N321 CARE PLAN 2

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N321: Adult Health I

Professor. Henry

09/27/2024

Demographics

Date of Admission 09/13/2024	Client Initials O.M	Age 85	Biological Gender Male
Race/Ethnicity White	Occupation N/A, Pt did not state	Marital Status Married	Allergies No allergies
Code Status Full	Height 5'9	Weight 150lbs 2.1oz	

Medical History

Past Medical History: Patient did not have any medical history on file. Patient stated that he has a history of Type 2 Diabetes, Kidney stones, Sleep Apnea, Congestive heart failure, Pneumonia, Chronic Obstructive Pulmonary Disease, Weakness and falls, A-fib, CAD, and has a pacemaker.

Past Surgical History: Patient did not have any surgical history on file. Patient stated that he had shoulder surgery about 10 years ago, Nose surgery when he was 17, and a Pacemaker put in.

Family History: Patient did not have any surgical history on file. Patient stated that his brother had Type 2 diabetes as well. Did not give any other information about family.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient previously used tobacco every day since he was 21 up until he was 40 and felt like he was having breathing issues. Patient still occasionally uses alcohol about once a couple weeks. Patient stated no drug use. Patient did not state any other information, did not give specifics.

Education: Highest level of education was high school.

Living Situation: Patient was living at home with his wife and recently moved into a nursing home. Patient came from the nursing home but will have to be discharged back to his previous household due to insurance.

Assistive devices: Cane, now using a walker.

Admission History

Chief Complaint: Chest pain

History of Present Illness (HPI)– OLD CARTS: Patients pain started the morning of 9/13/24. The pain was in the patient's chest and back. The pain has still continued since admission. Patient states that the pain is sharp and intermittent. Aggravating factors include lifting heavy weight, ambulating, and bending over. Relieving factors include medication and rest. Patient is now seeking treatment for this pain and has been here for 10 days now. Patient rated pain 5/10 on a numerical scale.

Admission Diagnosis

Primary Diagnosis: Congestive Heart Failure

Secondary Diagnosis (if applicable): Atrial Fibrillation

Pathophysiology

Excess water in the blood causes an increase in blood volume in heart failure (Capriotti.,
2020). Dilutional hyponatremia is frequently the result of this extra water reducing the serum
sodium (Capriotti., 2020). Aldosterone also increases potassium excretion from the kidneys due
to the continuous renin-angiotensin-aldosterone system (RAAS) cycle in heart failure, which can
result in hypokalemia (Capriotti., 2020). Hypokalemia is more likely when the RAAS is
stimulated repeatedly (Capriotti., 2020). Serum electrolyte imbalances, especially those
involving potassium, can be damaging to heart health. Natural diuretic BNP is secreted by the
myocardium in heart failure as a result of the ventricle contracting due to increasing blood
volume (Capriotti., 2020). The body is able to improve water loss from the kidneys, which
lowers blood volume because of this peptide released by the heart (Capriotti., 2020). In heart
failure and other disorders, especially pulmonary disease, there is an increase in BNP in the
blood (Capriotti., 2020).

There are many different signs and symptoms that are associated with Congestive Heart
Failure. The main one that this client was experiencing on admission was chest pain. Some of the
others include cardiometabolic risk factors, such as renal dysfunction, hypertension, and diabetes
(Walli-Attaei et al., 2024). Other signs and symptoms are difficulty breathing, pedal edema, and
liver issues (Walli-Attaei et al., 2024).

There is no specific test that can diagnose Congestive Heart Failure. ECG and chest x-
rays can help with the diagnosis. This patient had a chest x-ray done while they were admitted to
the hospital. The chest x-ray had shown how this patient had excessive fluid. They also
diagnosed this by asking about past medical history. The symptom the patient came into the
hospital with was chest pain. The treatment that was ordered for this patient was that he had a

pacemaker (this was prior to this admission). They also prescribed this patient diuretics to help

with the excessive fluid that the patient had. This patient was on a cardiac diet while in the

hospital and needs to keep the diet to help with his cardiac health. This could include less salt in

the diet and less fluid intake. The lifestyle changes for this patient are to exercise more. The

patient could add walking and ROM exercises into their daily routine.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives* (2nd

  ed.). F.A. Davis Company: ISBN 9780803694118

Walli-Attaei, M., Joseph, P., Johansson, I., Sliwa, K., Lonn, E., Maggioni, A. P., Mielniczuk, L.,

  Ross, H., Karaye, K., Hage, C., Pogosova, N., Grinvalds, A., McCready, T., McMurray,

  J., Yusuf, S., & G-CHF investigators. (2024). Characteristics, management, and

  outcomes in women and men with congestive heart failure in 40 countries at different

  economic levels: an analysis from the Global Congestive Heart Failure (G-CHF) registry.

  The Lancet. Global Health, 12(3), e396–e405. https://doi.org/10.1016/S2214-

  109X(23)00557-0

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Chloride	108 mEq/L	N/A	98-107 mEq/L	A sign of this lab being high is weakness, which this patient has. This is due to the patient being very dehydrated as well as their NSAID drug use (Pagana et al., 2021).
BUN	28 mEq/L	N/A	8-26 mEq/L	BUN is not only affected by renal disease, but also dehydration. Another reason is associated with the medical condition of this patient, which is Congestive Heart Failure (Pagana et al., 2021).
Glucose	245 mg/dL	190 mg/dL	70-99 mg/dL	This patient's glucose level is high due to Type 2 Diabetes (Pagana et al., 2021).
RBC	3.36 (cells/µL)	N/A	4.4-5.8 (cells/µL)	This lab is associated with the patients MCV lab. This is a sign of anemia and can also due to a decreased bone marrow production (Pagana et al., 2021).
Hemoglobin	11.2 g/dL	N/A	13-16.5 g/dL	The low level is associated with anemia, dehydration, and CHF

				(Pagana et al., 2021).
Hematocrit	33.3%	N/A	38-50%	Low levels indicate anemia as well as dietary deficiency. (Pagana et al., 2021).
Neutrophils	70.1 (cells/µL)	N/A	40-68 (cells/µL)	A high level indicates that there is a possible infection or inflammation in the body (Pagana et al., 2021).
MCV	99.1 fl	N/A	82-96 fl	The reason an MCV lab is high is possibly due to the Vitamin B12 being off. This could lead to pernicious anemia and why the RBC count is low (Pagana et al., 2021).
MCH	33.3 pg/cell	N/A	26-32 pg/cell	High MCH levels can indicate that there is a vitamin deficiency (Pagana et al., 2021).
RDW	15.7%	N/A	11.8-15.5%	This lab is high due to the variation in size of the RBC's this typically can show that there is an iron deficiency. (Pagana et al., 2021).
MPV	7.7 fl	N/A	8-12.6 fl	This test shows us that the platelets are smaller than normal. This could mean that the bone marrow is not producing enough new platelets

				(Pagana et al., 2021).
BUN/Creatine Ratio	<mark>25</mark> mg/dL	N/A	12-20 mg/dL	This lab is high due to the dehydration level. Due to the patient having CHF, they may not be getting enough blood flow to the kidneys (Pagana et al., 2021).

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test*

    reference (15th ed.). Mosby.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Chest X-Ray	Chest pain	Increased heart size, can cause heart to work harder than normal. Edema and inflammation in the lungs and were seem more on the left side. This shows that there can be congestion and possible pneumonia. Fluid seen in the spaces between the lungs and chest. Larger amount of fluid on the left side.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test*

reference (15th ed.). Mosby.

Active Orders

Active Orders	Rationale
Diet Cardiac Restrictions- Cardiac	Due to fluid overload and having CHF
Notification of IP Home Health Consult	Insurance won't cover to go to nursing home
OT & PT Evaluate and Treat	Generalized weakness and reoccurring falls
C-Pap	Due to Sleep Apnea
Pulse Oximetry Continuous	Due to irregular rhythm
Daily Weight	Weight changes due to fluid overload
I & O	# amounts of fluid and voids
Obtain Bilateral BP	
Vital Signs	Monitor for any abnormal changes
Up as Tolerated	Helps mobility and movement
Notify Physician- Systomatic Bradycardia	This is due to the patient having heart issues and CHF
Notify Physician- Ventricular Arrhythmias	This is due to the patient having heart

	issues and CHF

Medications

Home Medications (Must List ALL)

Brand/Generic	Multivitamin 1 tab every morning	Econazole 1% topical cream. Apply BID	Fluorouracil (Efudex) 5% topical cream apply once daily	Oxybutynin (Ditropan xl)10mg tab oral daily	Ketoconazole (Nizoral) Apply to scalp everyday	Lidocaine 4% topical patch apply patch q12h
Classification	PC: Supplement TC: Treat vitamin deficiency (Jones & Bartlett., 2023).	PC: Imidazole & triazole derivatives TC: antifungal agent (Jones & Bartlett., 2023).	PC: Antimetabolites TC: Anticancer (Jones & Bartlett., 2023).	PC: Anticholinergic TC: Antispasmodic (Jones & Bartlett., 2023).	PC: Imidazole antifungal TC: Kills fungus or yeast (Jones & Bartlett., 2023).	PC: Tertiary amine class lb TC: local anesthetic (Jones & Bartlett., 2023).
Reason Client Taking	Supplement vitamins pt is not	To treat tinea corporis (Jones &	To treat actinic or solar keratosis	To help relieve bladder	To treat tinea versicolor	To relieve nerve

	getting in diet (Jones & Bartlett., 2023).	Bartlett., 2023).	(Jones & Bartlett., 2023).	instability (Jones & Bartlett., 2023).	(Jones & Bartlett., 2023).	pain (Jones & Bartlett., 2023).
Key nursing assessment(s) prior to administration (2)	**Assess diet and nutritional needs (Jones & Bartlett., 2023).**	**Assess area of administration and drug indications with blood thinners (Jones & Bartlett., 2023).**	**Assess area of application and dryness (Jones & Bartlett., 2023).**	**Assess output and labs associated with the kidneys (Jones & Bartlett., 2023).**	**Assess scalp and allergies (Jones & Bartlett., 2023).**	**Assess any allergies and vital signs (Jones & Bartlett., 2023).**
Brand/Generic	**Mupirocin 2% ointment apply BID**	**Nitroglycerin (Nitrostat) 0.4mg sublingual once a day**	**Acetaminophen (Tylenol) 1000mg TID (Duplicate Med) Put on hospital medication**	**Apixaban (Eliquis) 5mg oral BID (Duplicate med) Put on hospital medication**	**Atorvastatin (Lipitor) 40mg nightly (Duplicate med) Put on hospital medication**	**Ascorbic Acid 500mg Once daily oral**
Classification	**PC: Carboxylic acid TC: topical antibiotic (Jones & Bartlett., 2023).**	**PC: Nitrate TC: Antianginal, vasodilator (Jones & Bartlett., 2023).**				**PC: antioxidants TC: Vitamin C (Jones & Bartlett., 2023).**
Reason Client Taking	**To treat infected skin lesions (Jones & Bartlett., 2023).**	**To prevent anginal attacks due to CAD (Jones & Bartlett., 2023).**				**Helps wounds heal and enhance iron absorption (Jones & Bartlett., 2023).**
Key nursing assessment(s)	**Assess for cuts/broken**	**Assess vital signs and past**				**Assess for any**

prior to administration (2)	skin and potential allergic reactions (Jones & Bartlett., 2023).	reactions (Jones & Bartlett., 2023).				allergies and vital signs (Jones & Bartlett., 2023).
Brand/Generic	**Baclofen (Lioresal) 10mg TID oral**	**Clopidogrel (Plavix) 75mg oral daily (Duplicate med) Put on hospital medication**	**Docusate sodium 100mg PRN**	**Ferrous sulfate 325mg oral every other day (Duplicate Med) Put on hospital medication**	**Glipizide (Glucotrol) 2.5mg BID**	**Metformin (Glucophage) 1000mg BID w/ meals**
Classification	**PC: y-aminobutyric (GABA) B receptor agonist TC: Skeletal muscle relaxant (Jones & Bartlett., 2023).**		**PC: Sulfonic acid TC: Stool softener (Jones & Bartlett., 2023).**		**PC: Sulfonylurea TC: Antidiabetic (Jones & Bartlett., 2023).**	**PC: Biguanide TC: Antidiabetic (Jones & Bartlett., 2023).**
Reason Client Taking	**Used to treat muscle spasticity (Jones & Bartlett., 2023).**		**To help relieve constipation (Jones & Bartlett., 2023).**		**Control glucose level in type 2 DM (Jones & Bartlett., 2023).**	**Reduce glucose level due to type 2 DM (Jones & Bartlett., 2023).**
Key nursing assessment(s) prior to administration (2)	**Assess ROM and vital signs (Jones & Bartlett., 2023).**		**Assess bowel changes and nausea/vomiting (Jones & Bartlett., 2023).**		**Assess glucose level and vital signs (Jones & Bartlett., 2023).**	**Assess vital signs and glucose levels (Jones & Bartlett., 2023).**

Brand/Generic	Naloxone HCL (Narcan) nasal spray PRN					
Classification	PC: Opioid antagonist TC: Antidote (Jones & Bartlett., 2023).					
Reason Client Taking	To treat suspected opioid overdose (Jones & Bartlett., 2023).					
Key nursing assessment(s) prior to administration (2)	Assess vital signs and respiratory depression (Jones & Bartlett., 2023).					

Hospital Medications (Must List ALL)

Brand/ Generic	Apixaban (Eliquis) 5mg oral BID (Duplicate med)	Atorvastatin (Lipitor) 40mg nightly (Duplicate med)	Clopidogrel (Plavix) 75mg oral daily (Duplicate med)	Empagliflozin (Jardiance) 10mg daily oral	Ferrous sulfate 325mg oral every other day (Duplicate Med)	Folic Acid (Folvite) 1mg oral daily
Classification	PC: Factor Xa Inhibitor TC Anticoagulant (Jones & Bartlett., 2023).	PC: HMG-CoA reductase inhibitor TC: Antihyper-tensive	PC: P2Y12 Platelet Inhibitor TC: Platelet aggregation inhibitor (Jones & Bartlett., 2023).	PC: Sodium glucose cotransporter 2 inhibitor TC: Antidiabetic, cardiovascular mortality reduction agent (Jones & Bartlett., 2023).	PC: Hematinic TC: Antianemia, nutritional supplement (Jones & Bartlett., 2023).	PC & TC: Vitamin B9 (Jones & Bartlett., 2023).
Reason Client Taking	To prevent an embolism due to having A-Fib (Jones & Bartlett., 2023).	To control lipid levels (Jones & Bartlett., 2023).	To reduce chance of CVA or MI (Jones & Bartlett., 2023).	To improve glycemic control due to patient having Type 2 DM (Jones & Bartlett., 2023).	To prevent iron deficiency (Jones & Bartlett., 2023).	To prevent anemia and bring up B9 levels (Jones & Bartlett., 2023).
Key nursing assessment(s) prior to administration (2)	Check patients INR and bleeding and bruising. (Jones & Bartlett., 2023).	Check time of day (Night) Check lipid panel labs (Jones & Bartlett., 2023).	Assess blood tests and bleeding (Jones & Bartlett., 2023).	Assess glucose level and dehydration (Jones & Bartlett., 2023).	Check iron status & assess vital signs (Jones & Bartlett., 2023).	Check drug interactions before and assess folate status (Jones & Bartlett., 2023).
Brand/ Generic	Furosemide (Lasix) 20mg BID oral	Gabapentin (Neurontin) 300mg TID oral	Dextrose 50% Solution 12.5g IV PRN	Glucagon Emergency Injection Kit 1mg SubQ PRN	Glucose (Glutose) 40% gel 15mg PRN oral	Insulin lispro (Humalog) 100units/ml SubQ TID
Classification	PC: Loop Diuretic TC: Antihypertensive, Diuretic (Jones & Bartlett., 2023).	PC: 1-amino-methyl cyclohexane-acetic acid TC: Anti-convulsant (Jones & Bartlett., 2023).	PC: Hypertonic solution TC: Glucose elevating agents (Jones & Bartlett., 2023).	PC: Pancreatic hormone TC: Anti-hypoglycemic diagnostic aid adjunct (Jones & Bartlett., 2023).	PC: mono-saccharide TC: Stimulating insulin secretion (Jones & Bartlett., 2023).	PC: Rapid acting insulin TC: Antidiabetic (Jones & Bartlett., 2023).
Reason Client Taking	To reduce edema related to CHF (Jones & Bartlett., 2023).	To prevent seizures and relieve pain (Jones & Bartlett., 2023).	If patient needs glucose level raised (Jones & Bartlett.,	Emergency treatment for hypoglycemia (Jones & Bartlett., 2023).	To treat low blood sugar (Jones & Bartlett., 2023).	To improve glycemic control and type 2 diabetes (Jones &

Brand/Generic	Polyethylene glycol (Glycolax, MiraLAX) 17g oral PRN	Potassium chloride tab 10mg oral daily	Senna (Senokot) 8.6mg oral BID PRN	Sodium Chloride 0.65% nasal spray PRN	Spironolactone (Aldactone) 25mg oral daily	Tamsulosin (Flomax) 0.4mg oral every morning
Classification	PC: Osmotic laxative TC: laxative Polyethylene glycol	PC: Electrolyte cation TC: Electrolyte replacement (Jones & Bartlett., 2023).	PC: Stimulant laxative TC: Stool softener (Jones & Bartlett., 2023).	PC: Hypotonic solution TC: Help dryness in the nose (Jones & Bartlett., 2023).	PC: Potassium-sparing diuretic TC: Diuretic (Jones & Bartlett., 2023).	PC: Alpha-adrenergic antagonist TC: Benign prostatic hyperplasia agent (Jones & Bartlett., 2023).
Reason Client Taking	To help relieve constipation Polyethylene glycol	To prevent hypokalemia (Jones & Bartlett., 2023).	Help relieve constipation (Jones & Bartlett., 2023).	Nasal dryness (Jones & Bartlett., 2023).	Used in addition to standard therapy due to severe heart failure (Jones & Bartlett., 2023).	To treat BPH (Jones & Bartlett., 2023).
Key nursing assessment(s) prior to administration (2)	Assess fluid intake and signs/symptoms of bowel obstruction (Jones & Bartlett., 2023).	Assess potassium level and vomiting status (Jones & Bartlett., 2023).	Assess bowel habits and heart condition (Jones & Bartlett., 2023).	Assess nasal passage and assess patients' position (Jones & Bartlett., 2023).	Assess fluid status and edema (Jones & Bartlett., 2023).	Assess for orthostatic hypotension and syncope (Jones & Bartlett., 2023).

Brand/Generic	tramadol (Ultram) 50mg oral Q8H PRN	Acetaminophen (Tylenol) 650mg oral PRN (Duplicate med)				
Classification	PC: Opioid	PC:				

	agonist TC: Opioid analgesic-controlled substance schedule: IV	Nonsalicylate Para-aminophenol derivative TC: Antipyretic, nonopioid analgesic (Jones & Bartlett., 2023).				
Reason Client Taking	To relieve severe pain (Jones & Bartlett., 2023).	To relieve mild pain (Jones & Bartlett., 2023).				
Key nursing assessment(s) prior to administration (2)	Assess pain level & risk of addiction (Jones & Bartlett., 2023).	Assess pain level and drug interactions before (Jones & Bartlett., 2023).				

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Apixaban (Eliquis)	Due to having a past of Arial-Fibrillation and preventing blood clots.	1. Bruising (Jones & Bartlett., 2023). 2. Nausea (Jones & Bartlett., 2023).
2. Insulin lispro (Humalog)	I chose this due to the patient having Type 2 Diabetes and hyperglycemia.	1. Swelling in feet (Jones & Bartlett., 2023). 2. Chest pain (Jones & Bartlett., 2023).
3. Furosemide (Lasix)	I chose this due to this patient having pedal edema	1. Hyperglycemia (Jones & Bartlett., 2023). 2. Dehydration (Jones & Bartlett., 2023).

	and medical diagnosis of CHF.	

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023). 2021 *Nurse's drug handbook* (22nd ed.). Jones & Bartlett

    Learning.

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Physical Exam

<mark>HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS</mark>

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GENERAL: **Alertness: Alert and responsive** **Orientation: A&O to person, place, situation, and time.** **Distress: Did not appear to be in a lot of distress, could tell there was some pain.** **Overall appearance: Appropriate, clothed, well kept** **Infection Control precautions: None** **Client Complaints or Concerns: Chest and back pain**	**Patient was alert and responsive. Patient was A&O to person, place, situation, and time. Did not appear to be in a lot of distress, could tell there was some pain. Patients' appearance was appropriate, clothed, well kept. There were not any infection control precautions. Patient complained of chest and back pain.**
VITAL SIGNS: **Temp: 0807: 98.1 F. 1102: 98.2 F.** **Resp rate: 0807: 16/min. 1102: 18/min.** **Pulse: 0807: 68 bpm. 1102: 65 bpm.** **B/P: 0807: 106/66mmHg. 1102: 111/70mmHg.** **Oxygen: 0807: 96% 1102: 97%** **Delivery Method: Room Air**	**Patients first set of vitals were taken at 0807. Patient had a temp. of 98.1 F, resp rate of 16/min, pulse 68bpm, BP 106/66 mmHg, and O2 Sat 96% on room air. Patients second set of vitals were taken at 1102. Patient had a temp. of 98.2 F, resp rate of 18/min, pulse 65bpm, BP 111/70 mmHg, and O2 Sat 97% on room air.**
PAIN ASSESSMENT: **Time: 0810** **Scale: Numerical** **Location: chest and back** **Severity: <mark>5/10</mark>** **Characteristics: <mark>Sharp & intermittent</mark>** **Interventions: Pain meds, rest, monitor vital signs**	**Patients pain assessment was at 0810 and used the numerical pain scale. Pain location was in patients' chest and back, <mark>patient rated pain a 5/10. The characteristics were sharp and intermittent.</mark> Interventions included pain meds, rest, and monitoring vital signs.**
IV ASSESSMENT: **Size of IV: 22 gauge**	**Patients IV size was a 22 gauge in the left forearm. The IV was clear and normal with no**

Location of IV: left forearm **Date on IV: 9/22/24** **Patency of IV: Clear, normal** **Signs of erythema, drainage, etc.:** **IV dressing assessment: None, no drainage, dry, clean, intact** **Fluid Type/Rate or Saline Lock: No fluids as of right now**	**drainage, was dry, clean, and intact. No fluids as of right now.**
INTEGUMENTARY: **Skin color: Usual for ethnicity, olive** **Character: dry, redness** **Temperature: warm** **Turgor: Tenting** **Rashes: None** **Bruises: Bruise on arms, right shoulder, and right knee** **Wounds: No wounds** **Braden Score: 19** **Drains present: Y☐ N☒** ** Type: N/A**	**Patients skin color was olive and usual for ethnicity. Skin was dry and had redness. Temperature was warm and tenting skin turgor, no rashes or wounds. Bruising on arms, right shoulder, and right knee. Braden score was 19 and no drains present.**
HEENT: **Head/Neck: Symmetrical, good movement** **Ears: Hearing was normal for age, and symmetrical for the head** **Eyes: PERRLA was intact** **Nose: No deviation, normal. Bruise on nose & redness.** **Teeth: All teeth intact, well-kept oral hygiene**	**Patients head and neck was symmetrical and had good movement. Hearing was normal for age, and symmetrical to head. PERRLA was intact. No nose deviation, bruise and redness. All teeth intact, well-kept, good oral hygiene. .**
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable): S1, S2 present. Slight rattling sound** **Peripheral Pulses: 3+** **Capillary refill: less than 2 seconds** **Neck Vein Distention: Y☐ N☒** **Edema Y☐ N☒** **Location of Edema: N/A**	**S1 & S2 present, heard rattling sound, possible A-Fib due to PMH. Peripheral pulses were 3+, capillary refill was less than 2 seconds. No neck vein distention or edema noted.**
RESPIRATORY: **Accessory muscle use: Y☐ N☒** **Breath Sounds: Location, character:** **Regular respirations, pattern was**	**No accessory muscle use when auscultating breath sounds. Clear, regular respirations, normal pattern in the anterior and posterior locations.**

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normal, clear breath sounds	

GASTROINTESTINAL:
Diet at home: Typical 3 meals a day and snacking
Current Diet: Cardiac
        Is Client Tolerating Diet? yes
Height: 5'9
Weight: 150lbs 2.1oz
Auscultation Bowel sounds: Hyperactive
Last BM: Morning of 9/23/24
Palpation: Pain, Mass etc.: Normal, no pain
Inspection:
    Distention: None
    Incisions: None
    Scars: None
    Drains: None
    Wounds: None
Ostomy: Y ☐   N ☒
Nasogastric: Y ☐   N ☒
    Size: N/A
Feeding tubes/PEG tube   Y ☐   N ☒
    Type: N/A
	Patients diet at home consists of 3 meals a day with snacking. Patient is currently on a cardiac diet and tolerating it well. Height is 5'9 and 150 lbs. 2.1 oz. Bowel sounds were hyperactive and last bowel movement was the morning of 9/23/24. No pain, distention, incisions, scars, drains, or wounds. Patient did not have an ostomy, NG tube or Feeding tube.

GENITOURINARY:
Color: Patient stated urine was Yellow
Character: Patient stated that urine was clear, <mark>slightly cloudy</mark>
Quantity of urine: 600ml was measured
Pain with urination<mark>: Y ☒</mark>   N ☐
Dialysis: Y ☐   N ☒
Inspection of genitals: N/A, patient did not want
Catheter: Y ☐   N ☒
    Type: N/A
    Size: N/A
	Patient stated that urine yellow, clear, but <mark>slightly cloudy</mark>. 600ml of urine was measured. Patient has <mark>slight pain, retention/hesitancy.</mark> Patient is not on dialysis and did not have a catheter. No genital inspection was done.

Intake (in mLs) **100% of food** **6oz (180ml) of decaf coffee, 8oz (240ml) of water** **Output (in mLs)** **600ml at 1000**	**Patient ate 100% of food, 6oz (180ml) of decaf coffee, and 80z (240ml) of water. Patients output was measured at 1000 and was 600ml of urine.**
MUSCULOSKELETAL: **Neurovascular status: Nail beds clean**	Patients nail beds are clean and intact, extremities were equal in length and warm to

and intact, Extremities were equal length and warm to touch. **ROM: Active ROM** **Supportive devices: Walker** **Strength: <mark>4</mark>** **ADL Assistance: <mark>Y☒</mark> N ☐** **Fall Risk: <mark>Y ☒</mark> N☐** **Fall Score: <mark>95</mark>** **Activity/Mobility Status: <mark>Been working with PT and OT</mark>** **Activity Tolerance: <mark>Pain when ambulating</mark>** **Independent (up ad lib)** **Needs assistance with equipment: <mark>yes</mark>** **Needs support to stand and walk: <mark>yes</mark>**	touch. Patient performed active ROM exercises. Patients' strength is a 4 and uses a walker. Patient needs ADL assistance and has been working with PT and OT. Fall score is a 95, high fall risk. Patient has pain with ambulating, needs assistance with equipment and support to stand/walk.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: Person, place, situation, and time** **Mental Status: Normal cognition** **Speech: Clear** **Sensory: Normal for age** **LOC: Alert**	Patient moves all extremities well with slight weakness, strength is equal in arms and legs. PERRLA is intake. Patient is A & O x4, and normal cognition. Speech is clear and sensory is normal.
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Watch TV** **Developmental level: Normal for age** **Religion & what it means to pt.: Protestant** **Personal/Family Data (Think about home environment, family structure, and available family support): Son and wife involved, insurance issue**	**Patient likes to cope by watching television. Developmental level is normal for age. Patients' religion is Protestant, did not state anything else. Patient is supported by his son and wife. The son just had surgery so unable to care for father. Patient was in a nursing home but insurance will not approve to go back.**

Discharge Planning

Discharge location: Home and living with his wife, was going to go back to nursing home but insurance will not cover.

Home health needs: Will need a CNA or home health nurse, will need physical

therapy, may need an IM letter

Equipment needs: Walker

Follow up plan: Follow up with cardiology, nurse navigator

Education needs: Patient will need to be educated on continuing the Lasix's they

were prescribed, Appropriate diet for CHF (Cardiac diet), Safety related to falls,

and diabetes management.

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

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	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
1. Decreased cardiac output related to pedal edema as evidenced by medical diagnosis of Congestive Heart Failure (Phelps., 2023).	I chose this nursing diagnosis due to this patient having edema in ankles and feet. Patient also has CHF.	Patient will not exhibit pedal edema by discharge (Phelps., 2023).	1. Weight patient daily before breakfast (Phelps., 2023). 2. **Plan patients' activities to avoid fatigue and increased myocardial workload**	Patient was getting weighed daily and PT times were planned accordingly.

			(Phelps., 2023).	
2. Electrolyte imbalance related to dehydration as evidenced by tenting skin turgor (Phelps., 2023).	**I chose this nursing diagnosis due to my patient having tenting when assessing the skin turgor. Patients skin was also very dry.**	**Patient will maintain adequate fluid balance consistent with underlying disease restrictions, before discharge (Phelps., 2023).**	**1. Assess patients fluid status (Phelps., 2023).** **2.Monitor patient for physical signs of electrolyte imbalance (Phelps., 2023).**	**Patient was drinking fluids, continued to monitor physical signs. Offered fluids every time I entered the room.**
3. Impaired physical mobility related to pain as evidenced by discomfort when ambulating (Phelps., 2023).	**I chose this nursing diagnosis due to the patient having issues when ambulating. Patient needed a break and had to sit down before finishing.**	**Patient will show no evidence of complications when ambulating, by the end of the shift (Phelps., 2023).**	**1. Perform ROM exercises at least once every shift (Phelps., 2023).** **2. Encourage attendance of physical therapy sessions and support activities (Phelps., 2023).**	**Patient performed ROM exercises to best of ability and attended Physical therapy and Occupational Therapy.**

Other References (APA):

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