

N431 Care Plan 1

Lakeview College of Nursing

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Professor Scribner

4/11/2024

Demographics (3 points)

Date of Admission 4/4/24	Client Initials CL	Age 66	Gender Female
Race/Ethnicity White	Occupation Retired Air force Vet.	Marital Status Divorced	Allergies Heparin, buprenorphine- naloxone, aspirin, cetirizine, fluticasone, loratadine, and tramadol.
Code Status Full	Height 170.2 cm	Weight 62.5 kg	

Medical History (5 Points)

Past Medical History: Addiction (nicotine), atrial fibrillation, allergic rhinitis, anxiety, coronary artery disease, cataract, chronic back pain, congestive cardiac failure, chronic obstructive pulmonary disease, depression, headache, hyperlipidemia, hypercholesterolemia, mitral infarction, mitral valve disorder, neuropathy, tobacco use disorder.

Past Surgical History: Cardiac catheterization (2016), chest soft tissue procedure (2021), coronary artery bypass graft (2016), excisional biopsy, kidney removal right, left heart catheterization (2022), lumbar discectomy (2017), lumbar spine non-fusion surgery, mitral valve (2016), and tonsillectomy.

Family History: Father; mitral infarction, diabetes. Mother; chronic heart failure. Paternal grandfather; obesity. Paternal grandmother; obesity.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):

- Tobacco use; former; 1 pack per day for 35 years
- No alcohol use
- No drug use

Assistive Devices: Walker

Living Situation: Lives at home alone with her 5 cats

Education Level: College

Admission Assessment

Chief Complaint (2 points): Chest pain and shortness of breath

History of Present Illness – OLD CARTS (10 points): The patient is a 66-year-old female who presents to the emergency department with complaints of left-sided chest pain, shortness of breath, and cough. The patient states these symptoms began the day prior and have continued to worsen. She reports a constant radiating pain to both shoulders and rates it a 9/10 on a numeric scale. She states the pain in her chest worsens with movement and coughing. The patient states she took nitroglycerin tablets, and the chest pain did not subside.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cardiac ischemia

Secondary Diagnosis (if applicable): N/A

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

Cardiac ischemia usually occurs when a blockage in one or more coronary arteries occurs. It causes an insufficient blood supply and oxygen to the heart muscle, resulting in cellular injury or death if it is not immediately relieved. On a cellular level, cardiac ischemia can also disrupt homeostasis and normal metabolic processes within the body (Mayo Clinic, 2021). Ultimately, this disruption can affect the electrical and contraction properties of the heart cells (Mayo Clinic, 2021).

Cardiac ischemia can be triggered by several different factors, such as physician exertion, emotional stress, drug use (cocaine), cold temperatures, and heavy meals (Mayo Clinic, 2021). Contributing risk factors include but are not limited to smoking, diabetes, hypertension, hyperlipidemia, obesity, and elevated triglyceride levels (Mayo Clinic, 2021). Signs and symptoms of cardiac ischemia present themselves in several ways, but an individual can also have no signs or symptoms and be experiencing “silent ischemia” (Mayo Clinic, 2021). Common signs and symptoms are new or jaw pain, shoulder pain, dyspnea, nausea and vomiting, and diaphoresis (Mayo Clinic, 2021). These symptoms can produce expected findings in relation to vital signs such as tachycardia, tachypnea, unequal pulses, and elevated blood pressure (Mechanic et al., 2023).

Cardiac ischemia can be confirmed with several diagnostic tests. Besides your primary tests of an EKG and ECC, there is also the Holter monitor, stress test, coronary angiogram, chest x-ray, and heart MRI (Mayo Clinic, 2021). The most utilized lab for confirmation is cardiac troponin (Mechanic et al., 2023). Treatment depends on the severity of the condition. The provider might recommend medication, surgery, or combination treatment (Mayo Clinic, 2021). Angioplasty and coronary bypass are more aggressive forms of treatment to improve blood flow.

(Mayo Clinic, 2021). This patient previously has had several heart procedures done. She has had a cardiac cath, mitral valve surgery, and coronary bypass. She is currently being placed on a continuous argatroban bridge until her INR levels reach a therapeutic level. Upon admission, the patient had abnormal INR, PT, BNP, and BUN levels.

Pathophysiology References (2) (APA):

Mayo Clinic Staff. (2021). *Myocardial ischemia*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/myocardial-ischemia/diagnosis-treatment/drc-20375422>

Mechanic, O., Gavin, M., & Grossman, S. (2023, September 3). *Acute myocardial infarction*.

National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK459269/>

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	3.50-5.20 10 ⁶ ul	3.35	3.80	An increase in RBCs is indicative of the patient's chronic obstructive pulmonary disease (Martin, 2023).
Hgb	11.0-16.0 g/dL	11.1	12.5	
Hct	34.0-47.0%	33.8	38.6	This can be due to nutritional deficiency (Martin, 2023).
Platelets	140-400 10 ³ ul	177	162	
WBC	4.00-11.00 10 ³ ul	11.63	7.83	The increase may due to the physiological stressors on the body with the patient's heart condition and anxiety (Martin, 2023).
Neutrophils	1.60-7.70 10 ³ ul	7.95	5.53	The increase may due to the stress on the body in relation to the patient's

				heart condition and anxiety (Martin, 2023).
Lymphocytes	1.00-4.90 10³ ul	2.49	1.56	
Monocytes	0.00-1.10 10³ ul	1.07	0.58	
Eosinophils	0.00-0.50 10³ ul	0.03	0.10	
Bands	0.0-10.0%	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-	136-145 mmol/L	144	136	
K+	3.5-5.1 mmol/L	3.6	3.2	
Cl-	98-107 mmol/L	105	98	
CO2	22.0-29.0 mmol/L	29.0	29.0	
Glucose	74-100 mg/dL	82	96	
BUN	10-20mg/dL	27	18	Increased levels are in relation to myocardial infarction or heart failure (Martin, 2023).
Creatinine	0.55-1.02 mg/dL	1.35	1.25	Increased levels may relate to congestive heart failure (Martin, 2023).
Albumin	3.4-4.8 g/dL	3.7	N/A	
Calcium	8.9-10.6 mg/dL	9.3	9.1	
Mag	1.6-2.6 mg/dL	N/A	2.0	
Phosphate	2.8-4.5 mg/dL	N/A	N/A	
Bilirubin	0.2-1.2 mg/dL	0.3	N/A	

Alk Phos	40-150 U/L	57	N/A	
AST	5-34 U/L	24	N/A	
ALT	0-55 U/L	31	N/A	
Amylase	29-103 u/L	N/A	N/A	
Lipase	8-78 U/L	N/A	N/A	
Lactic Acid	0.50-2.20 mmol/L	N/A	N/A	
Troponin	0-4 ng/L	40	N/A	This may be reflective of a myocardial infarction and/or myocardial injury (Martin, 2023).
CK-MB	0%	N/A	N/A	
Total CK	30-135 u/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	0.9-1.1	1.0	3.1	This is may be an indication of the patient's Coumadin therapy (Martin, 2023).
PT	11.7-13.8	13.4	33.0	This is suggestive of the patient's Coumadin therapy (Martin, 2023).
PTT	22.4-35.9 sec	24.6	N/A	
D-Dimer	0.0-0.5	1.36	N/A	
BNP	>100pg/ml	775.0	N/A	Increased BNP levels may relate to congestive heart failure, myocardial infarction, and systemic hypertension (Martin, 2023).
HDL	>40mg/dL	N/A	N/A	
LDL	<130 mg/dL	N/A	N/A	

Cholesterol	<200 mg d/L	N/A	N/A	
Triglycerides	<150 mg d/L	N/A	N/A	
Hgb A1c	12.0-15.8%	N/A	N/A	
TSH	0.350-4.940 u/mL	N/A	N/A	

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Yellow/clear	N/A	N/A	
pH	5.0-7.0	N/A	N/A	
Specific Gravity	1.003-1.035	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	0-25 u/L	N/A	N/A	
RBC	0-20 u/L	N/A	N/A	
Leukoesterase	Negative	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 Range	Value on Admission	Today's Value	Explanation of Findings
pH	7.35-7.45	N/A	N/A	

PaO ₂	80-100 mmHg	N/A	N/A	
PaCO ₂	35-45 mmHg	N/A	N/A	
HCO ₃	22-26 mEq/L	N/A	N/A	
SaO ₂	>95%	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	5.0-9.0	N/A	N/A	
Blood Culture	Negative ery/ul	N/A	N/A	
Sputum Culture	>25 leukocytes <10 epithelial cells	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Martin, P. (2023). *Normal laboratory values for nurses: A guide for nurses*. Nurses Labs.

<https://nurseslabs.com/normal-lab-values-nclex-nursing/>

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

1. XR Chest AP or PA

- Mild cardiomegaly; could be a result of the patient's coronary arterial disease, hypertension, and/or mitral valve disorder.

- Lungs hyper inflated; indicative of the patient's COPD
- Heart sternotomy/CABG; a surgical incision from a procedure the patient had previously

2. CT CTA PE Chest

- Suspected pulmonary embolism not found
- Cardiomegaly; may be a result of the patient's coronary arterial disease, hypertension, and/or mitral valve disorder.
- Post CABG; a surgical incision from a procedure the patient had previously
- Surgical clips in R retroperitoneal; due to previous small hiatal repair
- Mild emphysema; due to the patient's long history of nicotine usage

3. ECG 12 Lead for ROMI

- Normal sinus rhythm with arrhythmias; due to patient's history of heart disorders

Diagnostic Test Correlation (5 points): Upon admission, the patient had complaints of severe chest pain and shortness of breath. The provider suspected cardiac ischemia, but also wanted to rule out the possibility of a pulmonary embolism. The CT PE Chest scan was able to provide imaging with no acute findings of a pulmonary embolism. Both diagnostic scans showed images of the patient's current heart condition and also findings from previous procedures.

Diagnostic Test Reference (1) (APA):

Hinkle, J., Cheever, K., & Overbaugh, K. (2021). *Textbook of medical-surgical nursing*. (15th ed). Wolters Kluwer

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Home Medications (5 required)

Brand/Generic	Alprazolam Xanax	Crestor / Rosuvastatin	Zoloft/ Sertraline	Isosorbide mononitrate	Nitroglycerin/ Nitrostatz
Dose	1 mg	40 mg	100 mg	60 mg	0.4 mg
Frequency	3x daily PRN	Daily at bedtime	2 tabs daily w/ breakfast	Daily every morning	Every 5 minutes PRN do not exceed 3 tabs within 15 minutes
Route	Oral	Oral	Oral	Oral	Oral
Classification	Pharmacologic: Benzodiazepine (Nurse’s drug handbook, 2023). Therapeutic: Anxiolytic (NDH, 2023).	Pharmacologic: HMG-CoA reductase inhibitor (NDH, 2023). Therapeutic: Antilipemic (NDH, 2023).	Pharmacologic: Selective serotonin reuptake inhibitor (NDH, 2023). Therapeutic: Antianxiety, antidepressant (NDH, 2023).	Pharmacologic: Nitrate (NDH, 2023). Therapeutic: Antianginal (NDH, 2023).	Pharmacologic: Nitrate (NDH, 2023). Therapeutic: Antianginal , vasodilator (NDH, 2023).
Mechanism of Action	It inhibits excitatory stimulation, which helps control emotional behavior (NDH, 2023).	It lowers lipid levels by increasing hepatic low-density lipoprotein levels (NDH, 2023).	It increases the serotonin readily available by inhibiting the CNS neurons (NDH, 2023).	It activates enzyme guanylate cyclase by interacting with nitrate receptors in the vascular smooth muscle cell membranes (NDH, 2023).	It reduces nitroglycerin to nitric oxide by interacting with nitrate receptors in the vascular smooth-muscle cell membranes (NDH, 2023).

Reason Client Taking	Anxiety (NDH, 2023).	High cholesterol (NDH, 2023).	Major depression (NDH, 2023).	To prevent angina (NDH, 2023).	“To prevent anginal attacks due to coronary artery disease” (NDH, 2023).
Contraindications (2)	Acute angle-closure glaucoma and hypersensitivity (NDH, 2023).	Acute liver disease and hypersensitivity (NDH, 2023).	Current usage of disulfiram and intravenous use of methylene blue and linezolid (NDH, 2023).	Current use of phosphodiesterase inhibitors and hypersensitivity to nitrates and isosorbide (NDH, 2023).	Cerebral hemorrhage and increased intracranial pressure (NDH, 2023).
Side Effects/Adverse Reactions (2)	Respiratory distress and chest pain (NDH, 2023).	Cough and insomnia (NDH, 2023).	Altered platelet function and pulmonary hypertension (NDH, 2023).	Arrhythmias and hemolytic anemia (NDH, 2023).	Dysuria and transient hypoxemia (NDH, 2023).
Nursing Considerations (2)	It can result in a significance dependence even with short term usage (NDH, 2023). Monitor the patient closely for impaired respiratory function (NDH, 2023).	This medication should not be used in patients with a major psychotic disorder because it can exacerbate the psychosis (NDH, 2023). It can cause neuroleptic malignant syndrome like symptoms if	Monitor patient for signs and symptoms of serotonin syndrome (NDH, 2023). This medication should not be taken if the patient has had a recent acute myocardial infarction	The patient may experience daily headaches from the vasodilating effects (NDH, 2023). Stopping the drug abruptly can cause angina and increase the patient’s risk for a	Use cautiously in elderly patients because it increases the risk of falls and hypotension (NDH, 2023). Use cautiously in patients with cardiomyopathy

		the medication is not tapered off and being taken at a high dose (NDH, 2023).	(NDH, 2023).	myocardial infarction (NDH, 2023).	because the nitrate therapy can irritate angina in this condition (NDH, 2023).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	<p>Monitor lab results from CBC, renal, and liver to see its effectiveness of the therapy (NDH, 2023).</p> <p>Establish baseline vitals to monitor the patient's respiratory status and blood pressure (NDH, 2023).</p>	<p>Monitor the patient's liver function tests prior to administration . If they have liver injury, hyperbilirubinemia, or jaundice, please discontinue (NDH, 2023).</p> <p>Assess the patient's LOC and vision (NDH, 2023).</p>	<p>Monitor liver enzymes and BUN levels prior (NDH, 2023).</p> <p>Monitor the patient for any GI bleeding (NDH, 2023).</p>	<p>Monitor the patient's blood pressure often because this medication can cause severe hypotension (NDH, 2023).</p> <p>Assess heart rate, heart sounds, and monitor for any rhythm disturbances (NDH, 2023).</p>	<p>Monitor their vitals before every dosage adjustment (NDH, 2023).</p> <p>Assess levels of consciousness and fluid intake/output (NDH, 2023).</p>
Client Teaching Needs (2)	<p>Advise patient to avoid any activities that require alertness ex. Driving (NDH, 2023).</p> <p>Inform the</p>	<p>Inform the patient to avoid foods that are high in tyramine 150< mg (NDH, 2023).</p> <p>Advise the patient not to crush, chew,</p>	<p>Educate the patient on the importance of tapering off the medication and not stopping abruptly (NDH,</p>	<p>Educate the patient on orthostatic hypotension and advise them to change positions slowly (NDH, 2023).</p>	<p>Educate the patient on recognizing angina signs and symptoms such as chest fullness, pain, sweating,</p>

	patient not to stop taking the medication abruptly to avoid withdrawal symptoms (NDH, 2023).	or dissolve the medication (NDH, 2023).	2023). Advise the patient that taking antiplatelet or anticoagulant medications increases their risk for bleeding (NDH, 2023).	Advise the patient to store the medication in a tightly closed container away from heat and light (NDH, 2023).	and nausea (NDH, 2023). Advise patients that carry their pills in its original container, to place it in their pocket or purse to avoid body heat on the medication (NDH, 2023).
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Hospital Medications (5 required)

Brand/Generic	Warfarin	Toprol metoprolol Succinate	Melatonin	Furosemide Lasix	Fluticasone Furoate vilanterol
Dose	5 mg	75 mg	3 mg	40 mg	200-25 mcg/ 1 puff
Frequency	Daily at 1600	Every morning	Daily at bedtime	Daily	Daily at 1900
Route	Oral	Oral	Oral	Oral	Inhalation
Classification	Pharmacologic: Coumarin derivative (NDH, 2023). Therapeutic:	Pharmacologic: Beta-adrenergic blocker (NDH, 2023). Therapeutic:	Pharmacologic: Acetamides (Anderson, 2023). Therapeutic: Anxiolytics	Pharmacologic: Loop diuretic (NDH, 2023). Therapeutic: Antihypertensive, diuretic (NDH, 2023).	Pharmacologic: Corticosteroid (NDH, 2023). Therapeutic:

	c: Anticoagulant (NDH, 2023).	c: Antianginal, antihypertensive (NDH, 2023).	(Anderson, 2023).		Antiasthmatic (NDH, 2023).
Mechanism of Action	It depletes clotting factors by disrupting the liver's ability to synthesize vitamin K dependent clotting factors (NDH, 2023).	It decreases cardiac excitability by inhibiting stimulation of beta heart receptors (NDH, 2023).	It acts as a messenger to the receptor agonists in the brain and other areas in the body, to assist with sleep and wake cycles (Anderson, 2023).	Increases urine formation by inhibiting sodium and water reabsorption within the loop of Henle (NDH, 2023).	It inhibits the cells that are involved in the inflammation response of asthma (NDH, 2023).
Reason Client Taking	Mitral valve replacement (NDH, 2023).	Heart disease and manage hypertension (NDH, 2023).	Insomnia	Hypertension and reduce edema caused by heart failure (NDH, 2023).	COPD (NDH, 2023).
Contraindications (2)	Bacterial endocarditis and hemorrhagic tendencies (NDH, 2023).	Cardiogenic shock and systolic blood pressure less than 100 mm Hg (NDH, 2023).	Excessive drowsiness and increased sedative effect of the CNS (Anderson, 2023).	Anuria and hypersensitivity to furosemide (NDH, 2023).	Untreated mucosal infection and acute asthma episodes (NDH, 2023).
Side Effects/Adverse Reactions (2)	Intracranial hemorrhage and hepatitis (NDH, 2023).	Arterial insufficiency and heart failure (NDH, 2023).	Dizziness and irritability (Anderson, 2023).	Thromboembolism and pancreatitis (NDH, 2023).	Bronchospasm and adrenal insufficiency (NDH, 2023).
Nursing Considerations (2)	Plan to distribute another parenteral	Patients undergoing noncardiac major	Asses the patient's sleep pattern before and	It can lead to a fatal hepatic coma in patients with a	If bronchospasm occurs after usage

	<p>anticoagulant with oral warfarin for at least 3 days or until desired response has occurred (NDH, 2023).</p> <p>Avoid giving the patient IM injections while taking warfarin to avoid bleeding and bruising (NDH, 2023).</p>	<p>surgery should not be taking a high dose of this medication (NDH, 2023).</p> <p>Use cautiously because it can depress myocardial contractility and cause worsening heart failure (NDH, 2023).</p>	<p>after medication (Anderson, 2023).</p> <p>This medication should be for short term usage and not a permanent sleeping aid (Anderson, 2023).</p>	<p>history of electrolyte imbalance.</p> <p>It can lead to a fatal hepatic coma in patients with a history of hepatic encephalopathy (NDH, 2023).</p>	<p>of this medication, administer a fast-acting inhaled bronchodilator (NDH, 2023).</p> <p>Notify provider immediately if the patient experiences adverse ocular reactions (NDH, 2023).</p>
<p>Key Nursing Assessment(s)/Lab(s) Prior to Administration</p>	<p>Monitor INR levels prior to administration and make sure they are at adjusted therapeutic INR levels (NDH, 2023).</p> <p>Assess for any signs of bleeding because clotting factors are impaired (NDH, 2023).</p>	<p>Assess ECG for any AV heart blocks (NDH, 2023).</p> <p>Assess for low blood glucose levels because this medication can mask signs of hypoglycemia (NDH, 2023).</p>	<p>Monitor blood glucose and lipid panel (Anderson, 2023).</p> <p>Monitor coagulation levels frequently (Anderson, 2023).</p>	<p>Obtain weight before and after administration of this drug to monitor fluid loss (NDH, 2023).</p> <p>Assess for edema, lung sounds, skin turgor, and capillary refill (NDH, 2023).</p>	<p>Assess respiration rate, lung sounds, and check for signs of dyspnea (NDH, 2023).</p> <p>Assess the patient's nares to check for any lesions that can lead to systemic absorption of the medication (NDH, 2023).</p>
<p>Client Teaching Needs (2)</p>	<p>Advise the patient to</p>	<p>Instruct patient to</p>	<p>Instruct patient to</p>	<p>Inform the patient on the</p>	<p>Inform patient to</p>

	<p>avoid any activities that can cause traumatic bleeding or injury (NDH, 2023).</p> <p>Inform patient that if they miss a dose, to take it as soon as possible on the same day but do not take a double dose the next day to make up for it (NDH, 2023).</p>	<p>notify their provider if their heart rate falls below 60 bpm (NDH, 2023).</p> <p>Advise patient to taper off the medication and not stop abruptly because it can cause an MI, myocardial ischemia, and severe hypertension (NDH, 2023).</p>	<p>take this at bedtime (Anderson, 2023).</p> <p>Advise patient to avoid driving or other activities that require alertness when taking this medication (Anderson, 2023).</p>	<p>importance of taking the medication at the same time every day to maintain therapeutic effects (NDH, 2023).</p> <p>Advise patient to limit sodium intake and weigh themselves daily (NDH, 2023).</p>	<p>rinse their mouth after each dose of the inhaler to prevent dry mouth and throat irritation (NDH, 2023).</p> <p>Inform the patient on the importance of following dosage guidelines and not to take more than prescribed. If symptoms continue to worsen, advise them to contact their provider (NDH, 2023).</p>
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Medications Reference (1) (APA):

Anderson, L. (2023, June 2). *Melatonin*. Drugs.com. <https://www.drugs.com/melatonin.html>

Nurse’s drug handbook. (2023). Burlington, MA: Jones & Bartlett Learning.

Assessment

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

GENERAL:	
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<p>Alertness: Alert and orientated x4 Orientation: Alert and orientated x4 Distress: No acute distress noted Overall appearance: Overall appearance well groomed</p>	
<p>INTEGUMENTARY: Skin color: Pale Character: Dry Temperature: Warm upon palpation Turgor: Normal Rashes: None Bruises: Several small bruises on the right shoulder blade, anterior and posterior Wounds: None Braden Score: 20 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A</p>	
<p>HEENT: Head/Neck: Head and neck are symmetrical. Thyroid is non palpable. No nodules noted. Trachea is midline with no deviation. Bilateral palpable carotid pulses 2+ present. Ears: Bilateral auricles no visible injury. (Unable to assess tympanic membranes) No visible drainage. Eyes: Bilateral sclera white. Bilateral conjunctiva pink. No visible drainage from the eyes. Bilateral cornea clear. PERRLA and EOMS intact Nose: Septum is midline. No visible polyps or bleeding in the nose. Turbinates are pink and moist bilaterally. Teeth: Several teeth are missing and decayed.</p>	
<p>CARDIOVASCULAR: Heart sounds: Clear S1 and S2 without gallops or rubs. S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Normal sinus rate with arrhythmia Peripheral Pulses: 2+ bilaterally Capillary refill: Capillary refill <3 seconds fingers and toes bilaterally Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	

<p>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema: N/A</p>	
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character Slight wheezing breath sounds throughout anterior/posterior bilaterally.</p>	
<p>GASTROINTESTINAL: Diet at home: Cardiac Current Diet: Cardiac Height: 170.2 cm Weight: 62.5 kg Auscultation Bowel sounds: Normal active bowel sounds present in all four quads. Last BM: 4/7/24 Palpation: Pain, Mass etc.: Abdomen is soft and non-tender. No masses noted upon palpation. Inspection: Distention: No Incisions: No Scars: Yes; from right kidney removal Drains: No Wounds: No Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: N/A Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A</p>	
<p>GENITOURINARY: Color: Yellow Character: Clear Quantity of urine: 200 @ 1116 Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A Size: N/A</p>	
<p>MUSCULOSKELETAL: Neurovascular status: A&Ox4 ROM: WFL</p>	

<p>Supportive devices: Walker Strength: Equal strength in pedal pushes and hand grips ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 35 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: A&Ox4 Mental Status: Adult Speech: Clear Sensory: Felt light touch LOC: Full</p>	
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Utilize distractions such as stress balls (she had several), chew ice, meditate, massages Developmental level: Adult Religion & what it means to pt.: The patient is Catholic. She is not currently active in the church, but states she has a personal relationship with God. Personal/Family Data (Think about home environment, family structure, and available family support): She has one son and a granddaughter. She states she wants to work on her relationship with her son after discharge and “get to know him better as an adult”. She also has a downstairs neighbor whom she is really close with and they help take care of one another. She relies on her cats for moral support.</p>	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0727	62	121/73	20	97.9 F	97%

1116	91	114/70	20	98.0 F	98%

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0727	Numeric	Shoulder, anxiety induced chest tightness	7	Constant tightness	Patient received a muscle relaxer and emesis medication
1116	Numeric	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 G Location of IV: Anterior, left forearm Date on IV: 4/7/24 Patency of IV: Patent Signs of erythema, drainage, etc.: None IV dressing assessment: Clean, dry, and intact	Saline locked, flushed

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
0 intake via IV 2 cups of ice = 16 oz of water + 1 cup of diet cola = 24 oz = 720 mL	Urine (550 mL)

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was a one assist to the restroom. She was assisted several times to the restroom as well transferred from the bed to the recliner. Patient was having anxiety at the start of clinical. She was provided one-on-one time with conversation and empathy. She was able to relax and eat her meals. Patient was given a complete head-to-toe assessment and was very cooperative throughout. Patient's needs were achieved with check-ins and therapeutic communication.

Procedures/testing done: ECG 12 lead, XR Chest AP or PA, and CTA PE Chest.

Complaints/Issues: Chest pain, radiating shoulder pain, and shortness of breath

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient tolerate her diet and assistance to the restroom well. She is a 1x assist and utilizes her walker as well.

Physician notifications: No notifications at this time

Future plans for client: The patient should remain on the argatroban medication therapy bridge until her INR is within therapeutic levels.

Discharge Planning (2 points)

Discharge location: Patient's apartment with her 5 cats

Home health needs (if applicable): None

Equipment needs (if applicable): None

Follow up plan: She should get her PT/INR levels tested 48 hours after discharge because she is on Coumadin. Her levels also need to be monitored to ensure the medication therapy is effective.

Education needs:

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • 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 	<p>Rationale</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Interventions (2 per dx)</p>	<p>Outcome Goal (1 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. At risk for impaired gas exchange related to shortness of breath as evidenced by adventitious breath sounds (Phelps, 2020).</p>	<p>Patient’s lungs were auscultated during the assessment, and wheezes could be heard in the lungs bilaterally.</p>	<p>1. Elevate the HOB and position the patient in semi-high fowlers (Phelps, 2020). 2. Establish a baseline for the patient’s respiration rate and O2 levels, and continue to monitor closely (Phelps, 2020).</p>	<p>1. Patient will maintain respiration rate and obtain clear breath sounds upon auscultation.</p>	<p>Patient was compliant with re-positioning and scheduled times for vitals even if she was relaxing. Patient stated it was easier to breathe while sitting up.</p>
<p>2. At risk for ineffective health management related to elevated BNP levels as evidenced by admission lab values (Phelps,</p>	<p>Patient stated she had stopped taking her prescribed warfarin 3 weeks ago. She reports that the last provider she saw instructed her to do so.</p>	<p>1. Reinforce the significance in maintaining her prescribed regimen (Phelps, 2020). 2. Coordinate and consult with other team members and her primary physician about</p>	<p>1. Patient was placed on an argatroban bridge regimen until her INR reaches its therapeutic levels. The patient’s long-time case manager</p>	<p>When the patient was asked why she discontinued her original warfarin prescription, she was visibly upset because she stated she was instructed to do so by the last doctor she visited. She was adamant that Wade be contacted about any</p>

<p>2020).</p>		<p>the new medication regimen she is placed on (Phelps, 2020).</p>	<p>Wade at the VA was notified about her new plan of care.</p>	<p>changes being made to her plan of care, and stated she would not begin any new medications until he was notified. The nurse was able to speak with Wade, and the patient became compliant and cooperative with the medication regimen.</p>
<p>3. At risk for falls as evidenced by history of neuropathy as evidenced by the need for assistive devices (Phelps, 2020).</p>	<p>Patient required fall alarms for the bed and the recliner. She needed her walker and assistance every time she had to use the restroom.</p>	<p>1. Identify and remove any potential hazardous factors that can contribute to a fall or injury (Phelps, 2020). 2. Assess patient's ability to utilize and reach the call light (Phelps, 2020).</p>	<p>1. Prevent any falls or injury to the patient.</p>	<p>Patient allowed me to organize her space and remove any potential harmful materials. She was able to use the call light and always kept it within arm's reach.</p>
<p>4. At risk for fatigue related to anxiety as evidenced by sleep deprivation (Phelps, 2020).</p>	<p>Patient was having severe anxiety episodes, especially at night. Patient states she has not slept more than 2-3 hours every night since admission.</p>	<p>1. Provide the patient with smaller but frequent meals to avoid aggravating the condition (Phelps, 2020). 2. Encourage the patient to avoid bouts of highly emotional situations to help minimize the</p>	<p>1. Prevent patient from additional unnecessary fatigue (Phelps, 2020).</p>	<p>Patient was compliant with both interventions. Although she was already on a cardiac diet, she ordered lighter food items for both breakfast and lunch. When the patient was beginning to become upset with her nurse, I stepped in and provided therapeutic</p>

		impact on their fatigue (Phelps, 2020).		communication. She was able to calm down and distract herself with our conversation.
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Other References (APA):

Phelps, L. (2020). *Nursing diagnosis reference manual* (11th ed.). Lippincott Williams & Wilkins.

Concept Map (20 Points):

Subjective Data

- Patient rates pain 7/10 @ 0727 on 4/6/24
- Patient reports pain in shoulder and chest tightness
- Patient reports feelings of anxiety

Nursing Diagnosis/Outcomes

1. At risk for impaired gas exchange related to shortness of breath as evidenced by adventitious breath sounds. **Outcome:** Patient will maintain respiration rate and obtain clear breath sounds upon auscultation.
2. At risk for ineffective health management related to elevated BNP levels as evidenced by admission lab values Outcome: Patient was placed on an argatroban bridge regimen until her INR reaches its therapeutic levels.
3. At risk for falls as evidenced by history of neuropathy as evidenced by the need for assistive devices Outcome: Prevent any falls or injury to the patient.
4. At risk for fatigue related to anxiety as evidenced by sleep deprivation Outcome: Prevent patient from additional unnecessary fatigue.

Objective Data

- INR 3.1
- PT 33.0
- BNP 775.0
- Vitals @1116 BP 114/70, HR 91, RR 20, Temp 98.0 F, and 97% O2 sat on RA.
- Cardiomegaly noted on chest scans

Client Information

Patient is a 66-year-old female who presents to the ED with complaints of left-sided chest pain, shortness of breath, and cough. The patient states these symptoms began the day prior and have continued to worsen. She reports a constant radiating pain to both shoulders and rates it a 9/10 on a numeric scale. She states the pain in her chest worsens with movement and coughing. The patient states she took nitroglycerin tablets, and the chest pain did not subside.

Nursing Interventions

- Elevate the HOB and position the patient in semi-high fowlers
- Establish a baseline for the patient's respiration rate and O2 levels, and continue to monitor closely
- Reinforce the significance in maintaining her prescribed regimen
- Identify and remove any potential hazardous factors that can contribute to a fall or injury
- Encourage the patient to avoid bouts of highly emotional situations to help minimize the impact on their fatigue



