N311 Care Plan 1

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
09/11/2024	DLM	72	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White or Caucasian	Retired	Married	Erythromycin
Code Status	**Height**	**Weight**	
NO CODE	5'5	237 lbs	

Medical History (5 Points)

Past Medical History: Age related nuclear cataract of left eye and right eye. Atherosclerosis of arteries extremities. Thyroid disease.

Past Surgical History: Cataract removal with implant. Cardiac catheterization.

Family History: No family history on file.

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

Smoker, quit on 08/25/2024 usually would smoke about 2 packs a day. Activity level is low due to SOB (shortness of breath).

Admission Assessment

Chief Complaint (2 points): Chest

History of Present Illness – OLD CARTS (10 points): With history of CAD with stenting of LAD and diagonal in February 7, 2019. Stenting of a marginal in October of 2021. Borderline lesion in the RCA. Been having chest pain, being admitted for diagnostic cardiac catheterization.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): 60% coronary artery stenosis

Secondary Diagnosis (if applicable): Hypertension

Pathophysiology

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

Coronary Artery Stenosis

According to Mayo clinic "Coronary artery disease (CAD) is a common type of heart disease. It affects the main blood vessels that supply blood to the heart, called the coronary arteries" (Mayo Clinic 2024). CAD happens when the lining of the arteries encounter certain bacteria or harmful substances such as high cholesterol, high blood pressure, high blood sugar or inflammation from extra fat. When this happens it starts to show special markers that make the leukocytes attach to the artery walls. The leukocytes then move into the artery wall, where they interact with other cells. This sends signals to each other using various chemicals that can affect inflammation and the immune response. "Previously considered a cholesterol storage disease, we currently understand atherogenesis as a complex interaction of risk factors including cells of the artery wall and the blood and molecular messages that they exchange" (Libby and Theroux, 2005). The clogging of the blood vessel tubes is called Atherogenesis. During atherogenesis over time fat and cholesterol can start latching to the inside of the blood vessels, as more and more of the bacteria builds up it forms a lump called plaque. The plaque can cause the narrowing of the vessels which makes it harder for blood to flow through. This can lead to serious problems which can cause heart disease or stroke due to the insufficient blood flow.

References

Libby, P., & Theroux , P. (2005, June 28). *Pathophysiology of Coronary Artery Disease*. AHA

Journals . https://www.ahajournals.org/doi/10.1161/circulationaha.105.537878

Mayo Foundation for Medical Education and Research. (2024, June 14). *Coronary artery*

disease. Mayo Clinic.

https://www.mayoclinic.org/diseases-conditions/coronary-artery-disease/symptoms-cause

s/syc-20350613

Pathophysiology References (2) (APA):

Vital Signs, 1 set (5 points) – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0824am	**73**	**142/55**	**16**	**97.5 F**	**94**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
2012	**0-10**	**Chest**	**5**	**None**	**None**