

N311 Care Plan 1

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N311: Foundations of Professional Practice

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09/12/2024

Demographics (5 points)

| | | | |
|--|---------------------------------------|---------------------------------------|--------------------------------|
| Date of Admission 09/06/2024 | Client Initials SG | Age 72 y/o | Gender Male |
| Race/Ethnicity Caucasian | Occupation Walmart Employee | Marital Status Married | Allergies Gadolinium |
| Code Status Full Code | Height 5'8" (172.7 cm) | Weight 245.6 lbs (111.3 kg) | |

Medical History (5 Points)

Past Medical History: Dyslipidemia, Hypertension, Obesity, Erectile Dysfunction, Asthma

Past Surgical History: Kidney surgery, Exploratory of abdomen, Joint replacement, CABG

Family History: Not known by patient

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

No smoking, no drinking, no drug use, lives with spouse (wife) in a home in Mattoon, IL.

Admission Assessment

Chief Complaint (2 points): Abnormal labs drawn from outpatient appointment

History of Present Illness – OLD CARTS (10 points): Patient complained of occasional precordial chest pain (left side of chest, near heart) that worsened with exertion for several weeks. He went to his PCP and got labs drawn, which showed an elevated troponin level, to which they told the patient to go to the ER for admission. No other related symptoms, alleviating or aggravating factors noted in the chart.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): NSTEMI

Secondary Diagnosis (if applicable): Multivessel severe CAD, Need for CABG

Pathophysiology

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

NSTEMI stands for non-ST-segment elevation myocardial infarction. According to Jneid and Addison (2018), NSTEMIs produce positive cardiac biomarkers and comorbidities such as hypertension, high cholesterol, and obesity can significantly increase the chances of acute coronary syndrome.

The patient listed above had increased troponin levels after experiencing chest pain for several weeks. When the muscle fibers of the heart experience damage, regulatory cardiac proteins (troponin) are released into the bloodstream (Daubert & Jeremias, 2010). Serum testing troponin is a very sensitive and reliable method of diagnosing myocardial infarctions, which is why the ordering physician instructed my patient to go to the ER for further testing.

Pathophysiology References (2) (APA):

Daubert, M. A., & Jeremias, A. (2010). The utility of troponin measurement to detect myocardial infarction: review of the current findings. *Vascular health and risk management*, 6, 691–699.

<https://doi.org/10.2147/vhrm.s5306>

Jneid, H., & Addison, D. (2018). *Pathophysiology and clinical management of non-ST-elevation myocardial infarction*. *Circulation Research*, 122(12), 1811-1825.

<https://doi.org/10.1161/CIRCRESAHA.118.311580>

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|------|--------|--------|-----------|--------|--------------------------------|
| 0300 | 77 bpm | 146/80 | 17 | 97.2 F | 94% on NC 3 L/min of oxygen |

Pain Assessment, 1 set (5 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|-------------|--------------|-----------------------|-----------------|-------------------------------------|--|
| 0102 | Word 0-10 | Chest - Incisional | 7 | Constant/Aching at incision site | Pillow support, quiet environment, relaxation techniques |