskeletally, all extremities have a full range of motion. Hand grips and pedal pushes and pulls demonstrate normal and equal strength. Balanced and smooth gait

Neurological: Pt is lethargic and A&O to person and place. PERRLA, cranial nerves intact, negative for rhombergs

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

0830; BP: 100/69 mmhg **HR:** 104 bpm **RR:** 20 **O2:** 94% 2L via nasal cannula **Temp:** 97.3 F Axillary

1131; BP: 111/96 mmhg **HR:** 98 bpm **RR:** 20 **O2:** 93% 2L via nasal cannula **Temp:** 97.7 F Axillary

Pain and pain scale used:

0839

8/10 pain

1130

7/10 pain

Verbal 0-10 scale used

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Decreased cardiac output is related to ineffective atrial contraction AEB decreased peripheral pulses (Ackley et al., 2020).	Altered mental status related to active bleed AEB decreased H/H and RBC (Ackley et al., 2020).	Imbalanced nutrition is less than body requirements related to difficulty swallowing AEB ineffective wound healing, and G-tube placement (Ackley et al., 2020).
Rationale	**Rationale**	**Rationale**
Pt BP and heart rate are compensating for an active bleed. Also, pts extremity pulses were +2.	Dark and tarry stools also pt has Hx of GI cancer/mass	Pt is an obligated mouth breather, and their mouth was dry throughout the day. Also, RBC was really low, which could be a sign of malnourishment.
Interventions	**Interventions**	**Interventions**
Intervention 1: Administer supplemental oxygen as needed **Intervention 2:** Elevate the head of the bed, and monitor cardiac rhythms	**Intervention 1:** Provide constant orientation to person, place, and time **Intervention 2:** Provide a stable and calm environment	**Intervention 1:** Provide nutrition supplements as ordered **Intervention 2:** Provide good oral hygiene
Evaluation of Interventions	**Evaluation of Interventions**	**Evaluation of Interventions**
Pt able to show adequate cardiac output with increased BP, and rhythm within normal limits	Pt was able to demonstrate effective tissue perfusion (GCS and LOC) by the end of the shift.	Pt able to maintain weight in the desired goal range and consume adequate nutrition.

References (3) (APA):

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

Ackley, B. J., Ladwig, G. B., & Flynn, M. M. B. (2020). *Nursing diagnosis handbook: An evidence-based guide to planning care*. Elsevier.

M., V. L. A., & Bladh, M. L. (2023). *Davis's comprehensive manual of Laboratory and diagnostic tests with nursing implications*. F.A. Davis Company.

Nesheiwat, Z., Goyal, A., & Jagtap, M. (2023, April 26). *Atrial fibrillation*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK526072/