N431 CARE PLAN 1

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N441: Adult Health 3

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Demographics

Date of Admission	Client Initials	Age	Biological Gender
9/14/2024	D. L.	80	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Retired	Married	Cat dander & Pollen
Code Status	**Height**	**Weight**	
Full Code	5’ 10”	220 lbs.	

Medical History

Past Medical History: Hypertension (12/18/19), Nonrheumatic aortic valve disorder (12/18/19), paroxysmal atrial fibrillation (1/15/19), all other medical history date of diagnosis unknown, CHF, COPD, CVA, diabetes mellitus type 2, iron deficiency anemia, and depression

Past Surgical History: Ablation – Radio frequency (11/12/18)

Family History: The patient denied any family history of medical diagnoses.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient denied use of any alcohol or drugs. The patient is a former cigarette smoker. He smoked 1.5 packs a day for 54 years (1966 – 2020).

Education: The patient completed high school.

Living Situation: The patient resides at Goldwater Care in Danville, IL.

Assistive devices: The patient utilizes a wheelchair.

Admission History

Chief Complaint: Decompensated heart failure and acute urinary retention (per OSF Danville due to transfer)

History of Present Illness (HPI)– OLD CARTS

The onset of the client’s symptoms began the evening of September 12, 2024. The patient’s manifestations were located in the respiratory system and the scrotal sac. The patient had been

experiencing these symptoms for approximately 12 hours before being admitted to Carle in Urbana. The patient was experiencing shortness of breath and scrotal edema. According to the patient, factors that aggravated the patient's manifestations include "speaking and not being able to pee." Factors that relieved the patient's signs and symptoms involved administering oxygen via nasal cannula and repositioning the client. The patient received the following treatment in the emergency department: insertion of a Foley catheter, a CT of the abdomen, and a chest X-ray. On a 0 – 10 scale, the patient stated his pain was a "7."

Admission Diagnosis

Primary Diagnosis: Acute on Chronic CHF Exacerbation

Secondary Diagnosis (if applicable): Atrial Fibrillation

Pathophysiology

Acute on chronic congestive heart failure (CHF) exacerbation originates from the patient's original diagnosis of CHF. The CHF diagnosis is a chronic condition the patient has been facing for some time now. Acute on chronic suggests that the patient had a sudden worsening of symptoms associated with his congestive heart failure. CHF occurs when there is an impairment with ventricular filling or ejection of blood to the entire body's circulatory system (Malik et al., 2023). Due to the body's ineffective pumping of the blood, the blood begins to accumulate, which results in fluid accumulating throughout the body. As the fluid builds up, it can result in edema in the feet and legs and cause the patient to become short of breath.

Congestive heart failure affects several different organs/systems in the body, including the cardiovascular system, respiratory system, kidneys, and liver. The cardiovascular system is

affected due to the heart not being able to pump enough blood out to the blood vessels, which leads to a lack of blood supply and oxygen. The respiratory system can be affected because the lungs aren't receiving enough blood, which decreases the oxygen they receive. Fluid accumulation can back up into the lungs, which can hinder the patient's respiratory status. The kidneys are affected because a lack of sufficient blood flow will activate the renin-angiotensin-aldosterone system (RAAS) system and cause fluid retention to occur (Malik et al., 2023). Once the fluid buildup is to the point where fluid cannot be pumped through the right atrium the fluid will back up into the liver, which could potentially lead to scarring and injury of the liver (Malik et al., 2023).

Congestive heart failure has many different signs and symptoms. Those manifestations include shortness of breath, chest pain, anorexia, fatigue, edema, paroxysmal nocturnal dyspnea, tachycardia, jugular vein distention, and coughing (Capriotti, 2020). The patient experienced several of the listed manifestations including shortness of breath, fatigue, scrotal edema, bilateral lower extremity edema, tachycardia, and coughing. There have been common conditions identified that increase a person's chance of being diagnosed with CHF.

The four most common conditions that have been identified as a cause of CHF include ischemic heart disease, hypertension, chronic obstructive pulmonary disease (COPD), and rheumatic heart disease (Malik et al., 2023). The patient has been diagnosed with COPD and hypertension prior to his CHF diagnosis.

Prior to this hospital admission, the patient had been diagnosed with CHF already. While the patient was in the emergency department at Carle, he received the following treatment: oxygen via nasal cannula, chest x-ray, a CT scan of the abdomen/pelvis, and insertion of a Foley catheter to relieve the patient's bladder since he hadn't urinated in over 12 hours. The patient

was transferred from OSF in Danville, IL, and no records of treatment were mentioned other than failing to insert a Foley catheter. The following labs and diagnostic tests can be utilized in the diagnosis of CHF: brain natriuretic peptide (BNP), serum electrolytes, chest x-ray, electrocardiogram, echocardiogram, a multiple-gated acquisition scan, and cardiac catheterization and angiography (Capriotti, 2020). There are several different types of treatment for CHF, including lifestyle modifications such as diet and exercise, medications such as diuretics, beta-1-adrenergic blockers, ACE inhibitors, aldosterone antagonists, angiotensin II receptor blockers, etc. (Capriotti, 2020). The patient received diuretics to help him excrete the excess fluid from his body through urine. The patient received metoprolol to help relax the blood vessels and slow the heartbeat, which will help to improve overall blood flow and decrease his blood pressure. The patient received spironolactone to prevent hypokalemia since it is a potassium-sparing diuretic.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Malik, A., Brito, D., Vaqar, S., & Chhabra, L. (2023, November 5). *Congestive heart failure*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK430873/

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
WBC	15.27 10^3/uL	13.02 10^3/uL	4.0 – 11.0 10^3/uL	Inflammation can cause an elevated white blood

				cell count (Pagana et al., 2022). The patient has cellulitis in his right lower extremity, which causes inflammation.
RBC	3.33 10^6/uL	3.39 10^6/uL	4.10 – 5.70 10^6/uL	A decreased red blood cell count can be caused by anemia (Pagana et al., 2022). The patient has been diagnosed with iron deficiency anemia and according to his urine analysis he has been having hematuria as well.
HGB	8.3 g/dL	8.6 g/dL	12.0 – 18.0 g/dL	A decreased hemoglobin value can be caused by anemia (Pagana et al., 2022). The patient has been diagnosed with iron deficiency anemia and according to his urine analysis he has been having hematuria as well.

HCT	27.4%	28.6%	37.0 – 51.0%	A decreased hematocrit value can be caused by anemia (Pagana et al., 2022). The patient has been diagnosed with iron deficiency anemia and according to his urine analysis he has been having hematuria as well.
IRON	No value	23 ug/dL	65 – 175 ug/dL	A decreased iron level can be caused by iron deficiency anemia and chronic hematuria (Pagana et al., 2022). The patient has been diagnosed with iron deficiency anemia and according to his urine analysis he has been having hematuria as well. The amount of time he has been experiencing hematuria is unknown

				though.
INR	1.8	2.5	0.9 – 1.1	The suggested range by Carle seems to be the suggested range for a normal person who doesn't have any cardiac issues. This patient has been diagnosed with CHF and A-Fib. For patients who have atrial fibrillation the preferred INR according to indication for anticoagulation is 2 – 3. The patient's INR is 2.5 which falls within the preferred limits (Pagana et al., 2022). However, the patient has been receiving doses of warfarin to help thin his blood which is known to increase a patient's INR

				value (Pagana et al., 2022).
PT	20.6 seconds	26.5 seconds	12.1 – 14.9 seconds	The patient has been receiving doses of warfarin to help thin his blood which is known to increase a patient's PT value (Pagana et al., 2022).
pH	7.482	7.475	7.310 – 7.410	An elevated blood pH can be caused by hypochloremia (Pagana et al., 2022). The patient's chloride level is lower than the suggested range, meaning he is experiencing hypochloremia.
PO_2	50.3 mm Hg	98.6 mm Hg	35.0 – 45.0 mm Hg	An elevated PO_2 level can be caused by an increased inspiration of O_2 (Pagana et al., 2022). The patient has been on 4L of oxygen

				via nasal cannula for several days.
HCO_3	35.7 mmol/L	31.9 mmol/L	21.5 – 25.5 mmol/L	An elevated HCO_3 level can be caused by chronic obstructive pulmonary disease (COPD) (Pagana et al., 2022). The patient has a previous diagnosis of COPD.
Chloride	98 mmol/L	95 mmol/L	98 – 107 mmol/L	A decreased chloride level can be caused by congestive heart failure (CHF) and diuretic therapy (Pagana et al., 2022). The patient is receiving diuretic therapy for his CHF exacerbation.
CO_2	34.0 mmol/L	36.0 mmol/L	22.0 – 29.0 mmol/L	An elevated CO_2 level can be caused by chronic obstructive pulmonary disease (COPD) (Pagana et al., 2022). The patient has a previous diagnosis

				of COPD.
Calcium	8.5 mg/dL	8.6 mg/dL	8.9 – 10.6 mg/dL	A decreased level of calcium has been known to be caused by hypoalbuminemia (Pagana et al., 2022). The patient has a low albumin level, which means he has hypoalbuminemia.
Albumin	2.5 g/dL	2.6 g/dL	3.4 – 4.8 g/dL	A decreased albumin level can be caused by chronic infections (Pagana et al., 2022). The patient has been diagnosed with chronic cellulitis.
AST	38 u/L	39 u/L	5 – 34 u/L	Elevated AST levels have been associated with patients who take antihypertensive medications and coumarin-type anticoagulants (Pagana et

				al., 2022). The patient is currently taking both antihypertensive medication such as, metoprolol and coumarin-type anticoagulants such as, warfarin.
B-Natriuretic Peptide	1,190 pg/mL	1,247 pg/mL	0.0 – 100.0 pg/mL	An elevated B-Natriuretic Peptide level can be caused by congestive heart failure (CHF) (Pagana et al., 2022). This patient has a previous diagnosis of CHF.
Vitamin B_{12}	No value on admission	>2,000 pg/mL	213 – 816 pg/mL	An elevated Vitamin B_{12} level can suggest severe liver dysfunction (Pagana et al., 2022). However, this patient has not been diagnosed with any liver/hepatic medical issues. The urine analysis

				indicates potential medical problems with the liver due to the presence of bilirubin, blood, and urobilinogen.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Chest X-Ray	The patient had shortness of breath and edema. Chest X-rays can be used to see if there is any accumulation of fluid in the pleura, pericardium, and lung (Pagana et al., 2022).	The chest X-ray results were consistent with fluid volume overload or congestive heart failure (CHF).
CT Abdomen/Pelvis without contrast	The patient had some moderate ascites going on at the time of admission. “The CT scan of the abdomen/pelvis is a noninvasive procedure used to diagnose pathologic conditions, such as tumors, cysts, abscesses, inflammation, perforation, bleeding, obstruction, aneurysms, and calculi of the abdominal and retroperitoneal	The CT of the abdomen/pelvis without contrast showed the patient has the following: suggestion of a gallstone, renal cysts bilaterally, colonic diverticulosis, moderate ascites,

	organs” (Pagana et al., 2022).	suggestion of an anterior abdominal wall hernia, moderate pleural effusion bilaterally with subsegmental atelectasis, and an aneurysm located in the right common iliac artery.
Urine Analysis	Upon admission the patient had not urinated within the last 12 hours and there was approximately 500 mL of urine in his bladder according to OSF in Danville. The patient was also experiencing scrotal edema. Insertion of Foley catheter was required but OSF failed to do so. Carle was successful in inserting a Foley catheter into the patient. A urinalysis is utilized to determine if a patient has a urinary tract infection or not (Pagana et al., 2022). If the test	The results are as follows: cloudy appearance, small amount of bilirubin present, large amount of blood present, glucose is 500, moderate leukocytesterase, positive for nitrites, protein is 100, RBC is 5,642 /uL, urobilinogen was 2.0

	comes back positive the laboratory will be able to determine what type of bacteria specifically is causing the infection so the correct antibiotic can be prescribed to the patient.	mg/dL, and WBC is 3,599 /uL. All other values not listed were considered to be within normal range.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2022). *Mosby's diagnostic and laboratory test reference* (16th ed.). Elsevier.

Active Orders

Active Orders	Rationale
Regular Diet	The patient was placed on a diabetic diet at first but later on changed it to a regular diet. Depending on what the patient orders, he might adhere to a proper diabetic diet even while receiving the regular diet menu.
Cardiac Monitoring	The patient has been experiencing an irregular heart rhythm, specifically atrial fibrillation and has been sustaining that rhythm. Cardiac monitoring is ordered to monitor his heart rhythm.

Wound Care/Dressing change	Performing wound care and dressing changes will promote healing and prevent infection from occurring.
Vitals Q 4 hrs.	Taking the patient's vitals every 4 hours will allow the nurse to monitor the patient's status more closely.
I/O's	Recording the patient's intake and output accurately is crucial for a patient who has congestive heart failure and is edematous.
Turn Q 2 hrs.	Turning the patient every 2 hours will help to prevent pressure sores from occurring.

Medications

Home Medications (Must List ALL)

Brand/ Generic	Lipitor/ atorvastatin	Bumex/ bumetanide	Buspar/ buspirone	Keflex/ cephalexin	Farxiga/ dapagliflozin propanediol	Toprol XL/ metoprolol succinate
Classification	Therapeutic: Antihyperlipidemic Pharmacologic: HMG-CoA reductase inhibitors	Therapeutic: Diuretic Pharmacologic: Loop diuretics	Therapeutic: Anxiolytic Pharmacologic: Azapirone	Therapeutic: Antibiotic Pharmacologic: Cephalosporins	Therapeutic: Antidiabetic Pharmacologic: Sodium glucose co-transporter 2 inhibitor	Therapeutic: Antianginal, antihypertensive Pharmacologic: $Beta_1$-adrenergic blocker

Reason Client Taking	The patient is being administered this medication to minimize his risk of an MI or CVA in patients who have been diagnosed with type 2 diabetes mellitus without any evidence to suggest CAD but has several risk factors for CAD including hypertension, retinopathy, albuminuria, and smoking (Jones & Bartlett Learning, 2022)	The patient is being administered this medication to help treat edema that is present due to his congestive heart failure (Jones & Bartlett Learning, 2022).	The patient is being administered this medication to help with his feelings of nervousness and anxiety (Jones & Bartlett Learning, 2022).	This patient is being administered this medication to help treat his urinary tract infection caused by Escherichia coli, P. mirabilis, or Klebsiella pneumonia (Jones & Bartlett Learning, 2022).	This patient is being administered this medication because he has type 2 diabetes mellitus. This medication helps to improve glycemic control in patients with type 2 diabetes mellitus (Jones & Bartlett Learning, 2022).	This patient is being administered this medication to help manage his hypertension (Jones & Bartlett Learning, 2022).
List two teaching needs for the medication pertinent to the client	1. Educate the patient to take the medication at the same time every day (Jones & Bartlett Learning, 2022).	1. Educate the client on the importance of monitoring their intake and output and to	1. Educate the patient to not take this medication with grapefruit juice (Jones & Bartlett Learning, 2022). 2. Educate	1. If the patient is experiencing diarrhea while taking this medication instruct the	1. If the patient is using this medication to help control blood sugar levels, then instruct	1. Instruct the client to take the medication right after the same meal every

	2. Educate the patient to monitor his blood sugar closely since he has type 2 diabetes mellitus (Jones & Bartlett Learning, 2022).	be mindful of electrolyte imbalances which may come across as a headache, dizziness, and muscle spasms (Jones & Bartlett Learning, 2022) 2. Educate the patient on foods that are rich in potassium and stress the importance of adopting them in their regular diet (Jones & Bartlett Learnin	the patient that it may take 1 – 2 weeks for him to notice the antianxiety effect to take place (Jones & Bartlett Learning, 2022).	patient to take the medication with buttermilk or yogurt to help maintain intestinal flora and decrease diarrhea (Jones & Bartlett Learning, 2022). 2. Instruct the patient to report to the provider immediately if he experiences watery, bloody stools (Jones & Bartlett Learning, 2022).	them to take this medication in the morning (Jones & Bartlett Learning, 2022). 2. Educate the client on signs and symptoms of hypoglycemia and how to treat it if it occurs (Jones & Bartlett Learning, 2022).	day (Jones & Bartlett Learning, 2022). 2. Instruct the client to notify the provider if his heart rate goes below 60 beats per minute or is significantly lower than normal (Jones & Bartlett Learning, 2022).

		g, 2022).				
Key nursing assessment(s) prior to administration	The nurse should review the patient's lipid panel and liver function before administering atorvastatin to the patient.	The nurse should review the patient's latest potassium levels and also review the patient's renal function tests.	The nurse should initiate safety precautions because of possible CNS effects.	The nurse should review the patient's allergies and make sure penicillin is not one of the allergies due to cross-sensitivity occurring in about 10% of individuals (Jones & Bartlett Learning, 2022). The nurse should review the patient's BUN and creatinine levels along with the culture and sensitivity results (Jones & Bartlett Learning, 2022).	The nurse should monitor the patient's blood pressure and review the patient's cholesterol level before administering the medication (Jones & Bartlett Learning, 2022). The nurse should review the patient's kidney function before administering this medication (Jones & Bartlett Learning, 2022).	The nurse should check the patient's apical heart rate and blood pressure before administering this medication (Jones & Bartlett Learning, 2022). If the patient is exhibiting signs and symptoms of CHF take note of those and ask provider before administering because this medication has the potential for making the CHF manifestations worse (Jones & Bartlett Learning, 2022).

Brand/ Generic	Monistat/ miconazole	Klor-con/ potassium chloride	Deltasone/ prednisone	Zoloft/ sertraline	Aldactone/ spironolactone	Stiolto Respimat/ tiotropium - olodaterol
Classification	Therapeutic: Antifungal Pharmacologic: Imidazole	Therapeutic: Electrolyte replacement Pharmacologic: Electrolyte cation	Therapeutic: Immunosuppressant Pharmacologic: Glucocorticoid	Therapeutic: Antianxiety, antidepressant Pharmacologic: Selective serotonin reuptake inhibitor (SSRI)	Therapeutic: Diuretic Pharmacologic: Potassium-sparing diuretic	Therapeutic: Bronchodilator Pharmacologic: Anticholinergics
Reason Client Taking	This patient is given this medication to help treat tinea cruris (Skidmore-Roth, 2020). The patient has experienced this while being a resident at Goldwater Care in Danville.	This patient is being administered this medication to help prevent hypokalemia due to him taking a potassium wasting diuretic (Jones & Bartlett Learning, 2022).	This medication is used to treat severe inflammation and dermatologic disorders (Skidmore-Roth, 2020). This patient is receiving this medication due to his right leg having cellulitis.	This medication is used to treat major depression (Jones & Bartlett Learning, 2022). This patient is receiving this medication due to his previous diagnosis of depression.	This medication is used in adjunct to treat patients with hypertension (Jones & Bartlett Learning, 2022). This patient has been diagnosed with hypertension.	This patient is receiving this medication due to his COPD diagnosis. This medication will “provide long-term maintenance treatment of bronchospasm associated with COPD, including chronic bronchitis, emphysema; to

						reduce COPD exacerbations" (Jones & Bartlett Learning, 2022).
List two teaching needs for the medication pertinent to the client	1. Educate the client that the topical ointment is only for the skin, it should not come in contact with eyes, mouth, or nose (Skidmore-Roth, 2020). 2. Educate the client that they should wash their hands before and after applying the medication on themselves. They should also wash the intended	1. Educate the client on how to take his pulse using the radial location and to notify his physician if he notices any significant changes to rhythm or heart rate (Jones & Bartlett Learning, 2022). 2. Stress the importance to the client	1. Educate the client to take the full prescribed dose and not to discontinue abruptly because it can lead to an adrenal crisis (Skidmore-Roth, 2020). 2. Educate the client that this medication can cause immunosuppression, and he should report any manifestations of an infection (Skidmore-Roth, 2020).	1. Educate the client to take the dose of medication right after mixing it (Jones & Bartlett Learning, 2022). 2. Instruct the client that this medication contains alcohol, and it should not be taken concurrently with disulfiram (Jones & Bartlett Learning, 2022).	1. If the patient is taking this medication because of his hypertension, educate the client on how to properly take his blood pressure (Jones & Bartlett Learning, 2022). 2. Educate the client that he may experience dizziness if he experiences an imbalance in his	1. Educate the client that they should only use this medication once in a 24-hour period and that it is not to treat acute bronchospasms (Jones & Bartlett Learning, 2022). 2. Educate the patient on how to properly use the Respimat inhalation device

	area and pat dry before applying the medication (Skidmore-Roth, 2020).	about showing up to his follow-up lab appointments in order to monitor his potassium levels (Jones & Bartlett Learning, 2022).			fluid volume (Jones & Bartlett Learning, 2022).	(Jones & Bartlett Learning, 2022).
Key nursing assessment(s) prior to administration	The nurse should wash hands before and after administering cream/ointment to intended area. Wash the intended area and gently pat dry. The nurse should assess the severity of infection before applying the medication (Skidmore-Roth, 2020).	The nurse should review the patient's serum potassium level and check the patient's heart rate and rhythm before administering this medication (Jones & Bartlett Learning, 2022).	The nurse should assess the patient's blood pressure, heart rate, and listen to the patient's heart and lung sounds before administering the medication (Skidmore-Roth, 2020). The nurse should also assess the patient for any signs of nausea, vomiting, or confusion before administering	The nurse should assess the patient's heart rate and review the patient's potassium levels before administering this medication (Jones & Bartlett Learning, 2022). The nurse should assess the patient for any signs of nervousnes	The nurse should monitor the patient's urine output, check the patient's most recent potassium level, observe the patient's current edema, and take his blood pressure before administering the medicatio	The nurse should assess the patient's respiratory status overall including respiration rate, lung sounds, and any presence of dyspnea (Jones & Bartlett Learning, 2022).

			the medication (Skidmore-Roth, 2020).	s, anxiety, or insomnia before administering the medication (Jones & Bartlett Learning, 2022).	n (Jones & Bartlett Learning, 2022).	
Brand/ Generic	Coumadin/ warfarin	Tylenol/ acetaminophen				
Classification	Therapeutic: Anticoagulant Pharmacologic: Coumarin derivative	Therapeutic: Antipyretic Pharmacologic: Nonsalicylate				
Reason Client Taking	This patient is prescribed this medication to help "prevent and treat thromboembolic complications associated with atrial fibrillation and/or cardiac valve replacement (Jones & Bartlett Learning, 2022).	The patient is prescribed this medication to help relieve any pain that may be mild to moderate and relieve any fever if present (Jones & Bartlett Learning, 2022).				

List two teaching needs for the medication pertinent to the client	1. Educate the client on the need of taking the medication in the evening at the same time every day (Jones & Bartlett Learning, 2022). 2. Instruct the client to take safety precautions due to higher risk of bleeding while on warfarin such as, using a soft bristled toothbrush and using an electric shaver (Jones & Bartlett Learning, 2022).	1. Educate the client that this medication may be swallowed or crushed whole, however, the extended-release tablets should not be split, broken, chewed, or crushed (Jones & Bartlett Learning, 2022). 2. "Caution patient not to exceed recommended dosage or take other drugs containing acetaminophen at the				

		same time because of risk of liver damage ” (Jones & Bartlett Learning, 2022).				
Key nursing assessment(s) prior to administration	The nurse should review the patient’s PT value before administering this medication (Jones & Bartlett Learning, 2022).	The nurse should assess the patient for a fever, any pain and the severity of that pain before administering the medication (Jones & Bartlett Learning, 2022).				

Hospital Medications (Must List ALL)

Brand/ Generic	Humalog/ insulin lispro	Mycostatin/ nystatin	Protonix/ pantoprazole	Miralax/ polyethylene glycol	Senokot/ sennosides	Flomax/ tamsulosin
Classification	Therapeutic: Antidiabetics Pharmacologic: Pancreatics	Therapeutic: Antifungal Pharmacologic: Polyene macrolide	Therapeutic: Antiulcer agent Pharmacologic: Proton-pump inhibitor	Therapeutic: Laxatives Pharmacologic: Osmotics	Therapeutic: Laxatives Pharmacologic: Stimulant Laxatives	Therapeutic: Benign prostatic hyperplasia agent Pharmacologic: Alpha-adrenergic

						antagonist
Reason Client Taking	The patient is prescribed this medication because he has been diagnosed with type 2 diabetes mellitus. This medication helps to control high blood sugar in patients with type 1 or type 2 diabetes (Skidmore-Roth, 2020).	The patient is prescribed this medication to help treat oral candidiasis a.k.a. thrush (Jones & Bartlett Learning, 2022). The patient utilizes an inhaler while at the nursing home. Inhaler use can lead to thrush.	This medication is used "to treat erosive esophagitis associated with gastroesophageal reflux disease (GERD) short-term" (Jones & Bartlett Learning, 2022). The patient's electronic health record showed no indication or diagnosis of GERD. This medication is just preventing ulcers occurring in the patient.	This medication is used to treat occasional constipation (Vallerand & Sanoski, 2022). Throughout the patient's admission at the hospital the client had experience some mild constipation.	This medication is used to treat constipation due to constipating drugs (Vallerand & Sanoski, 2022). Throughout the patient's admission at the hospital the client had experience some mild constipation	This medication is used to treat benign prostatic hyperplasia (BPH) (Jones & Bartlett Learning, 2022). While there wasn't any diagnosis of BPH in the patient's electronic health record one of the patient's main issues during admission was scrotal edema which was preventing the patient from urinating. This medication could help to relax the smooth muscles in the prostate and allow for the urine to flow easier (Jones & Bartlett

						Learning, 2022).
List two teaching needs for the medication pertinent to the client	1. Educate the client on signs and symptoms of hypoglycemia such as, fatigue, headache, tachycardia, weakness, and tremors (Skidmore-Roth, 2020). 2. Educate the client on signs and symptoms of hyperglycemia such as, frequent urination, fatigue, hunger, and thirst (Skidmore-Roth, 2020).	1. Educate the client to swish the oral solution around in his mouth for as long as possible before he swallows (Jones & Bartlett Learning, 2022). 2. Educate the client on shaking the oral solution well before using the dropper that comes with the product to properly measure the dose	1. Educate the client to notify his provider if he is experiencing prolonged or severe diarrhea (Jones & Bartlett Learning, 2022). 2. Educate the client to notify his provider if he begins to experience a decrease in his urination or if there is blood present in his urine (Jones & Bartlett Learning, 2022).	1. Educate the client that it could potentially take 2 to 4 days for a bowel movement to occur (Vallerand & Sanoski, 2022). 2. Instruct the client to notify their provider if they begin to experience any of the following, abdominal pain, nausea, vomiting, bloating, diarrhea, or severe cramps (Vallerand &	1. Educate the patient that this medication is only intended for short-term use. If this medication is used for extended lengths of time, it could cause electrolyte imbalance (Vallerand & Sanoski, 2022). 2. Inform the patient that this medication has the capability of turning urine red, violet, brown,	1. Instruct the client to slowly change position after taking the initial dose to prevent issues with orthostatic hypotension (Jones & Bartlett Learning, 2022). 2. Inform the client to not crush, chew, or open the capsule, and to take it approximately 30 minutes after the same meal every day (Jones & Bartlett Learning, 2022).

		(Jones & Bartlett Learning, 2022).		Sanoski, 2022).	and pink (Vallerand & Sanoski, 2022).	
Key nursing assessment(s) prior to administration	The nurse should obtain a current blood sugar on the patient before administering the medication to the patient. The nurse should administer the medication approximately 15 minutes before eating a meal (Skidmore-Roth, 2020).	The nurse should assess the patient for any nausea, vomiting, diarrhea, or abdominal pain before administering this medication to the patient (Jones & Bartlett Learning, 2022).	The nurse is going to monitor the patient's urine output, assess for the presence of diarrhea, and review the patient's PT or INR values before administering the medication to the patient (Jones & Bartlett Learning, 2022).	The nurse should assess the patient's abdomen by looking for any distention and listening to bowel sounds before administering this medication to the patient (Vallerand & Sanoski, 2022).	The nurse should assess the patient's intake of fluids ensuring proper hydration of the patient. The nurse should assess the patient's abdomen by looking for any distention and listening to bowel sounds before administering this medication to the patient (Vallerand & Sanoski, 2022).	The nurse should assess the patient's blood pressure before administering the medication to the patient (Jones & Bartlett Learning, 2022).

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your

		client
1. Toprol XL/metoprolol succinate	During clinical the patient was still experiencing heart failure due to his heart being in atrial fibrillation. During atrial fibrillation the heart doesn't pump enough blood and if the patient sustains A-fib for extended periods of time it could leave irreversible damage. Metoprolol is preferred in treating atrial fibrillation because it has been shown to maintain sinus rhythm.	**1.** Arterial insufficiency **2.** Cardiac arrest
2. Bumex/bumetanide	The patient still has edema present in his bilateral lower extremities and this medication will help pull the fluid off his body and excrete it out through his urine. This will improve circulation throughout the body and improve his blood pressure	**1.** Hypotension **2.** Hypokalemia

	also since he won't be in fluid volume overload as much.	
3. Coumadin/warfarin	This medication is important because it is preventing the formation of blood clots, which are also known as a thrombus. If a thrombus forms it could lead to pulmonary embolism, a heart attack, or a stroke and potentially have the power to kill the patient.	**1.** Coma **2.** Hypotension

Medications Reference (1) (APA)

Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (23rd ed.). Jones & Bartlett Learning.

Skidmore-Roth, L. (2020). *Mosby's 2021 nursing drug reference* (34th ed.). Mosby.

Vallerand, A. H., & Sanoski, C. A. (2022). *Davis's drug guide for nurses* (18th ed.). F. A. Davis.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** Patient is alert and responsive **Orientation:** Person, place, and time. (Not oriented to situation)	

Distress: Patient is in no acute distress **Overall appearance:** Patient is appropriately clothed for hospital setting. **Infection Control precautions:** Standard precautions **Client Complaints or Concerns:** Client complains of feeling nervous	
VITAL SIGNS: **Temp:** 97.8℉ **Resp rate:** 20 bpm **Pulse:** 122 bpm **B/P:** 109/67 mm Hg **Oxygen:** Yes **Delivery Method:** Nasal cannula at 4 L	
PAIN ASSESSMENT: **Time:** 9:15 am **Scale:** Numeric **Location:** N/A **Severity:** 0 out of 0 – 10 pain scale **Characteristics:** Denies pain **Interventions:** N/A	
IV ASSESSMENT: **Size of IV:** 19 G **Location of IV:** Left forearm **Date on IV:** 9/16/24 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** No signs of erythema or drainage. **IV dressing assessment:** The dressing is dry, intact, and clean. **Fluid Type/Rate or Saline Lock:** (2) 500 mL bolus	
INTEGUMENTARY: **Skin color:** Pale ivory **Character:** Dry and intact **Temperature:** Warm **Turgor:** Returned back to normal immediately **Rashes:** None **Bruises:** None **Wounds:** Ulcer located on the patient's right lower anterior leg. **Braden Score:** 15 **Drains present:** **Y**☐ **N** ☒ **Type:** N/A	
HEENT:	

Head/Neck: Head and neck are symmetrical. Trachea is midline with no deviation present. Thyroid is non-palpable and no lymphadenopathy observed. **Ears:** Ears are bilaterally symmetrical. No palpable lumps or lesions noted bilaterally. The internal ear canals appear to be clear with pearly gray color tympanic membranes. **Eyes:** Bilateral sclera white, cornea clear, conjunctiva pink, and no drainage observed. Eyelids are pink and moist bilaterally with no discharge or lesions present. Bilateral PERRLA, red light reflex, and EOMs are intact. **Nose:** Septum is midline, turbinates are pink and moist without any bleeding, polyps, or exudate bilaterally. Bilateral frontal sinuses are nontender upon palpation. **Teeth:** A few teeth are missing, one on the upper jaw and one on the lower jaw. Remaining teeth are full of plaque. Posterior pharynx and tonsils are moist and pink. Uvula is midline, hard palate is intact and soft palate rises and falls symmetrically. Oral mucosa overall is good, no lesions present. Tonsil size is a 2+.	.
CARDIOVASCULAR: **Heart sounds:** Heart sounds are clear with S1 and S2 sounds. No presence of S3, S4 or any gallops, murmurs, or rubs. **Cardiac rhythm (if applicable):** Irregularly irregular rhythm **Peripheral Pulses:** Bilateral lower extremities 1+, upper extremities 2+ **Capillary refill:** Less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:** Bilateral lower extremities	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds:** Normal rate and pattern of respirations. Respirations were symmetrical and non-labored, and lung sounds were	.

clear throughout anterior and posterior bilaterally. No wheezes, rhonchi, or crackles were present.	
GASTROINTESTINAL: **Diet at home:** Regular **Current Diet:** Regular **Is Client Tolerating Diet?** Yes **Height:** 5' 10" **Weight:** 220 lbs. **Auscultation Bowel sounds:** Bowel sounds are normoactive in all four quadrants with 5 – 34 clicks/gurgles. **Last BM:** 9/22/24 at 5:10 am **Palpation: Pain, Mass etc.:** Abdomen is soft, nontender, no masses or organomegaly observed upon palpation of all 4 quadrants. **Inspection:** **Distention:** Yes, ascites present **Incisions:** N/A **Scars:** N/A **Drains:** N/A **Wounds:** N/A **Ostomy: Y** ☐ **N** ☒ **Nasogastric: Y** ☐ **N** ☒ **Size:** N/A **Feeding tubes/PEG tube Y** ☐ **N** ☒ **Type:** N/A	.
GENITOURINARY: **Color:** Amber **Character:** Clear **Quantity of urine:** 200 mL **Pain with urination: Y** ☐ **N** ☒ **Dialysis: Y** ☐ **N** ☒ **Inspection of genitals:** Scrotal sac is showing no signs of edema. **Catheter: Y** ☒ **N** ☐ **Type:** External catheter **Size:** N/A	

Intake (in mLs) 240 mL **Output (in mLs)** 200 mL - urine	
MUSCULOSKELETAL: **Neurovascular status:** All extremities were warm and dry to touch. Fingernail beds were pink with a yellow hue. Upper extremities a little weak. **ROM:** Upper extremities – active range of motion. Lower extremities – passive range of motion. The patient was able to actively push and pull his feet against my hands, however he was unable to raise his legs at all. I had to move them up and down for him. **Supportive devices:** wheelchair **Strength:** Upper extremity strength is a 3+. Lower extremity strength is a 2+. **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 60 **Activity/Mobility Status:** On bedrest **Activity Tolerance:** Becomes out of breath from just talking. Intolerant of activity. **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☒ **Needs support to stand and walk** ☒	.
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERRLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no - Legs ☒ Arms ☒ Both ☐** **Orientation:** Person, place, and time. Not oriented to situation. **Mental Status:** Normal cognition other than forgetting why he's in the hospital sometimes. **Speech:** Slow, sometimes hard to understand due to slurring. **LOC:** Lethargic	.

PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Talks to his wife and prays. **Developmental level:** The patient is capable of reading and writing. **Religion & what it means to pt.:** The patient stated that he believes in god but doesn't take the time to go to religious services. **Personal/Family Data (Think about home environment, family structure, and available family support):** He lives at Goldwater Care in Danville. His wife is also a resident of Goldwater Care in Danville. He also has two sons that visit him while he is at Goldwater Care and provide him with any support he may need.	.

Discharge Planning

Discharge location: The patient plans to return to Goldwater Care in Danville when it is time for him to be discharged from Carle.

Home health needs: The patient will return to a nursing home called Goldwater Care. The patient will need to have medications administered to him, monitor his lung sounds, and record intake and output to watch for any CHF exacerbations. The patient may need to have cardiac monitoring depending on whether or not the atrial fibrillation continues after he leaves Carle.

Equipment needs: The client will require a wheelchair, possibly a Hoyer lift, and a hospital bed. The patient will be returning to Goldwater Care in Danville. Goldwater Care should be equipped with all of those things listed.

Follow up plan: After being discharged from the hospital, the patient will need to return for any scheduled follow-up visits with the provider to ensure the patient continues improving

and remaining in good health. The patient should comply with all the medications prescribed by the provider and take them as ordered.

Education needs: Educate the client on the signs and symptoms of CHF exacerbation, atrial fibrillation, and urinary tract infections. Stress to the client: If they are experiencing any chest pain or shortness of breath, they need to seek help and possibly call emergency medical services. Educate the client on the importance of complying with all medications the provider prescribes. Educate the client on a proper diet to which they should adhere.

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. Impaired gas exchange related to shortness of breath as evidenced	Shortness of breath was one of the main symptoms that caused the patient	The patient will not experience dyspnea or shortness of breath (Phelps,	1. "Administer and monitor oxygen therapy, as ordered, to enhance oxygenation and detect signs of	The patient was receptive and responded well to the interventions chosen. The patient seemed accepting when we

by elevated blood pH, HCO3, and CO2 levels.	to come into the hospital. The patient has been diagnosed with COPD, and still has an elevated blood pH, HCO_3, and CO_2 levels even after being in the hospital for eight days. The patient receives 4L of oxygen via nasal cannula.	2022). SMART Goal: The patient will have a consitent O_2 saturation between 92% - 100% avoiding shortness of breath while on 4L of oxygen via nasal cannula for the next 24 hours.	decompensation" (Phelps, 2022). 2. "Place patient in position that best facilitates chest expansion to enhance gas exchange" (Phelps, 2022).	repositioned him to help him breathe better.
2. Decreased cardiac output related to the presence of atrial fibrillation as evidenced by an irregular heart rhythm.	During clinical the patient was sustaining an irregular rhythm, specifically atrial fibrillation. A-Fib causes the heart to not pump enough blood throughout the body which will result in decreased cardiac output.	The patient will complete stress minimizing techniques and verbalize his comprehension of the reportable manifestations (Phelps, 2022). SMART Goal: The patient's oxygen and circulation will improve once cardiac output has been restored	**1.** "Report complaints of dizziness or syncope promptly; these may indicate cerebral hypoxia resulting from a cardiac rhythm disturbance" (Phelps, 2022). **2.** "Teach patient stress-reduction techniques to reduce patient's anxiety and provide a sense of control" (Phelps, 2022).	The patient was receptive and responded well to the interventions chosen. The patient demonstrated his knowledge of signs and symptoms of dysrhythmias by listing them and also by demonstrating the stress-reduction techniques he learned.

		to normal range.		
3. Excess fluid volume overload related to poor cardiac function as evidenced by bilateral lower extremity edema.	At the time of admission, the patient had scrotal edema due to his CHF exacerbation. During clinical the patient still was struggling with edema bilaterally in his lower extremities.	The patient will return to normal weight and his blood pressure and vital signs will remain within defined values (Phelps, 2022). SMART Goal: The patient will lose 5 lbs. worth of fluid from diuretic therapy within three days.	**1.** "Administer diuretics to promote fluid excretion. Record effects" (Phelps, 2022). **2.** "Weigh patient daily before breakfast, as ordered, to provide consistent readings. Check for signs of fluid retention, such as dependent edema, sacral edema, and ascites" (Phelps, 2022).	The patient was receptive and responded well to the interventions chosen. The patient demonstrated his understanding that he should be weighed before eating breakfast in the morning. The patient also demonstrated acceptance of the diuretic medication, once he understood removing the excess fluid will help with his breathing.
4. At risk for thrombus formation as evidenced by lack of mobility.	The patient is on bed rest and uses a wheelchair while at Goldwater Care. The patient has been in the hospital bed since he arrived 8 days ago. Lack of mobility puts this patient at a higher risk for blood	The patient continues to be free of any thrombus or thrombus formation (Phelps, 2022). SMART Goal: The patient will perform active and passive ranges of motion with the nurse twice a day and will be	**1.** "Perform comprehensive assessment of peripheral circulation and pulses to identify the signs and symptoms of thromboembolism—weak pulses, swelling, or elevated skin temperature" (Phelps, 2022). **2.** "Apply intermittent pneumatic compression device to aid in	The patient was receptive and responded well to the interventions chosen. The patient demonstrated his understanding by explaining why the intermittent pneumatic compression device would be beneficial for him.

	clots.	assessed for any signs and symptoms of a thrombus after 72 hours of beginning exercises.	venous blood return" (Phelps, 2022).	
5. At risk for infection as evidenced by elevated white blood cell count.	The patient's white blood cell count was elevated at 13.02 10^3/uL.	The patient will be able to list the signs and symptoms of infection (Phelps, 2022). SMART Goal: The patient's white blood cell count will be decreased within 72 hours of complying with antibiotic medication.	**1.** "Monitor temperature at least every 4 hours, and record on graph paper. Report elevations immediately" (Phelps, 2022). **2.** "Teach patient about signs and symptoms of infection" (Phelps, 2022).	**3.** The patient was receptive and responded well to the interventions chosen. The patient demonstrated his understanding by allowing his temperature to be taken Q4 hrs. and by listing the signs and symptoms of infection.

Other References (APA):

Phelps, L. (2022). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.