N311 Care Plan 1

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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September 15, 2024

Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
September 11, 2024	ACW	62	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies** Codeine Hydrocodone Oxycodone Atorvastatin Pravastatin
White/Caucasian	Retired	Married	
Code Status	**Height**	**Weight**	
Full Code	5' 2"	202 lbs.	

Medical History (5 Points)

Past Medical History: A-Fib (HCC), Esophageal dysphagia (11/01/21), H/O Gastroesophageal reflux (GERD) (10/20/18), Hyperlipidemia, Hypertension, IgA Nephropathy, Metatarsal fracture, MI (Myocardial Infraction), Nose colonized with MRSA, Osteopenia, Pneumonia due to COVID-19 virus, and skin problem

Past Surgical History: Kidney transplant, Appendectomy, Cystoscopy, Tubal ligation, Bladder suspension, Colon surgery, Cardiac surg procedure unlist, Foot fracture surgery (right, 10/25/18), Colonoscopy (N/A, 11/03/21), and Esophageal Dilatation (N/A, 11/03/21)

Family History: Colon cancer, Kidney cancer in her father, Ovarian cancer in her mother

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Retired, Lives with husband Terry, Remote history of smoking (26 years ago), No smokeless tobacco, Does not drink alcohol, Does not use drugs, Has a stress concern present

Admission Assessment

Chief Complaint (2 points): High blood pressure

History of Present Illness – OLD CARTS (10 points): Patient has had uncontrolled hypertension for three weeks. She reports blood pressure being "220/120 when last tested at home". Had symptoms such as a headache located on both sides of the cranium with moderate intensity and generalized weakness and fatigue. Believes she might have had COVID-19 about two weeks ago due to symptoms of fatigue, fever and vomiting, and a cough. These symptoms have improved and were "nearly gone about two days ago".

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Primary Diagnosis

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Primary Diagnosis on Admission (3 points): AKI (Acute Kidney Injury)

Secondary Diagnosis (if applicable): None

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Pathophysiology

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

Hypertension is the medical terminology for an elevated blood pressure within a person. Acorrding to Capriotti (2024), the RAAS, renin angiotensin aldosterone system, is a controlling factor for blood pressure regulation, including its elevation. In some situations, excessive sensitivity to angiotensin II is shown to contribute to hypertension. This results in systemic arterial vasoconstriction and elevated blood volume. Stress can also be a contributing factor to hypertension. Stress acts as a stimulate for renin and activates the RAAS, due to causing an increase to angiotensin II levels. However, other people with hypertension are found to have increased renin sectors. High renin within the body results in the same outcomes and conditions as angiotensin II hypersensitivity.

Hypertension is a common risk factor for retinal damage, cardiovascular disease, damage of the lower extremities, kidney disease, and is also shown to cause cognitive impairment. These

all result from blood pressure against systemic arteries. Within the heart, hypertension can lead to hypertrophy of the left ventricle due to the increased resistance inside the aorta. This causes the hypertrophied left ventricle to need excessive amount of blood flow from the coronary artery. The ventricle is not able to receive the amount needed for increased oxygen demands. Further causing the left ventricle to be at risk for infarction and ischemia. Blindness can occur due to damage to the retinas. Damaged renal arteries within the lower extremities can lead to renal failure. Hemorrhagic strokes can also result due to injury to the cerebral arteries, Capriotti (2024).

According to Unger et al. (2020), signs and symptoms patients can speak of experiencing chest pain, palpitations, headaches, and nosebleeds. However, signs and symptoms can be present, as well as absent, when dealing with hypertension.

Like any disease, there are diagnostic procedures to help detect the presence of hypertension within a patient. Blood tests, urine tests, and a 12-lead ECG are laboratory procedures. Blood and urine tests can show mineral levels such as sodium and potassium within the blood. A 12-lead ECG is able to detect hypertrophy of the left ventricle as well as atrial fibrillation, Unger et al. (2020).

There are many ways to help treat hypertension including change in diet, stress reduction, increased physical activity, smoking cessation, and pharmacological treatments. Pharmacological interventions that are used to treat hypertension include but are not limited to diuretics, renin inhibitors, and angiotensin II receptor blockers, Capriotti (2024).

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Pathophysiology Introductory Concepts and Clinical Perspectives* (3rd ed.).

F.A. Davis

Unger, T., Borghi, C., & Charchar, F. (2020). 2020 International Society of Hypertension Global

Hypertension Practice Guidelines. *AHA/ASA Journals,* 75(6).

https://doi.org/10.1161/HYPERTENSIONAHA.120.15026

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
09:36	69	<mark>186/101</mark>	<mark>25</mark>	98.2 F (oral)	97%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09:36	0-10		0		

No Pain during my shift. Positive for pain in the ear, throat, and eye (right) on 09/11/2024.