N311 Care Plan 5

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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April 17, 2024

Demographics (5 points)

Date of Admission 4/1/24	**Client Initials** W.S	**Age** 82	**Gender** M
Race/Ethnicity White/Caucasian	**Occupation** Retired	**Marital Status** Widowed	**Allergies** Carvedilol, cephalexin, cephalosporin, chocolate
Code Status Full	**Height** 6’5	**Weight** 331 lbs.	

Medical History (5 Points)

Past Medical History: A fib, age related nuclear cataract of left eye (1/27/22), cataract of right eye (1/13/22), arthritis, ASO, carcinoma, CHF, COPD, diabetes, gastric ulcer, hyperlipidemia, hypertension, sleep apnea, ulcer of foot

Past Surgical History: abscess drainage of the left big toe, bladder tumor excision (4/30/21), cataract removal with implant, colon surgery, colonoscopy, exploration of the abdomen, inguinal hernia repair, lysis of adhesions, pacemaker placement, toe amputation, upper gastrointestinal endoscopy

Family History: father- lung cancer, brother- diabetes, brother- heart attack

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): former cigarette use, quit 4/10/1978, would smoke 1 pack/day for 20 years, rarely drinks alcohol

Admission Assessment

Chief Complaint (2 points): Shortness of breath and weight gain

History of Present Illness – OLD CARTS (10 points): Patient states that the shortness of breath has been going on for years, but the weight gain just recently started within the last week. He was hospitalized prior coming in about a month ago. The pain and shortness of breath is in

his chest and the weight gain is happening all over. He described the pain in his chest as an "overwhelming weakness". He explained that he was gaining weight but hasn't been eating much. Being up and moving made it worse and just sitting made it better but still experienced some SOB. He had no present pain when coming in to ask him. He was taking Lasix as a treatment.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): acute on chronic congestive heart failure

Secondary Diagnosis (if applicable): n/a

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

Heart Failure can be described in several ways; acute, chronic, systolic, or diastolic dysfunction, HFeEF or HFpEF, high-output, or low-output failure, right-sided or left-sided heart failure and forward or backward failure (Capriotti & Frizzell, 2020, p. 411). All these different names are basically a way to distinguish or explain the disorder's mechanism. As a single muscle organ, the heart is dependent upon the strength, efficiency, and rhythm of every chamber. Changes in pressure and metabolic factors can have an impact on the myocardium and both ventricles. One side of the heart will eventually impact the other when one side begins to weaken or develop defects.

In the initial stages of CHF, many different compensatory mechanisms attempt to maintain cardiac output and meet the systemic demands (Malik et al., 2023, paras. 31-38). Reduced adrenaline reserves and beta-receptor sensitivity are the outcomes of persistent sympathetic nervous system activity. The result is alterations in cardiac hypertrophy, myocardial

hypercontractility, and myocyte regeneration. Angiotensin II, which is secreted by the RAAS system and has been demonstrated to enhance myocardial cellular hypertrophy and interstitial fibrosis, is a factor in myocardial remodeling. The neuroendocrine system is subsequently stimulated by a drop in cardiac output, leading to the production of vasopressin, endothelin 1, norepinephrine, and adrenaline. These cause an increased afterload. Peripheral vasoconstriction and enhanced preload supply to the overworked heart are features of decompensated congestive heart failure. Bradykinin and the natriuretic peptides BNP and ANP: they target several cutting-edge treatments. Severe angioedema results from the coadministration of an ACE inhibitor and elevated angiotensin II levels. The causes of CHF are split equally and when they do, they require different treatment plans.

There are quite a few signs and symptoms that you may see with CHF. You may see bilateral pulmonary crackles in more moderate heart failure instead of early stages (Capriotti & Frizzell, 2020, p. 420-421). Other symptoms include orthopnea, PND episodes, and dyspnea with exertion. Night terrors, nightmares, or a sensation of suffocation that wakes from sleep are common descriptions of PND. Pulses may often be diminished, cyanosis of the lips and nailbeds, distended neck veins when the patient is in Fowler’s position can also be observable. More signs that can present are edema symmetrically more in the ankles, tachycardia, and tachypnea.

When it comes to detecting and testing heart failure, there are several laboratory and diagnostic procedures. These include cardiac catheterization and angiography, brain natriuretic peptide, serum electrolytes, ECG, echocardiography, and multiple-gated acquisition scan. The electrocardiogram can demonstrate any abnormalities within the heart. The waveforms that are obtained from the chest leads show LVH or dilation. The ST segment, T wave, or QRS complex are a few other indicators of potential alterations. Heart failure can be treated with a wide range

of intervention techniques. Lifestyle modifications can be one of them such as changing to a low-fat diet, smoking cessation, and increasing physical activity. These are all some basic health promotions strategies. Then there are also things like intracardiac interventions that include a pacemaker which can greatly impact and improve the life of the patient. This patient in particular, has had a pacemaker placement. This patient has also been taking loop diuretics such as furosemide.

Pathophysiology References (2) (APA):

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

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/

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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	4.2-5.4 million/mm3	5.14 million/mm3 high	n/a	Normal value
Hgb	12.0-16.0 g/dL	10.9 g/dL low	n/a	Normal value
Hct	35-47%	37.6% low	n/a	Normal value
Platelets	140-144	356	n/a	Normal value

WBC	4.00-12.00	12.20 high	n/a	Normal value
Neutrophils	47-73%	88.4% high	n/a	Normal value
Lymphocytes	18-42%	6.4% low	n/a	Normal value
Monocytes	4.0-12.0%	4.8%	n/a	Normal value
Eosinophils	0.0-5.0%	0.0%	n/a	Normal value
Bands	n/a	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	141 mmol/L	142	Normal value
K+	3.5-5.0 mmol/L	3.5 mmol/L	3.8	Normal value
Cl-	97-107 mmol/L	105 mmol/L	101	Normal value
CO2	22-30 mmol/L	22 mmol/L	29	Normal value
Glucose	60-110 mmol/L	154 mmol/L high	130 high	The patient has a history of diabetes, and this disease is closely linked to being at risk for heart failure (CDC, 2022, para. 1). This patient has also been gaining weight so this could cause him to not be giving himself the correct amount of insulin which then can cause you to have a high blood sugar (CDC, 2022, para. 8).
BUN	12-20 mg/dL	30 mg/dL high	20	Normal value
Creatinine	0.7-1.3 mg/dL	1.34 mg/dL high	1.07	Normal value
Albumin	3.5-5.0 g/dL	4.0 g/dL	n/a	Normal value
Calcium	8.7-10.5 mg/dL	9.7 mg/dL	10.0	Normal value
Mag	1.7-2.2 mg/dL	2.0 mg/dL	n/a	Normal value

Phosphate	2.5-4.5 mg/dL	n/a	n/a	Normal value
Bilirubin	0.2-1.2 mg/dL	1.2 mg/dL	n/a	Normal value
Alk Phos	40-150 U/L	55 U/L	n/a	Normal value

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	Normal value
pH	4.5-8	5.5	n/a	Normal value
Specific Gravity	1.005-1.025	1.013	n/a	Normal value
Glucose	negative	3t!	n/a	n/a
Protein	negative	negative	n/a	Normal value
Ketones	negative	n/a	n/a	Normal value
WBC	0-5/hpf	Trace!	n/a	n/a
RBC	0-5/hpf	3-5!	n/a	n/a
Leukoesterase	negative	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	<10,000	n/a	n/a	n/a
Blood Culture	10-30	n/a	n/a	n/a
Sputum Culture	>leukocytes <epithelial	n/a	n/a	n/a
Stool Culture	7-7.5	n/a	n/a	n/a

Lab Correlations Reference (1) (APA):

CDC. (2022, June 20). *Diabetes and Your Heart*. Centers for Disease Control and Prevention. https://www.cdc.gov/diabetes/library/features/diabetes-and-heart.html

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

X-ray Chest 2 views (4/1/24)

Impression:

Cardiomegaly. Mild pulmonary vascular congestion could be due to early CHF. Slight blunting of the night CP angle. Otherwise, no change since prior study

Findings:

Lungs- pacemaker R side with bipolar electrode leads in place, mild pulmonary congestion, blunting of right CP angle

Heart- mediastinum normal limits

Bones- arthritic changes left AC joint

Other- pulmonary hila are unremarkable except for some hilar calcifications

X-Ray Chest (4/2/24)

Impression- cardiomegaly, mild pulmonary congestion with some improvements, no new findings

Lungs- Some improvements of pulmonary vascular congestion. EKG leads in place pacemaker R side with bipolar electrode leads in place. Mild residual pulmonary congestion

4/4/24

Impression- improvement of CHF compared to previous pacemaker noted with bipolar electrode leads in place. Borderline cardiac size. Some blunting of the CP angle may represent minimal pleural thickening or fluid thoracic spondylitis changes. Hilar calcifications. Mediastinum unremarkable.

Other tests:

ECG: This test shows the electrical signals of the heart and determines how fast or slow the heart is beating (Mayo Clinic 2023, para. 5).

Echocardiogram: This test is sound waves that create images of the beating heart. According to Mayo Clinic, this test shows the size and structure of the heart and the heart valves and blood flow through the heart (Mayo Clinic, 2023, para. 6).

Ejection fraction: Mayo Clinic states, “Ejection fraction is a measurement of the percentage of blood leaving your heart each time it squeezes. This measurement is taken during an echocardiogram. The result helps classify heart failure and guides treatment. An ejection fraction of 50% or higher is considered ideal. But you can still have heart failure even if the number is considered ideal” (Mayo Clinic, 2023, para. 7).

Coronary angiogram: This test can help view and spot blockages that may be present in the heart arteries. They will insert a tube into a blood vessel and dye it that way they can distinguish the arteries and have them show up more easily (Mayo Clinic, 2023, para. 11).

Diagnostic Imaging Reference (1) (APA):

Mayo Clinic. (2023, April 20). *Heart failure - Diagnosis and treatment* . Mayoclinic.org. https://www.mayoclinic.org/diseases-conditions/heart-failure/diagnosis-treatment/drc-20373148

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	furosemide/ Lasix	insulin lispro/ Afrezza	nicotine/ Nicotrol	senna/ Black Draught	atorvastatin calcium/ Lipitor
Dose	10 mg/hr	2-12 units	21 mg/24hr	8.6 mg	10 mg
Frequency	Continuous	3x daily after meals	Daily PRN	2x daily	Daily
Route	IV	Subcutaneous	Transdermal	Oral	Oral
Classification	Loop diuretic Antihypertensive, diuretic (Jones & Bartlett, 2023, p. 604).	Human insulin Antidiabetic (Jones & Bartlett, 2023, p. 705).	Nicotinic agonist Smoking cessation adjunct (Jones & Bartlett, 2023, p. 964).	Stimulant laxative (Wasn't in the book, so when I looked it up it only gave me this for both classes) (Medline Plus, 2020, para. 1).	HMG-CoA reductase inhibitor Antihyperlipidemic (Jones & Bartlett, 2023, p. 116).

Mechanism of Action	"Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation. As the body's plasma volume decreases aldosterone production increases which promotes sodium reabsorption and the loss of potassium and hydrogen ions. Furosemide also increases the excretion of ammonium, bicarbonate, calcium, magnesium, and phosphate by reducing intracellular and extracellular fluid volume, the drug reduces blood pressure and decreases cardiac output. Over time cardiac output returns to normal" (Jones & Bartlett, 2023, p. 605).	"Lowers blood glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscle, and by inhibiting hepatic glucose production. Also enhances protein synthesis, inhibits lipolysis in adipocytes, and inhibits proteolysis" (Jones & Bartlett, 2023, p. 707).	"Binds selectively to nicotinic-cholinergic receptors at autonomic ganglia, in the adrenal medulla, at neuromuscular junctions, and in the brain. By providing a lower dose of nicotine than cigarettes, this drug reduces nicotine craving and withdrawal symptoms." (Jones & Bartlett, 2023, p. 966).	"Senna is used on a short-term basis to treat constipation. It also is used to empty the bowels before surgery and certain medical procedures. It works by increasing activity of the intestines to cause a bowel movement" (Medline Plus, 2020, para. 1).	"Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown" (Jones & Bartlett, 2023, p. 117).
Reason Client Taking	This patient may be taking this medication due to the weight gain but also the edema that the	This patient is most likely taking this medication due to his history of diabetes as well	This patient is taking this medication due to his long history of smoking	This patient has been experiencing constipation, so I am assuming this is one of	This patient has a history of hyperlipidemia so this patient may continue to take this medication

	patient is experiencing from heart failure.	as his high glucose levels.	cigarettes.	the medications that was given to help the pt. have a bowel movement.	due to first being diagnosed with it and to control it.
Contraindications (2)	Anuria and hypersensitivity to furosemide or its components (Jones & Bartlett, 2023, p. 605).	Chronic lung disease (chronic obstructive pulmonary disease), hypersensitivity to regular human insulin or any of its components. (Jones & Bartlett, 2023, p. 707).	Hypersensitivity to nicotine and diabetes ("Nicotine Replacement Therapy and Adolescence Patients," n.d. para. 6).	Gastrointestinal obstruction and ulcerative colitis ("Senna: Generic, Uses, Side Effects, Dosages, Interactions, Warnings" n.d. para. 12).	Active hepatic disease and hypersensitivity to atorvastatin or its components (Jones & Bartlett, 2023, p. 117).
Side Effects/Adverse Reactions (2)	Arrhythmias and vertigo (Jones & Bartlett, 2023, p. 605).	Diabetic ketoacidosis, tachycardia (Jones & Bartlett, 2023, p. 707).	Arrhythmias and hypertension (Jones & Bartlett, 2023, p. 966).	Brown discoloration of the urine and stomach discomfort (Medline Plus, 2020, para. 8).	Arrhythmias and hypoglycemia (Jones & Bartlett, 2023, p. 117-118).

Medications Reference (1) (APA):

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

Nicotine Replacement Therapy and Adolescent Patients. (n.d.). Www.aap.org. https://www.aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation/nicotine-replacement-therapy-and-adolescent-patients/

Senna: Generic, Uses, Side Effects, Dosages, Interactions, Warnings. (n.d.). RxList. https://www.rxlist.com/senna/generic-drug.htm

Senna: MedlinePlus Drug Information. (2020, March). Medlineplus.gov. https://medlineplus.gov/druginfo/meds/a601112.html

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is A/O x4. He is well groomed and in no distress. Does have age related wrinkles and teeth.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 23 **Drains present: Y☐ N ☒** **Type:**	Patients skin was warm to touch. Has some bruising on his right leg and a bit present on the left leg as well. Pitting edema +1 bilaterally. More edema present in the right leg. No drains or IV present. Skin turgor was normal mobility. Skin color was white. No cyanosis or clubbing was seen. Capillary refill less than 3 seconds. No other rashes or lesions besides slight bruising that has been present for a while described by the pt.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea midline without deviation. Eyes are bilateral sclera white, conjunctiva bilaterally pink, no visible drainage from the eyes. No lesions around eyes. Age related teeth. No visible bleeding from the nose, septum is midline.
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:** lower extremities	Clear S1 and S2 without murmurs, gallops, or rubs. Normal rate and rhythm. Capillary refill less than 3 seconds. Patient had some edema on lower extremities.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Normal rate and pattern of respirations. Non-labored. Lungs sounds clear anteriorly but posteriorly I heard a bit of wheezing on expiration. Patient was coughing while auscultating.

GASTROINTESTINAL: **Diet at home:** **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:**	Patient has no specific diet at home. He likes to cook so he does not eat out much. Cooks his own meals. He is currently on a cardiac diet while in the hospital. He is 6'5 and weighs 312. Abdomen was soft and non-tender, no masses noted upon palpation in all four quadrants. Bowel sounds normoactive in all four quadrants. Patient did not present pain while palpating. His last bowel movement he described was "37 minutes ago" on the 4/4 at 1018 when asking. There were no distention, incisions, scars, drains, or wounds present.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Patients' urine was described as yellow and clear. Normal. No odor.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☐** **Fall Score: 77** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	Patient has a fall risk of 77. All extremities have ROM. He was using a walker in the hospital to ambulate but does not use one at home.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐**	Patient is alert and oriented to person, place, and time.

Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	
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 alone and has been for about a year due to the passing of his wife. To cope, he likes to read and watch TV. He is from Danville, IL. He is A/Ox4. He interacts with his grandkids. He has owned a restaurant before retiring. He has 3 daughters and a stepson. His daughter was in the room with him. He doesn't consider himself super religious. He grew up Protestant but does not attend church.

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0931	76 bpm	106/56 mmHg	18 breaths per minute	96.6 F	97%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0847	numeric	chest	0	n/a	n/a

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120mL P.O 600mL P.O (Not sure what exactly this was but it was charted)	No output recorded but walked into room after pt. voided urine

100% food intake	

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

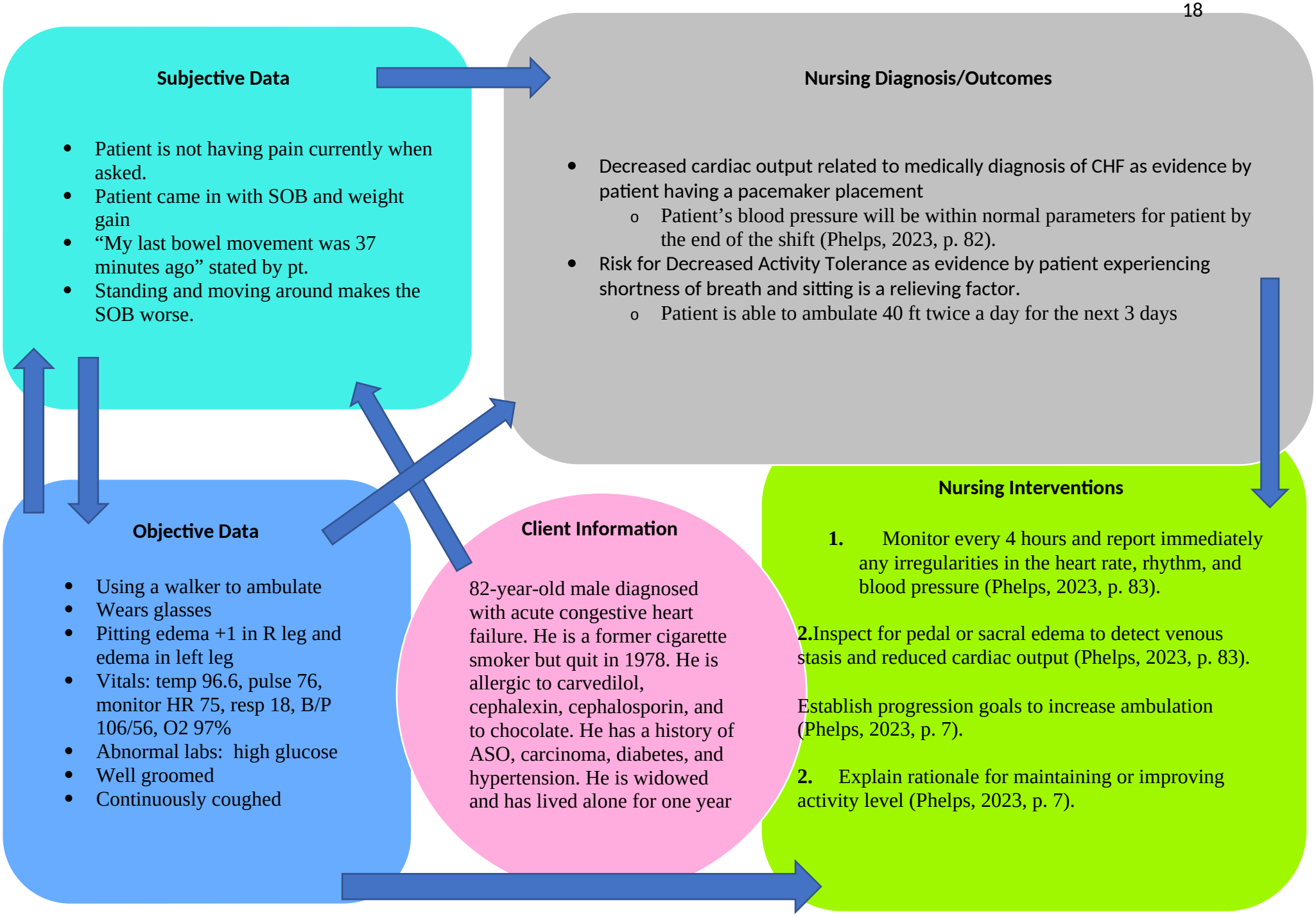
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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. Decreased cardiac output related to medically diagnosis of CHF as evidence by patient having a pacemaker placement	I chose this nursing diagnosis because the patient is needing help with the heart to do its job. They also had talked about if things decline, putting patient on hospice.	**1.** Monitor every 4 hours and report immediately any irregularities in the heart rate, rhythm, and blood pressure (Phelps, 2023, p. 83). **2.**Inspect for pedal or sacral edema to detect venous stasis and reduced cardiac output (Phelps,	**1.** Patient's blood pressure will be within normal parameters for patient by the end of the shift (Phelps, 2023, p. 82).	The patient and the family responded cooperatively to the actions. They wanted to do anything they could for the patient to be able to get discharged. The client is improving and motivated to be able to go home.

		2023, p. 83).		
2. Risk for Decreased Activity Tolerance as evidence by patient experiencing shortness of breath and sitting is a relieving factor.	I chose this nursing diagnosis because since the patient is older, this could also create more underlying problems like impaired skin integrity such as a pressure sore and then create infection.	**1.** Establish progression goals to increase ambulation (Phelps, 2023, p. 7). **2.** Explain rationale for maintaining or improving activity level (Phelps, 2023, p. 7).	**1.** Patient is able to ambulate 40 ft twice a day for the next 3 days	The patient showed understanding when explaining importance of improving activity levels. He was cooperative when ambulating and was motivated to work towards the outcome goal. The patient was able to ambulate and reach his outcome goal. The family encouraged him and gave him reassurance that he could do it and it helped his confidence.

Other References (APA):

Phelps, L.L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.

Concept Map (23 Points)


Subjective Data
Patient is not having pain currently when asked.
Patient came in with SOB and weight gain
"My last bowel movement was 37 minutes ago" stated by pt.
Standing and moving around makes the SOB worse.
Nursing Diagnosis/Outcomes
Decreased cardiac output related to medically diagnosis of CHF as evidence by patient having a pacemaker placement
Patient's blood pressure will be within normal parameters for patient by the end of the shift (Phelps, 2023, p. 82).
Risk for Decreased Activity Tolerance as evidence by patient experiencing shortness of breath and sitting is a relieving factor.
Patient is able to ambulate 40 ft twice a day for the next 3 days
Objective Data
Using a walker to ambulate
Wears glasses
Pitting edema +1 in R leg and edema in left leg
Vitals: temp 96.6, pulse 76, monitor HR 75, resp 18, B/P 106/56, O2 97%
Abnormal labs: high glucose
Well groomed
Continuously coughed
Client Information
82-year-old male diagnosed with acute congestive heart failure. He is a former cigarette smoker but quit in 1978. He is allergic to carvedilol, cephalexin, cephalosporin, and to chocolate. He has a history of ASO, carcinoma, diabetes, and hypertension. He is widowed and has lived alone for one year
Nursing Interventions
1. Monitor every 4 hours and report immediately any irregularities in the heart rate, rhythm, and blood pressure (Phelps, 2023, p. 83).
2.Inspect for pedal or sacral edema to detect venous stasis and reduced cardiac output (Phelps, 2023, p. 83).
Establish progression goals to increase ambulation (Phelps, 2023, p. 7).
2. Explain rationale for maintaining or improving activity level (Phelps, 2023, p. 7).