N431 Care Plan #2

Lakeview College of Nursing

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Adult Health II

Professor Linda Scribner, MSN RN

04/10/2024

Demographics (3 points)

Date of Admission 4/4/2024	**Client Initials** D.H.	**Age** 87 y.o.	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** Sertraline, Tramadol
Code Status Full Code	**Height** 5’6”	**Weight** 92.8 kg (204.5 lbs)	

Medical History (5 Points)

Past Medical History: Hypertension, prostate cancer, colon polyp adenoma, depression, anxiety, memory loss, Atrial fibrillation, Sleep apnea, Gastroesophageal reflux disease.

Past Surgical History: Abdominal exploration surgery, cataract removal, colonoscopy, Esophagogastroduodenoscopy, Right knee total replacement, Right shoulder arthroscopy.

Family History: Father (Hypertension, unknown heart condition), Mother (Hypertension), Brother (Prostate Cancer), Sister (Breast cancer), Grandparents history is unknown.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient reports smoking 0.5 packs of cigarettes a day from 1959 to 1969. Patient denies any alcohol or drug use.

Assistive Devices: No assistive devices.

Living Situation: Patient lives in his home with his wife.

Education Level: High school graduate

Admission Assessment

Chief Complaint (2 points): Shortness of breath

History of Present Illness – OLD CARTS (10 points): Patient is a 87 year old male that was seen by his primary care provider (PCP) on 4/4/24. The patient reported to his PCP that he was experiencing shortness of breath, fatigue, orthopnea, and difficultly ambulating due to dyspnea. The patient was encouraged to report to the emergency room based on the symptoms. The patient reported to the emergency room and denied experiencing any relief of symptoms at home. The patient did not receive any previous care regarding this issue until seen in the emergency room. The patient was admitted to the hospital for monitoring.

Primary Diagnosis

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

Secondary Diagnosis (if applicable): Atrial fibrillation

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

Congestive heart failure can be caused by many different things. The term congestive heart failure refers to the heart being unable to sufficiently perform. If the heart is unable to maintain proper pumping and blood flow, this will negatively impact the blood flow throughout the body (Malik et al., 2023). Congestive heart failure is often an outcome of most ventricular filling or other disorders impacting the circulation (Malik et al., 2023). The heart may lack the ability to pump blood adequately which may result in aortic regurgitation of blood, which often results in fluid accumulation into the lungs often causing the patient to experience dyspnea (Mayo

Clinic, 2023). This heart condition over time can result in the heart becoming frail and firm reducing contractility and inability to function (Mayo Clinic, 2023). Due to the condition the signs and symptoms some patients may experience include shortness of breath, fatigue, edema, intolerance to activity, consistent cough, nausea, and chest pain (Mayo Clinic, 2023). The patient experienced all of these signs and symptoms, more particularly shortness of breath, weakness, fatigue, and edema. The patient reported these symptoms upon arrival to the emergency room. Some common vital signs and findings that are linked to congestive heart failure include arrhythmias/irregular heartbeat, and changes in blood pressure. The patient has atrial fibrillation and hypertension. The patient was being treated for both conditions and symptoms using Eliquis and antihypertensive medications. There are different ways to diagnose this condition such as blood tests, chest x ray, electrocardiogram, ejection fraction, Heart MRI, or myocardial biopsy (Mayo Clinic, 2023). These tests can determine the performance of the heart to better understand the hearts ability to contract and pump blood. The patient had a Heart MRI, cardiac catheterization, and blood tests. The blood test results were indicative of congestive heart failure. The heart MRI and cardiac catheterization had not yet been performed but was ordered during this time. Treatment options can depend on the extent of heart failure and cause. The most common forms of treatments involving surgery include potential surgery that may open arteries that are blocked or assistive devices that assist the heart (Mayo Clinic, 2023). The other forms of treatments include treating the underlying diagnosis, and medications. Medications include Angiotensin-converting enzyme inhibitors, Angiotensin II receptor blockers, Beta blockers, and Diuretics (Mayo Clinic, 2023). These medications may cause blood vessels to relax the arteries to lower blood pressure or remove fluids from the body to lower the amount of fluids accumulating in the lungs (Mayo Clinic, 2023). There are

other forms of treatment, but this patient was receiving medications to lower blood pressure, and diuretics to lower fluids in the body. Depending on the extent of the condition the patient may need to look into hospice and end of life care.

Pathophysiology References (2) (APA):

Malik, A., Brito, D., Vaqar, S., & Chhabra, L., (2023, November 5). *Congestive Heart Failure.* National Library of Medicine; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK430873/

Mayo Clinic. (2023, April 20). *Heart Failure*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142

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	4.10-5.70 10^6/ uL	5.17 10^6/ uL	4.76 10^6/ uL	Lab values are within normal range.
Hgb	12-18 g/dL	15.7 g/dL	14.3 g/dL	Lab values are within normal range.
Hct	37-51%	48.2%	44.2%	Lab values are within normal range.
Platelets	140-400 10^3/uL	242 10^3/uL	223 10^3/uL	Lab values are within normal range.
WBC	4-11 10^3/uL	6.50 10^3/uL	4.41 10^3/uL	Lab values are within normal range.
Neutrophils	1.60-7.70 10^3/uL	4.72 10^3/uL	2.73 10^3/uL	Lab values are within normal range.

Lymphocytes	1-4.90 %	0.90%	0.90%	The patient's lymphocytes level may be slightly decreased due to nutritional deficiency related to the patients NPO diet (Martin, 2019).
Monocytes	0-1.10 %	0.60%	0.53%	Lab values are within normal range.
Eosinophils	0-0.5 %	0.21%	0.20%	Lab values are within normal range.
Bands	0-700 mm(3)	N/A	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-	136-145 mmol/L	139 mmol/L	136 mmol/L	Lab values are within normal range.
K+	3.5-5.1 mmol/L	3.9 mmol/L	4.1 mmol/L	Lab values are within normal range.
Cl-	98-107 mmol/L	103 mmol/L	103 mmol/L	Lab values are within normal range.
CO2	22-29 mmol/L	26 mmol/L	25 mmol/L	Lab values are within normal range.
Glucose	74-100 mg/dL	96 mg/dL	100 mg/dL	Lab values are within normal range.
BUN	8-26 mg/dL	22 mg/dL	31 mg/dL	The patients BUN levels may be elevated in relation to the medical diagnosis of congestive heart failure (Martin, 2019).
Creatinine	0.70-1.30 mg/dL	0.87 mg/dL	0.99 mg/dL	Lab values are within normal range.

Albumin	3.3-4.8 g/dL	3.3	Not collected	Lab values are within normal range.
Calcium	8.9-10.6 mg/dL	9.4 mg/dL	9.3 mg/dL	Lab values are within normal range.
Mag	1.6-2.6 mg/dL	Not collected	2.0	Lab values are within normal range.
Phosphate	0.97-1.45 mmol/L	Not collected	Not collected	N/A
Bilirubin	0.2-1.2 mg/dL	1.1 mg/dL	Not collected	Lab values are within normal range.
Alk Phos	40-150 u/L	65 u/L	Not collected	Lab values are within normal range.
AST	5-34 u/L	19 u/L	Not collected	Lab values are within normal range.
ALT	0-55 u/L	16 u/L	Not collected	Lab values are within normal range.
Amylase	30-220 u/L	Not collected	Not collected	N/A
Lipase	11-82 u/L	Not collected	Not collected	N/A
Lactic Acid	0.5-2.0 mmol/L	Not collected	Not collected	N/A
Troponin	0-4 ng/L	53 ng/L	Not collected	Troponin levels are elevated due to myocardial injury related to congestive heart failure (Martin, 2019).
CK-MB	3-5%	Not collected	Not collected	N/A
Total CK	5-25 IU/L	Not collected	Not collected	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	0.8-1.2 seconds	Not collected	Not collected	N/A
PT	11-13 seconds	Not collected	Not collected	N/A
PTT	60-70 seconds	Not collected	Not collected	N/A
D-Dimer	<0.4 ug/mL	Not collected	Not collected	N/A
BNP	0-100 pg/mL	138 pg/mL	Not collected	N/A
HDL	40-60 mg/dL	47 mg/dL	Not collected	Lab values are within normal range.
LDL	<100 mg/dL	<70 mg/dL	Not collected	Lab values are within normal range.
Cholesterol	0-200 mg/dL	122 mg/dL	Not collected	Lab values are within normal range.
Triglycerides	<150 mg/dL	41 mg/dL	Not collected	Lab values are within normal range.
Hgb A1c	4.0-7.0%	6.1%	Not collected	Lab values are within normal range.
TSH	80-230 ng/dL	Not collected	Not collected	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	N/A	N/A	N/A
pH	5.0-9.0	N/A	N/A	N/A
Specific Gravity	1.003-1.030	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	0-5	N/A	N/A	N/A
RBC	0-2	N/A	N/A	N/A
Leukoesterase	Negative	N/A	N/A	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	Value on	Today's	Explanation of Findings

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

Lab Correlations Reference (1) (APA):

Martin, Paul, BSN. (2019). Normal Laboratory Values Guise and Cheat Sheet for Nurses. Nurselabs.com.

https://nurseslabs.com/normal-lab-values-nclex-nursing/#h-serum-creatinine-cr-creatinine-urine-and-creatinine-clearance-crcl

Diagnostic Imaging

All Other Diagnostic Tests (5 points): MRI Heart without contrast, EX chest AP, Heart catheterization

Diagnostic Test Correlation (5 points):

The patient was ordered a cardiac MRI (magnetic resonance imaging). This diagnostic test is performed to visualize areas of the body to detect abnormalities or disorders. This cardiac MRI is used to evaluate the function of the heart and the vessels, such as blood flow and size. This test is often performed for congestive heart failure in order for the providers to visualize the performance of the heart and assists to determine the level of the condition (Radiologyinfo, 2020). The patient was also ordered a Chest PA X-Ray (anterior-posterior) view of the patient's chest and lungs. This diagnostic test is performed to visualize the chest, lungs, and great vessels (Murphy, 2021). This diagnostic test is used to diagnose acute or chronic disorders involving the chest. The patient received one of these tests in order for the providers to visualize the patient's chest and great vessels and their performance due to a diagnosis of congestive heart failure (Murphy, 2021). Cardiac catheterization is one of the most important diagnostic tests to perform in order to visualize the blockage or clogged arteritis in and around the heart (Mayo Clinic, 2019). The cardiac catheterization uses tubing that goes through the arteries and allows the providers to diagnose and determine the extent of the disease (Mayo Clinic, 2019). The most common reasons to perform this diagnostic test includes arrhythmias or heart failure. The patient has been diagnosed with both of these conditions, therefor this diagnostic test was a very important aspect of diagnosis and treatment plan. The findings on all diagnostic tests were not resulted during this shift.

Diagnostic Test Reference (1) (APA):

Radiologyinfo (ACR), R. S. of N.A. (RSNA). (2020). *Magnetic Resonance Imaging (MRI)- Cardiac (Heart)*. Radiologyinfo.org. https://www.radiologyinfo.org/en/info/cardiacmr

Murphy, A., (2021). Chest (PA view). *Radiology Reference Article.* Radiopaedia.org. Radiopaedia. https://radiopaedia.org/articles/chest-pa-view-1?lang=us

Mayo Clinic. (2019). *Cardiac Catheterization- Mayo Clinic*. Mayo Clinic. https://www.mayoclinic.org/tests-procedures/cardiac-catheterization/about/pac-20384695

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

Home Medications (5 required)

Brand/Generic	Eliquis/ Apixaban	Omeprazole/ Prilosec	Ondansetron/ Zofran	Tums/ Calcium Carbonate	Tylenol/Acetaminophen
Dose	5 mg	40 mg	24 mg	500 mg	500 mg
Frequency	BID	BID	PRN	Q6 PRN	Q4 PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification	Pharmacological: Factor Xa inhibitor (Jones & Bartlett, 2023). Therapeutic: Anticoagulant (Jones & Bartlett, 2023).	Pharmacological: Proton pump inhibitor (Jones & Bartlett, 2023). Therapeutic: Antiulcer (Jones & Bartlett, 2023).	Pharmacological: Selective serotonin receptor antagonist (Jones & Bartlett, 2023). Therapeutic: Antiemetic (Jones & Bartlett, 2023).	Pharmacological: Calcium salts (Jones & Bartlett, 2023). Therapeutic: Antacid (Jones & Bartlett, 2023).	Pharmacological: Nonsalicylate (Jones & Bartlett, 2023). Therapeutic: Antipyretic, Nonopioid analgesic (Jones & Bartlett, 2023).
Mechanism of Action	"Inhibits free and clot-bound factor Xa and prothrombinase activity-inhibit platelet aggregation	"Interferes with gastric acid secretion by inhibiting the hydrogen potassium adenosine	"Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at	"Increases levels of intracellular and extracellular calcium, -helps regulate the release and storage of	"Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous

	induced by thrombin" (Jones&Bartlett, 2023- pg 85).	triphosphatase enzyme system, or proton pump, in gastric parietal cells." (Jones & Bartlett, 2023- pg 998).	vagal nerve terminals in the intestine-reduces nausea and vomiting by preventing serotonin release in the small intestine." (Jones & Bartlett, 2023- pg 1002).	neurotransmitters and hormones. Oral forms also neutralize or buffer stomach acid to relieve discomfort." (Jones & Bartlett, 2023- pg 191).	system." (Jones & Bartlett, 2023- pg 10).
Reason Client Taking	Reduce the risk of stroke and systemic embolism.	To manage s/s of GERD	Insomnia	To manage s/s of GERD	Mild Pain
Contraindications (2)	1.Should not be given to patients with hepatic impairment (Jones & Bartlett, 2023). 2.Should not be given to patients with an active bleeding disorder (Jones & Bartlett, 2023).	1.Should not be given to patients with a preexisting renal impairment (Jones & Bartlett, 2023). 2.Should be used cautiously in patients with hypertension due to the risk of hypertension increasing (Jones & Bartlett, 2023).	1.Should not be used in patients with severe hypotension (Jones & Bartlett, 2023). 2. Should not be used in patients with a preexisting arrhythmia (Jones & Bartlett, 2023).	1.Should not be used in a patient that is already taking a calcium supplement (Jones & Bartlett, 2023). 2.Should not be used in a patient with a diagnosis of hypercalcemia (Jones & Bartlett, 2023).	1.Should not be used in patients with renal impairment (Jones & Bartlett, 2023). 2.Should not be used in patients with liver impairment (Jones & Bartlett, 2023).
Side Effects/Adverse Reactions (2)	1.Hypotension (Jones & Bartlett, 2023). 2.Excessive	1.Hypoglycemia (Jones & Bartlett, 2023). 2.Hepatic failure	1.Arrhythmias (Jones & Bartlett, 2023). 2.Shortness of	1.Hypotension (Jones & Bartlett, 2023). 2.Hypercalcemia	1.Hypoglycemia (Jones & Bartlett, 2023). 2.Hepatotoxicity (Jones & Bartlett, 2023).

	bleeding (Jones & Bartlett, 2023).	(Jones & Bartlett, 2023).	breath (Jones & Bartlett, 2023).	(Jones & Bartlett, 2023).	
Nursing Considerations (2)	1.Eliquis should be discontinued 48 hours before a procedure (Jones & Bartlett, 2023). 2.Patinets with hepatic impairments should not take this medication (Jones & Bartlett, 2023).	1.Monitor the patient's renal function (Jones & Bartlett, 2023). 2.Monitor the patient for diarrhea such as C. Difficile (Jones & Bartlett, 2023).	1.Monitor closely in patients with congestive heart failure due to potential of life threatening arrythmias (Jones & Bartlett, 2023). 2.Monitor the patient for serotonin syndrome as this medication increases the risk (Jones & Bartlett, 2023).	1.Monitor the patients for calcium toxicity (Jones & Bartlett, 2023). 2. A patient with renal impairment may experience calcium toxicity faster (Jones & Bartlett, 2023).	1.Calcualte any medications that contain Tylenol to avoid Tylenol toxicity (Jones & Bartlett, 2023). 2.Long term use of Tylenol can result in hepatotoxicity (Jones & Bartlett, 2023).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor the patients for bleeding and monitor their INR/PT (Jones & Bartlett, 2023).	Monitor the patient's BUN/creatinine levels to monitor the renal function (Jones & Bartlett, 2023).	Monitor the patient's ECG to monitor the patient's heart rhythms (Jones & Bartlett, 2023).	Monitor the patient's calcium levels (Jones & Bartlett, 2023).	Monitor the patients AST, ALT, bilirubin levels (Jones & Bartlett, 2023).
Client Teaching Needs (2)	1.Educate the patient on the importance of informing other providers of the usage and taking as prescribed	1.Educate patient on the importance of avoiding alcohol during the use of omeprazole (Jones &	1.Educate the patient on how to administer dissolving tablets to tongue (Jones & Bartlett, 2023).	1.Educate the patient to take tablets 1-2 hours after meals (Jones & Bartlett, 2023). 2.Educate the	1.Educate patient to s/s of hepatotoxicity and to report them immediately (Jones & Bartlett, 2023). 2. Educate the patient on the importance to no

	(Jones & Bartlett, 2023). 2.Educate the patient to monitor for any s/s of bleeding, and bleeding precautions to take (Jones & Bartlett, 2023).	Bartlett, 2023). 2.Educate the patient to notify the provider if they have any signs of renal dysfunction such as decreased urine output (Jones & Bartlett, 2023).	2.Educate the patient to report any s/s that seem to be worsening instead of improving (Jones & Bartlett, 2023).	patient to limit alcohol use during treatment (Jones & Bartlett, 2023).	exceed the prescribed/recommended dose (Jones & Bartlett, 2023).

Hospital Medications (5 required)

Brand/Generic	Alfuzosin/ Uroxatral	Lasix/ Furosemide	Lisinopril/ Prinivil	Metoprolol/ Toprol-XL	Protonix/ Pantoprazole
Dose	10 mg	40 mg	5 mg	12.5 mg	40 mg
Frequency	Once daily	Once daily	Once daily	BID	BID
Route	Oral	Oral	Oral	Oral	Oral
Classification	Pharmacological: Alpha-adrenoreceptor antagonists	Pharmacological: Loop Diuretic (Jones & Bartlett, 2023).	Pharmacological: Angiotensin-converting enzyme (Jones &	Pharmacological: Beta-adrenergic blocker (Jones & Bartlett, 2023).	Pharmacological: Proton pump inhibitor (Jones & Bartlett, 2023).

	(Drugs.com, 2023). Therapeutic: Alpha blockers (Drugs.com, 2023).	Therapeutic: Antihypertensive, diuretic (Jones & Bartlett, 2023).	Bartlett, 2023). Therapeutic: Antihypertensive (Jones & Bartlett, 2023).	Therapeutic: Antianginal, antihypertensive (Jones & Bartlett, 2023).	Therapeutic: Antiulcer (Jones & Bartlett, 2023).
Mechanism of Action	"Alpha-adrenergic receptors in the lower urinary tract leads to the relaxation of smooth muscle in both the prostate and bladder neck, resulting in the improvement in urine flow and reduction of urinary symptoms" (Drugbank, 2024).	"Inhibits sodium and water reabsorption in the loop of henle and increases urine formation." (Jones & Bartlett, 2023-pg 602).	"May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II." (Jones & Bartlett, 2023-Pg 791).	"Inhibits stimulation of beta-receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand." (Jones & Bartlett, 2023-pg 872).	"Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system, or proton pump, in gastric parietal cells." (Jones & Bartlett, 2023-pg 1039).
Reason Client Taking	Manage s/s of Benign prostatic hyperplasia.	Remove excess fluids	Hypertension	Hypertension	Gastroesophageal reflux disease
Contraindications (2)	1.Should not be given to patients with a preexisting liver impairment (Drugs.com,	1.Should be used cautiously in patients with preexisting arrhythmias due to the increased	1.Should not be used in patients with diabetes (Jones & Bartlett, 2023). 2.Should not be	1.Do not give to patients with a heart rate less than 45 bpm (Jones & Bartlett, 2023).	1.Should not be used in patients with preexisting renal impairment (Jones & Bartlett, 2023).

	2023). 2.Should not be used in patients with severe hypotension (Drugs.com, 2023).	risk of arrhythmias (Jones & Bartlett, 2023). 2.Should be used cautiously in patients with renal impairment (Jones & Bartlett, 2023).	used in patients with a previous hypersensitivity to lisinopril (Jones & Bartlett, 2023).	2.Do not give to patients with a blood pressure of less than 100 mm Hg systolic (Jones & Bartlett, 2023).	2.Do not use in patients with a history of hypersensitivity to pantoprazole or its ingredients (Jones & Bartlett, 2023).
Side Effects/Adverse Reactions (2)	1.Hypotension (Drugs.com, 2023). 2.Chest pain (Drugs.com, 2023).	1.Arrhythmias (Jones & Bartlett, 2023). 2.Pancreatitis (Jones & Bartlett, 2023).	1.Arrhythmias (Jones & Bartlett, 2023). 2. Fluid overload (Jones & Bartlett, 2023).	1.Arrythmias (Jones & Bartlett, 2023). 2.Heart failure (Jones & Bartlett, 2023).	1.Hepatotoxicity (Jones & Bartlett, 2023). 2.Clostridium difficile-associated diarrhea (Jones & Bartlett, 2023).
Nursing Considerations (2)	1.This medication may result in dizziness or headache so monitor patient to reduce risk of falls (Drugs.com, 2023). 2.This medication may result in drowsiness or orthostatic hypotension so monitor the	1.Hypokalemia may occur with treatment so monitor for s/s (Jones & Bartlett, 2023). 2.Monitor the patient's renal function to ensure the Lasix is working appropriately (Jones & Bartlett, 2023).	1.Use carefully in patients with congestive heart failure due to the risk of excessive fluid volume (Jones & Bartlett, 2023). 2. Treatment may cause renal impairment (Jones & Bartlett, 2023).	1.Use carefully in patients with hypertension and congestive heart failure due to the potential of decrease in myocardial contractility (Jones & Bartlett, 2023). 2.Monitor the patient for arrhythmias or dyspnea (Jones & Bartlett, 2023).	1.Monitor the patient for C. difficile as they are at an increased risk for developing this condition (Jones & Bartlett, 2023). 2.Monitor the patients INR and PT if being given with an anticoagulant (Jones & Bartlett, 2023).

	patient to reduce risk of injury or fall (Drugs.com, 2023).				
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor the patient's urine voided to ensure the medication is therapeutic and monitor the patient for hypotension (Drugs.com, 2023).	Monitor the patients weight daily to monitor fluid gain/loss during treatment (Jones & Bartlett, 2023).	Monitor the patients' blood pressure before and after administration (Jones & Bartlett, 2023).	Monitor the patients' blood pressure before and after administration (Jones & Bartlett, 2023).	Monitor the patients BUN and creatinine levels to check renal function (Jones & Bartlett, 2023).
Client Teaching Needs (2)	1.Take the medication following a meal to avoid experiencing nausea (Drugs.com, 2023). 2.Eduate the patient to monitor their blood pressure and educate on s/s of hypotension (Drugs.com, 2023).	1.Educate the patient to take the medication hours before bedtime to decrease the risk of nocturia (Jones & Bartlett, 2023). 2.Educate the patient to change positions slowly due to increased risk of orthostatic hypotension (Jones & Bartlett, 2023).	1. Educate the patient that lisinopril will help manage hypertension but is not a cure (Jones & Bartlett, 2023). 2.Educate the patient to take their medication at the same time every day and report any s/s of hypotension or fluid overload (Jones & Bartlett, 2023).	1.Educate the patient to take this medication with a meal and take it at the same time every day (Jones & Bartlett, 2023). 2.Educate the patient on how to check their blood pressure, and to notify their provider if they have s/s of hypotension or bradycardia (Jones & Bartlett, 2023).	1.Educate the patient to report any s/s of diarrhea or worsening symptoms (Jones & Bartlett, 2023). 2.Educate the patient to notify their provider if they have a decrease in urine voided (Jones & Bartlett, 2023).

Medications Reference (1) (APA):

Drugbank. (2024). *Alfuzosin*. Drugbank.com. https://go.drugbank.com/drugs/DB00346

Drugs.com. (2023). *Alfuzosin Uses, Side Effects & Warnings.* Drugs.com. https://www.drugs.com/mtm/alfuzosin.html

Jones & Bartlett Learning. (2023). *2022 Nurse's drug handbook* (21st ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is A&O x4. Patient appears well groomed and in no acute distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin is pink, warm, and dry upon palpation. Skin turgor within normal mobility. No rashes, bruises, or wounds noted upon visualization. Braden score: 23 No drains present.

HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation. Ears: Auricles appear without lesions, lumps, or abnormalities noted. Eyes: Sclera is white bilaterally, cornea is clear bilaterally, conjunctiva is pink bilaterally. PERRLA and EOMS intact bilaterally. Nose: Septum is midline without deviation. No lumps, polyps, or lesions noted upon visualization. Patient has poor dentition. .
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:**	S1 S2 sound present. No murmur, gallops, or rubs noted. Peripheral pulses are 2+ bilaterally. No neck vein distention noted. Capillary refill is less than 3 seconds on all extremities. Edema noted on lower extremities bilaterally 2+
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Breathe sounds are diminished with crackles bilaterally. No wheezing or Ronchi noted upon auscultation. No accessory muscles used, unlabored breathing, normal rate and rhythm. Patient reports shortness of breath prior to admission but has no current complaints.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:**	Regular diet at home Currently NPO diet for procedure Height: 5’6” Weight: 92.8 kg Bowel sounds are active in all 4 quadrants

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:**	Last BM: 4/7/24 No incision, drains, or wounds on abdomen. No distention noted. Patient reports no pain.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Patient is voiding dark yellow urine. Patient voided 500 mL during shift but reported lack of urination at home prior to admission. Patient denies any pain or difficulty with flow or beginning of urination.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:**	Equal strength in all four extremities. Patient ambulates as a standby assist to the rest room. Patient does not need assistance with ADL. Hand grips and pedal pushes and pulls are equal in strength on all extremities. Full range of motion in all extremities, active ROM. Patient does not use any assistive devices.

Activity/Mobility Status: **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Fall risk score: 7
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW, PERLA present bilaterally Strength equal is all extremities Patient is orientated to person, place, time, and situation. Patient is answering questions appropriately and is cooperative. Patient speaks clearly without struggle. Patient is awake and 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):**	Patient lives at home with his wife. His wife and grandson are his main support system. The patient did not provide information regarding "coping" aside from his support system that is with him currently. Family seems to be very involved in the patients plan of care.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	88 bpm	144/77	20	98.0F	97%; Room air
1100	89 bpm	134/76	20	97.9F	100%; Room air

Vital Sign Trends: The patient vitals remained stable during the entire shift. The blood pressure was elevated, but there was a decrease in blood pressure from 144/77 to 134/76. This decrease may be in relation to the patient was just woken up and went to the restroom a few minutes prior to blood pressure reading number one, and his blood pressure medication was administered prior to blood pressure reading number two. The vitals remained similar and stable throughout the shift.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	1-10/ numerical scale	N/A	0- No pain	N/A	N/A
1100	1-10 Numerical scale	N/A	0- No pain	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	18 G
Location of IV:	Located on the Right antecubital
Date on IV:	Date placed: 4/4/2024
Patency of IV:	IV is patent
Signs of erythema, drainage, etc.:	No signs of erythema or drainage.
IV dressing assessment:	IV dressing is dry, clean and intact.

	Patient has a saline lock, No fluids infusing at this time.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
0 mL (NPO diet)	500 mL of urine voided

Nursing Care

Summary of Care (2 points)

Overview of care: The patient woke up at 0700. The patient requested to use the bathroom at 0715. I assisted the patient to the restroom and then to the recliner in the patient's room. I obtained a set of vitals during this time. Medication was administered at 0800. The patient then fell back asleep. The patient was awake at 0900 due to the arrival of his wife. The patient visited with family and rested, and occasionally requested to use the restroom. I assisted the patient to the restroom and to brush his teeth. I obtained a second set of vitals at 1100. The patient was taken for his procedure at 1130.

Procedures/testing done: The patient received an MRI and Heart catheterization later during the shift. The patient was taken off the floor to HVI for this procedure.

Complaints/Issues: The patient had no complaints or issues reported.

Vital signs (stable/unstable): Patients vitals remained stable, including slight blood pressure decrease.

Tolerating diet, activity, etc.: The patient was on an NPO diet to prepare for their procedures they had today. Therefor there was no oral intake of food or fluids. The patient was able to ambulate with a standby assist to the restroom without difficulty.

Physician notifications: No physician notifications.

Future plans for client: Future plans for the patient may be determined by the results from the MRI and heart catheterization. Currently the patient is referred to cardiology for further testing and will continue to be monitored on the medical surgical floor until the providers have more information to form a plan of care. If testing is unproductive the patient has an expected discharge of 4/10/24 to follow up with cardiology assuming he does not have a decline in progress.

Discharge Planning (2 points)

Discharge location: Patient intends to discharge home with his wife.

Home health needs (if applicable): The patient does not have any home health needs at this moment. The patient is still highly independent and lives with his wife who assists in taking care of him as well.

Equipment needs (if applicable): The patient has no equipment needs at this time.

Follow up plan: Follow up plan includes the patient following up with his primary provider, as well as his cardiologist to form a plan of care regarding his congestive heart failure diagnosis. The patient should continue to use Lasix as prescribed to decrease fluid overload. The patient should contact his primary provider or cardiologist with any questions upon discharge.

Education needs: The patient needs education on the importance of medication compliance, as well as health compliance. The patient does not take medications as prescribed. The patient has a diagnosis of sleep apnea but refuses to wear a CPAP (Continuous positive airway pressure) machine. The patient should be educated on the necessity of self-care in regard to following the plan of care.

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. Impaired gas exchange related to pulmonary congestion and ineffective breathing pattern evidenced by dyspnea, tachycardia, crackles during auscultation of the lungs, and consistent cough	The patient was experiencing difficulty breathing, tachycardia and producing yellow phlegm with a cough. The symptoms explained above indicate that the patient is not being able to have adequate oxygen exchange within the lungs due	**1**.Monitor the patient's respiratory status every 4 hours. 2.Instruct the patient to do the turn, cough, and deep breathe exercise every 4 hours.	1. The goal is for the patient to maintain a respiratory rate within beneficial limits and does not experience dyspnea.	The patient was receptive to instructions and performed exercises as indicated. The patient was aware of the purpose in care. The family was supportive of the plan of care. The patient did not complain of dyspnea during the last few hours of shift. The patient showed improvement in dyspnea, and cough during their treatment. However did still show

with production of yellow phlegm.	to pulmonary congestion or fluid accumulation which is shown during auscultation of the lungs with a finding of crackles and diminished lung sounds.			occasional signs of tachycardia.
2. Decreased cardiac output related to altered heart rate and rhythm evidenced by elevated troponin, atrial fibrillation, orthopnea, and decreased urinary output.	The patient was experiencing atrial fibrillation which can be findings of decreased cardiac output. The patient has elevated troponin which indicates myocardial injury resulting in the heart not pumping or having beneficial cardiac output. The patient is also experiencing decreased urinary output and orthopnea which are signs that may indicate decreased cardiac output.	1.Monitor the patients LOC and vitals every 4 hours. 2.Weight the patient daily in the morning.	1. The desired outcome is for the patient's heart to maintain desired cardiac output, normalizing the heart rate and blood pressure. The patient's arrhythmias will be corrected.	The patient was cooperative and receptive of care. The patient remained in normal LOC during shift. The patient's heartrate and blood pressure were maintained in normal ranges during the shift. The patient and family were understanding to plan of care. The patient remained in normal LOC and weight decreased due to fluid loss during their treatment.
3. Excessive fluid volume related to a medical	The patient is experiencing excess fluid volume in the	1.Monitor the patients Intake and output to ensure the patient is	1. The goal and desired outcome is to assist in	The patient was cooperative and understanding to the plan of care. The patient did not

diagnosis of congestive heart failure evidenced by elevated troponin, shortness of breath, oliguria, tachycardia, edema, and pulmonary congestion.	body and this is shown by edema in extremities and decrease in urination. The body is not ridding waste in the urine, and the heart is not pumping adequately due to congestive heart failure resulting in fluid accumulation.	voiding what they are consuming. 2Administer diuretics or medications to assist in decreasing fluids in the body as prescribed.	regulating the patient's intake and output and encouraging the patient's body to void waste in the urine. The desired outcome is to decrease fluid accumulation in the patient.	have any questions and understood the teaching and necessity of the treatment. The family was supportive. The patient did begin voiding and edema, shortness of breath, pulmonary and hypertension showed improvement during treatment.
4. Activity intolerance related to weakness and oxygen imbalance evidenced by dyspnea and fatigue on arrival.	The patient reported upon arrival to the emergency room that they had difficulty ambulating at home due to shortness of breath and fatigue. These symptoms indicate an activity intolerance which includes the inability to perform activities and tasks due to weakness, fatigue, and dyspnea.	1.Educate the patient on ways to maintain energy such as taking extra breaks in activity and knowing their limitations. 2. Encourage the patient to still participate in their plan of care and daily living activities.	1. The desired outcome is to assist the patient in knowing their limitations to avoid exertion during daily activities. Educating the patient to take more frequent breaks and understand their body's needs are essential to ensure it does not result in a fall or injury.	The patient was cooperative and understanding to their plan of care. The patient had no questions. The patient was able to assist during their daily living activities and ambulate with a standby assist. The patient reported feeling as though their dyspnea improved during frequent breaks in activities.

Other References (APA):

Concept Map (20 Points):

Subjective Data

-Patient reports experiencing dyspnea and orthopnea
-Patient reports experiencing fatigue and weakness during ambulation
-Patient denies pain

Nursing Diagnosis/Outcomes

1. Impaired gas exchange related to pulmonary congestion and ineffective breathing pattern evidenced by dyspnea, tachycardia, crackles during auscultation of the lungs, and consistent cough with production of yellow phlegm.
   -Desired outcome: The goal is for the patient to maintain a respiratory rate within beneficial limits and does not experience dyspnea.
2. Decreased cardiac output related to altered heart rate and rhythm evidenced by elevated troponin, atrial fibrillation, orthopnea, and decreased urinary output.
   -Desired outcome: The desired outcome is for the patient's heart to maintain desired cardiac output, normalizing the heart rate and blood pressure. The patient's arrhythmias will be corrected.
3. Excessive fluid volume related to a medical diagnosis of congestive heart failure evidenced by elevated troponin, shortness of breath, oliguria, tachycardia, edema, and pulmonary congestion.
   -Desired outcome: The goal and desired outcome is to assist in regulating the patient's intake and output and encouraging the patient's body to void waste in the urine. The desired outcome is to decrease fluid accumulation in the patient.
4. Activity intolerance related to weakness and oxygen imbalance evidenced by dyspnea and fatigue on arrival.
   -Desired outcome: The desired outcome is to assist the patient in knowing their limitations to avoid exertion during daily activities. Educating

Objective Data

-Oliguria, little to no urine production
-Crackles and diminished lung sounds
-Elevated troponin
-Atrial fibrillation diagnosis
-Diagnosis of congestive heart failure
-Height : 5'6"; Weight: 98.2 kg
-BP 134/76, Pulse 89 bpm, RR 20, Temp 97.9F, Oxygen 100%

Client Information

D.H.
87-year-old Male
Retired
Married
Full Code
Admitted on 4/4/24 for shortness of breath

Nursing Interventions

1.Monitor the patient's respiratory status every 4 hours & instruct the patient to do the turn, cough, and deep breathe exercise every 4 hours.

2.Monitor the patients LOC and vitals every 4 hours, and monitor the patients weight daily in the morning.

3. Monitor the patient's intake and output, and administer diuretics and medications needed as prescribed.

4. Educate the patient on ways to maintain energy and encourage the patient to participate in their daily living activities.