

N431 CARE PLAN #1

Maggie Casey

Lakeview College of Nursing

N321: Adult Health II

Professor Lawson

10/03/2024

Demographics

Date of Admission 09/26/2024	Client Initials D.R.W.	Age 60	Biological Gender Male
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Married	Allergies No known Allergies
Code Status Full Code	Height 6'3"	Weight 200.4 kg, 221 lbs. 5.5oz	

Medical History

Past Medical History: Heart failure with recovered ejection fraction, severe alcohol use disorder, LA grade A esophagitis, duodenal ulcer, internal hemorrhoids, acute anemia, chronic anemia, hypertension

Past Surgical History: egd/colonoscopy 06/05/24, upper gastrointestinal endoscopy 01/03/24, gastrointestinal endoscopy 09/26/2024

Family History: No known family history

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

Denies ever using smokeless tobacco, never smoked, denies using drugs, confirms alcohol use of 140 cans of beer per week. Patient states he began drinking at age 16 but not as heavily in his adolescence.

Education: The patient's highest level of education is high school.

Living Situation: Patient lives with his wife and his mother in a house. Patient states both of his live-in family members care for themselves.

Assistive devices: The patient does not utilize any assistive devices.

Admission History

Chief Complaint: Fainting, dizziness, sweating, syncope, loose black tarry stools.

History of Present Illness (HPI)– OLD CARTS:

The onset of this patient feeling poorly was 1:00 p.m. on Wednesday, 09/26/2024. The patient left work at 7:30 p.m. Wednesday and came home to rest. The Patient arose from sleeping to defecate. On the toilet, the patient fainted and was found by his wife due to her hearing the noise. The patient stated: “My wife heard me fall”. The wife called the ambulance at 11:15 p.m. Wednesday night. There is no specific location as these complaints are generalized. The duration of the symptoms characterized as dizziness, sweating, and loose black tarry stools leading to fainting is Wednesday afternoon to Wednesday night, as the client was brought to the emergency department at Carle hospital. The client reported there to be no aggravating factors but informed me that sleeping was a relieving factor. The client did not use any medical treatment until being seen by the EMTs Wednesday night. To gauge the severity based on the symptoms presented, the client felt that he must leave work due to the symptoms.

Admission Diagnosis

Primary Diagnosis: Atrial fibrillation with RVR

Secondary Diagnosis (if applicable): Duodenal ulcer

Pathophysiology

Atrial fibrillation can be caused by high blood pressure, heart disease or heart failure, hyperthyroidism, obesity, chronic obstructive pulmonary disease, chronic kidney disease, and more (MedlinePlus, 2024). Atrial fibrillation is a dysrhythmia that diminishes the atrial kick which “kicks” blood from the atria into the left ventricle. The result of diminished blood supply to the left ventricle is decreased cardiac output (Capriotti, 2020). Cardiac output refers to the amount of blood ejected per minute from the ventricles of the heart. The better the venous return, the better the cardiac output will be. If the cardiac output is negatively impacted, the heart will be

unable to continue to supply the organs with adequate oxygen due to oxygen being carried within the blood. The cardiac output workings described above is an example of how atrial fibrillation affects other parts of the body. The respiratory system is further affected by atrial fibrillation by atrial fibrillation causing fluid buildup within the lungs due to inability to return to the heart which may cause shortness of breath and fatigue. Atrial fibrillation affects the musculoskeletal system by causing fluid buildup peripherally (Cherney, 2020). The body's circulatory system is affected because atrial fibrillation may cause inadequate circulation of blood to the body and increasing the patient's risk for clots. This patient experienced hypovolemia. Some people may live with atrial fibrillation and be uninterrupted by and symptoms. Others may experience several symptoms. Signs and symptoms of atrial fibrillation include fatigue, shortness of breath, irregular heartbeat, heart palpitations, chest pain, dizziness, lightheadedness, fainting, and more (Cleveland Clinic, 2024). This patient experienced a syncopal episode and fainted which brought him into the hospital. These signs and symptoms in addition to the patient's rapid heart rate of one-hundred-fifty-one beats per minute, elevated troponin, and the patient's history of atrial fibrillation would lead the provider to diagnose this patient with atrial fibrillation. "Atrial fibrillation (AF) is the most commonly encountered arrhythmia in the clinical setting, with the highest prevalence within the elderly population. AF is present in almost 30% of those aged 80 to 89 years and complicates MI in 5% to 10% of cases. It is defined as the absence of coordinated, rhythmic atrial contractions. Multiple irregular fibrillatory P waves are seen on the ECG representing multiple, rapid reentrant impulses moving around in the atrial chamber. The multiple irregular P waves may or may not stimulate a concomitant irregular, rapid ventricular response. When ventricular rate increases to tachycardic levels, AF can cause decompensation of the ventricle in the form of myocardial ischemia or heart failure. AF can also increase the risk of

embolic stroke. The noncontracting, quivering atria in AF allow for stasis of blood and subsequent clot formation” (Capriotti, 2020, p. 384). This patient experienced increased heart rate which as stated may induce heart failure. This patient has been diagnosed with heart failure in the past. Stroke resulting from clot formation is a concern of healthcare workers when treating a patient with atrial fibrillation. This represents atrial fibrillations’ effects on the central nervous system. “Atrial fibrillation, which causes a quivering, noncontracting atrium, leads to stagnation of arterial blood in the left atrium (Capriotti, 2020, p. 309).” The fibrillating left atrium is not contracting, and stasis of blood in the atrium leads to clot formation. The clot travels from the left atrium to the left ventricle and into the aorta before moving up the brachiocephalic artery to the common carotid artery; at this point, it is referred to as an embolism. The common carotid artery divides into the internal and external carotid artery. The clot travels up the internal carotid artery and then lodges in a section of the middle cerebral artery, causing ischemic stroke.” (Capriotti, 2020, p. 310). Atrial fibrillation puts the patient at risk for blood clot formation. This is particularly dangerous when the clot forms in the heart due to blood stasis. Lifestyle changes to manage and treat atrial fibrillation include exercising, reducing stress, and smoking cessation. Medications to treat atrial fibrillation include blood thinners to reduce the risk of stroke, beta blockers to increase cardiac output by slowing heart rate to allow ventricle filling time, and antiarrhythmics to correct abnormal heart rhythms in atrial fibrillation (NIH, 2022). This patient’s troponin was elevated indicating atrial fibrillation has occurred. For this patient, rivaroxaban was utilized to reduce the stroke risk and risk for developing an embolism associated with atrial fibrillation. The patient takes rivaroxaban at home as well. Metoprolol, Xarelto, and amiodarone were also ordered to treat this patient’s atrial fibrillation. Diltiazem was ordered to

treat the patient's tachycardia. Continuous cardiac monitoring was ordered to record the patient's electrical activity of his heart.

Pathophysiology References (2) (APA):

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

Cherney, K. (2020). *10 effects of atrial fibrillation on the body*. Healthline.

<https://www.healthline.com/health/atrial-fibrillation/effects-on-body>

Cleveland Clinic. (2024). *Atrial fibrillation (Afib): Causes, symptoms and treatment*.

<https://my.clevelandclinic.org/health/diseases/16765-atrial-fibrillation-afib>

MedlinePlus. (2024). *Atrial Fibrillation*

<https://medlineplus.gov/atrialfibrillation.html#:~:text=AFib%20is%20most%20often>

[%20caused,Sometimes%20the%20cause%20is%20unknown](https://medlineplus.gov/atrialfibrillation.html#:~:text=AFib%20is%20most%20often%20caused,Sometimes%20the%20cause%20is%20unknown)

NIH. (2022). *Atrial Fibrillation Treatment*. NHLBI, NIH.

<https://www.nhlbi.nih.gov/health/atrial-fibrillation/treatment>

Laboratory/Diagnostic Data

Lab Name	Admission Value 9/26	Today's Value 9/30	Normal Range	Reasons for Abnormal
AST	47 U/L	N/a	5 – 34 U/L	AST is likely increased due to damage to the liver. This patient abuses alcohol which damages the liver.
Calcium	8.5 mg/dL	N/a	8.9 – 10.6	May be due to

			mg/dL	decreased albumin (Paganda et al., 2022).
Creatinine	0.66 mg/dL	N/a	0.70 – 1.30 mg/dL	Creatinine may be decreased due to history of heart failure.
BUN	35 mg/dL	N/a	8 – 26 mg/dL	The patient’s BUN may be increased due to the patient’s hypovolemia (Paganda, et al., 2022).
Albumin	3.0 g/dL	3.2 g/dL	3.4 – 4.8 g/dL	There are several causes of low albumin. Pertaining to this patient, albumin may be low due to his heart failure. It is also possible that his albumin levels are low due to liver damage as a result of this patient’s alcohol abuse. This lab is up trending. This is the desired effect for the lab since it is

				<p>abnormally low.</p> <p>However, this lab is still not within the normal range.</p>
RBC	2.61 10⁶ / UL	2.17 10⁶ /UL	4.10 – 5.70 10⁶ /UL	<p>The patient's red blood cells are decreased due to the client's bleeding. The bleeding site has not been discovered. However, based on the patient's decreased red blood cells as well as decreased hemoglobin and hematocrit in spite of blood transfusion administration, bleeding is indicated. This lab is down trending. The RBC is decreasing despite the blood transfusion.</p>
Hgb	8.6 g/dL	7.0 g/dL	12.0 – 18.0 g/dL	<p>The patient's hemoglobin is</p>

				<p>decreased due to bleeding. The cause and site of the bleeding has not been discovered. However, the patient is being kept in the unit due to persistent decrease in hemoglobin, hematocrit, and red blood cells because this indicates blood lost. This lab is down trending. This lab is decreasing despite the patient receiving a blood transfusion.</p>
Hct	27.1 %	21.4 %	37.0 – 51.0 %	<p>The patient's hematocrit is decreased due to bleeding. The cause and site of the bleeding has not been discovered. However, the patient is being kept</p>

				<p>in the unit due to persistent decrease in hemoglobin, hematocrit, and red blood cells because this indicates blood lost. This lab is down trending. This lab is decreasing despite the patient receiving a blood transfusion.</p>
RDW	16.1 %	15.9 %	12.0 – 15.0 %	<p>The patient’s RDW may be increased due to the patient’s anemia (Anthony, 2019). This lab is down trending.</p>
RDW-SD	54.4 fL	56.0 fL	36.7 – 46.1 fL	<p>The patient’s RDW-SD may be increased due to the patient’s anemia (Anthony, 2019). This lab is down trending. This lab continues to decrease.</p>

<p>Bilirubin, Total</p> <p>Add t blood loss</p>	<p>3.2 mg/dL</p>	<p>N/a</p>	<p>8.9 – 10.6</p> <p>mg/dl</p>	<p>Bilirubin is likely decreased due to low hemoglobin levels as the main method of the formation of bilirubin is dependent on hemoglobin (Kalakonda et al., 2022).</p>
<p>PT</p>	<p>17.1 sec</p>	<p>N/a</p>	<p>12.1 – 14.9</p> <p>sec</p>	<p>PT being increased means that it is taking longer for the blood to clot. This can be due to liver damage, vitamin K insufficiency, or a clotting disorder (Paganda et al., 2022). Based on this patient’s elevated AST and history of alcoholism I would determine liver damage could be a cause of increased PT.</p>

				<p>Another possible cause is an undiagnosed bleeding disorder. This may be the cause evidenced by the patient's persisting decreased hgb and hct even though blood has been transfused.</p>
INR	1.4 ratio	N/a	12.1 – 14.9 ratio	<p>INR is likely decreased due to liver damage as evidenced by elevated AST or suspect internal bleeding or an undiagnosed bleeding disorder as evidenced by decreased hgb, hct, and RBC labs despite the patient's recent blood transfusion.</p>
CO2	20.0 mmol/L	N/a	22.0 – 29.0 mmol/L	<p>The patient may be experiencing low carbon dioxide levels</p>

				<p>due to anemia. Also, although the patient does not have a diagnosis of metabolic acidosis, it could be developing as evidenced by the patient's increased heart rate of 150 bpm on the day of admission (Paganda et al., 2022).</p>
<p>Benzodiazepine Urine</p>	<p>Positive</p>	<p>N/a</p>	<p>Negative</p>	<p>Benzodiazepine detected in the urine is due to the patient taking diazepam, a benzodiazepine (NDH, 2023).</p>
<p>Glucose</p>	<p>108 mg/dL</p>	<p>N/a</p>	<p>60 – 99 mg/dL</p>	<p>The patient's glucose may be increased due to liver damage due to the patient's alcoholism (Paganda, et al., 2022).</p>
<p>Troponin, High</p>	<p>12 ng/dL</p>	<p>N/a</p>	<p>0 – 4 ng/dL</p>	<p>Troponin was likely</p>

Sensitivity				elevated due to the patient's atrial fibrillation. Troponin is elevated as a result of damage to the heart (Paganda, et al., 2022).
MCV	103.8 10³/ UL	98.6 10³ / UL	80.0 – 100.00 10³ / UL	The patient's MCV may be elevated due to the patient's anemia (Maner et al., 2022). This lab is down trending. This is a desired down trend as the lab was abnormally high.
Platelet	138 10³ /UL	144 10³ /UL	140 – 400 10³ /UL	This patient's platelets are low most likely due to his alcohol abuse. Another possible cause of low platelets that may be applicable for this patient is due to recent and current

				bleeding. This lab is up trending. This is a desired up trend as this lab was abnormally low.
Absolute lymph	0.71 10³ /UL	1.30 10³ /UL	1.00 – 4.90 10³ /UL	The patient presented with decreased absolute lymph due to hypovolemia. To expand, low lymph may occur if vitamin B12, which is found in the blood, is decreased (Cleveland Clinic, 2022). The patient has hypovolemia which is decreased blood in the body and therefore also has decreased absolute lymph. This lab is up trending. This is a desired trend as this lab was abnormally low.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
<p>Upper Endoscopy 9/29</p>	<p>Black loose stools, history of peptic ulcer and duodenal ulcer.</p> <p>This was done to verify the presence of ulcers due to the patient's signs and symptoms.</p>	<p>The results of the upper endoscopy are that several duodenal ulcers were identified as well as inflammation.</p> <p>Esophagitis was discovered in the esophagus. The chart states: "Three non-bleeding cratered and superficial duodenal ulcers with no stigmata of bleeding were found in the first portion of the duodenum. No specimens were collected. Localized</p>

		<p>mild inflammation characterized by congestion, erosions, and erythema found in the gastric antrum. LA grade A esophagitis with no bleeding found in the lower third of the esophagus.”</p>
<p>LVEF – ECHO 9/27</p>	<p>Heart rate of 151, history of heart failure with resolved ejection fraction. This diagnostic test was done to detect heart abnormalities that may require medical attention.</p>	<p>The patient’s ejection fraction results were normal. The ECHO did detect abnormalities of a thickened aortic valve and regurgitation throughout the heart. The patient’s chart states: “60-65% ejection fraction, aortic</p>

		<p>valve mildly thickened, trace pulmonary regurgitation, trace tricuspid regurgitation, mild aortic regurgitation, mild mitral regurgitation.”</p>
<p>ECG 12 Lead 9/26</p>	<p>Heart rate of 151, reports sweating and dizziness. This diagnostic test was done to assess the patient’s arrhythmia status.</p>	<p>The 12 lead ECG did not detect abnormal findings. The patient’s chart states: “Normal sinus rhythm, normal ECG, ventricular and atrial rates of 80 beats per minute. QRS – 84 ms PRT axes – 32, 49, 58 degrees QT interval – 370</p>

		<p>ms</p> <p>PR interval 146 ms</p> <p>QTc interval – 426 ms”</p>
<p>Chest Xray</p> <p>9/26</p>	<p>This test was done to rule out infection, patient is tachycardic which is a sign of infection. Possible air under the diaphragm.</p>	<p>The chest Xray did not detect any infection. The patient’s chart states:</p> <p>“Unremarkable, lungs are clear, no pleural effusion, no definite air can be seen.”</p>

Diagnostic Test Reference (1) (APA):

Anthony, K. (2019). *Red cell distribution width (RDW) test*.

Healthline. <https://www.healthline.com/health/rdw-blood-test#preparation>

Cleveland Clinic. (2022). *Lymphopenia: Symptoms, causes & treatment*.

<https://my.clevelandclinic.org/health/diseases/24837-lymphopenia>

Hinkle, J. L., Overbaugh, K. J., & Cheever, K. H. (2022). Brunner and Suddarth’s textbook of medical-surgical nursing. Wolters Kluwer.

Kalakonda, A., Jenkins, B. A., & John, S. (2022, September 12). *Physiology, bilirubin – StatPearls - NCBI bookshelf*. National Center for Biotechnology Information.

<https://www.ncbi.nlm.nih.gov/books/NBK470290/>

Maner, B. S., Killeen, R. B., & Moosavi, L. (2022, July 4). *Mean corpuscular volume –*

StatPearls - NCBI bookshelf. National Center for Biotechnology

Information. <https://www.ncbi.nlm.nih.gov/books/NBK545275/>

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2022). *Mosby's® diagnostic and laboratory test*

reference: Mosby's® diagnostic and laboratory test reference (6th ed.). Elsevier Health

Sciences.

2023 Nurse's Drug Handbook. (2023). Jones & Bartlett Learning

Active Orders

Active Orders	Rationale
Initiate acute alcohol withdrawal protocol	The patient partakes in excessive alcohol use and will be experiencing withdrawal due to not consuming alcohol in the hospital.
Utilize acute alcohol withdrawal flow record	The patient partakes in excessive alcohol use and will be experiencing withdrawal due to not consuming alcohol in the hospital. This order is used to assess the patient for alcohol withdrawal.
Continuous pulse oximetry (if on	An adverse effect of diazepam is

<p>benzodiazepine)</p>	<p>respiratory depression (NDH, 2023).</p> <p>Oxygen should be monitored continuously to detect any decreases in oxygen that will require immediate attention.</p>
<p>Do not administer flumazenil (ROMAZICON) for oversedation or respiratory depression</p>	<p>The patient is on benzothiazines and has a history of alcohol abuse. That combination indicates the client has a likelihood of tolerance to benzodiazepines and therefore using flumazenil might cause alcohol withdrawal (Shoar et al., 2023).</p>
<p>Assess for hypoxia if patient develops sudden change in neuro status</p>	<p>Hypoxia should be assessed if the patient's neurological status changes because it may be caused by insufficient oxygen which needs to be addressed immediately if that is the cause. This patient may experience this symptom due to hypovolemia.</p>
<p>Notify provider of onset of any hallucinations, delirium, disorientation, agitation, somnolence, seizure activity, or abnormal vital signs.</p>	<p>These changes may occur in this patient due the patient's alcohol withdrawal. These are symptoms of alcohol withdrawal (Canver et al., 2023). These symptoms are serious and the nurse should notify the provider if these symptoms are observed to receive further instruction.</p>

<p>Review magnesium and phosphorus levels daily and administer ordered prn replacement doses if ordered</p>	<p>Alcoholism may cause low levels of magnesium phosphorus (Pagana et al., 2022). Given the clients' history of alcohol abuse these levels should be monitored.</p>
<p>CPR / Full treatment</p>	<p>The patient's wishes are to receive every lifesaving intervention in the case of emergency.</p>
<p>Increase activity as tolerated</p>	<p>The patient has undergone upper and lower gastrointestinal endoscopy on 09/26/2024. The order to increase activity as tolerated is to promote healing following this procedure.</p>
<p>Administer blood once</p>	<p>This was ordered to treat the patient's hypovolemia, low hgb, hct, and red blood cell count.</p> <p>(This order was put in twice due to persisting low counts)</p>
<p>Leuko-reduced RBC type and cross once</p>	<p>This is done to ensure the correct blood type is being given to the patient to avoid a transfusion reaction.</p> <p>(This order was put in twice due to need to administer a blood transfusion again.)</p>
<p>Glucose level (lab) prn</p>	<p>Glucose must be checked as needed due to</p>

	<p>glucose being low on admission. A side effect of the medication pantoprazole which the patient is receiving is hyperglycemia. Considering the patient already has elevated glucose and is receiving this medication, the competent nurse would monitor the patient's glucose level.</p>
<p>Start peripheral IV and maintain per protocol once</p>	<p>An IV was started on the patient's admission date of 09/26/2024. This was started to administer medications to the patient. An IV should be maintained in case of emergency situations where lifesaving measure must be used. For example, epinephrine is given via IV in emergencies. This IV has been well maintained as of 09/30/2024.</p>
<p>Upper endoscopy egd one time</p>	<p>This was done to examine the gastrointestinal tract due to the patient's symptom of loose, black tarry stool and history of duodenal ulcer. In this case, diagnosing and treating the patient's duodenal ulcer was the result of this order.</p>

<p>O2 2L prn nasal cannula to keep O2 > 90%</p>	<p>May experience low oxygen level due to recent blood loss. This is due to oxygen being carried within the blood. This patient also may experience low oxygen as a result of atrial fibrillation. This is because atrial fibrillation may cause the atria not to supply enough blood to the ventricles which would then not supply enough oxygen to the lungs.</p>
<p>Verify blood consent has been obtained prior to administration of blood product</p>	<p>Apart from extreme emergency cases, consent is needed to deliver the blood product to the patient. Some patients may refuse blood transfusions.</p>
<p>Upper endoscopy</p>	<p>This was done to examine the gastrointestinal tract due to the patient's symptom of loose, black tarry stool and history of duodenal ulcer. In this case, diagnosing and treating the patient's duodenal ulcer was the result of this order.</p>
<p>Vital signs monitoring per sedation protocol</p>	<p>This patient underwent sedation for his endoscopy. Sedation may affect oxygen levels and blood pressure levels. In both cases, sedation may cause these vital signs</p>

	to decrease. Monitoring vital signs before, during, and after sedation will aid the healthcare team in determining if the patient is tolerating the sedation.
Cardiac monitoring x 72 hours (started 9/29)	Cardiac monitoring for this patient is ordered because the patient has atrial fibrillation.
SCDs	To reduce the risk of venous thrombosis. This pertains to the patient because atrial fibrillation increases a patient's risk for developing blood clots.

Medications

Home Medications (Must List ALL)

Brand/ Generic	Empagliflozin (Jardiance)	Ferrous sulfate (Iron)	Metoprolol succinate ER (Toprol XL)	Multivitamins-minerals-lutein (Centrum)	Rivaroxaban (Xarelto)	Sacubitril-Valsartan (Entresto)
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				silver)		
Classification	Pharmalogical class: Sodium glucose cotransporter 2 inhibitor, Therapeutic class: antidiabetic (NDH, 2023).	Pharmacological class: Hematinic Therapeutic class: Antianemic nutritional supplement (NDH, 2023).	Pharmacological class: Beta-adrenergic Blocker Therapeutic class: Antianginal, antihypertensive	Pharmalogical class: Nutritional Supplement Therapeutic class: Vitamins and minerals	Pharmalogical class: Factor Xa inhibitor Therapeutic class: Anticoagulant (NDH, 2023).	Pharmacological class: angiotensin receptor neprilysin inhibitor Therapeutic class: angiotensin receptor neprilysin inhibitor (Drugs.com, 2024).
Reason Client Taking	To decrease inflammation related to heart failure. There is no documented diagnosis of diabetes.	To treat anemia. The patient's hemoglobin was 8.6 g/dL on admission which was September 26th, and 7.0 g/dL on September 30th.	"To treat stable, symptomatic heart failure of ischemic, hypertensive, or cardiomyopic origin" (NDH, 2023, p. 879).	To improve overall health (Drugs.com, 2024).	To reduce risk of stroke and systemic embolism due to atrial fibrillation (NDH, 2023).	To treat chronic heart failure with lowered ejection fraction (Kerndt et al., 2022).
List two teaching needs for the medication pertinent to the client	"Instruct patient to maintain adequate fluid intake throughout empagliflozin therapy. However, tell the patient to notify the prescriber	"Instruct patient to take iron on an empty stomach unless adverse GI reactions occur, which may require taking iron with a small amount of	"Instruct patient to take metoprolol with or immediately after the same meal every day. Explain that he may halve tablets but not chew or crush them"	Educate patient that this medication should not be chewed or crushed but instead swallowed whole when taken in long-	"Instruct patient with atrial fibrillation to take drug with the evening meal" (NDH, 2023, p. 1192). "Tell patient not to stop taking rivaroxaba	Inform patient that his drug may be taken with or without food (Kendt, et al., 2022). Tell patient to report difficulty breathing or swelling

	<p>r if she is unable to take a normal amount of daily fluids due to fasting or illness. Drug may have to be temporarily withheld (NDH, 2023, p. 447). “Instruct patient to take drug in the morning” (NDH, 2023, p. 447).</p>	<p>food. Tell patient not to chew any solid form of iron expect chewable tablets and take iron with a full glass of water or juice” (NDH, 2023, p. 552). “Urge patient to eat chicken, fish, lean red meat, and turkey, as well as foods rich in vitamin C (such as citrus fruits and fresh vegetables) to improve iron absorption ” (NDH, 2023, p. 552).</p>	<p>(NDH, 2023, p. 881). “Caution patient to not stop drug abruptly” (NDH, 2023, p. 881).</p>	<p>acting form (Drugs.com, 2024). Educate the patient that his medication may be taken with or without food. If the medication causes upset stomach, then it should be taken with food (Drugs.com, 2024).</p>	<p>n without first consulting prescriber” (NDH, 2023, p. 1192).</p>	<p>of the face or throat to their provider immediately (Drugs.com, 2024).</p>
<p>Key nursing assessment(s) prior to administration</p>	<p>“Obtain serum creatinine level prior to starting empagliflozin</p>	<p>“Monitor patient for signs of iron overdose, which may include abdominal</p>	<p>“Know that patients undergoing noncardiac major surgery</p>	<p>Identify if the patient’s form of centrum silver contains iron and</p>	<p>“Monitor patient closely for bleeding, as rivaroxaban therapy may cause life-</p>	<p>BNP will likely be elevated in patients taking Sacubitril-Valsartan (Kendt, et</p>

	<p>therapy because empagliflozin can cause adverse renal effects. Be aware that the elderly and patients with higher risk for these adverse effects. Monitor renal function throughout therapy” (NDH, 2023, p. 446). “Monitor patient’s blood pressure and cholesterol level throughout empagliflozin therapy” (NDH, 2023, p. 446).</p>	<p>pain, diarrhea (possibly bloody), nausea, severe vomiting, and sharp abdominal cramps. In case of iron toxicity or accidental iron overdose, give deferoxamine, as prescribed” (NDH, 2023, p. 551). “Be aware that at usual doses, serum hemoglobin level usually normalizes in about 2 months unless blood loss continues. Treatment may last for 3 to 6 months to help replenish iron stores” (NDH,</p>	<p>should not begin a high-dose regimen using extended-release metoprolol because such use in patients with cardiovascular risk factors has been associated with bradycardia, hypotension, stroke and death. However, also be aware that beta-blocker therapy such as metoprolol that is already in place should not be routinely discontinued prior to major surgery” (NDH, 2023, p. 880). “Use in cautiously</p>	<p>assess potential adjustment needs based on the patient’s iron count (Drugs.com, 2024). Know that this product should be stored in a dry, room temperature environment (Drugs.com, 2024).</p>	<p>threatening bleeding. Expect to administer the antidote available to reverse the anti-factor Xa activity if rivaroxaban if bleeding is significant. Be aware that bleeding risks are higher in elderly patients” (NDH, 2023, p. 1192). “Be aware that rivaroxaban should not be given to patients with prosthetic heart valves or as an alternative to unfractionated heparin in patients with pulmonary embolism who are hemodynamically unstable or</p>	<p>al., 2022). Monitor potassium while taking Sacubitril-Valsartan as this drug may cause hyperkalemia (Kendt et al., 2022).</p>
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		2023, p. 551).	in patients with angina or hypertension who have congestive heart failure because beta-blockers such as metoprolol can further depress myocardial contractility, worsening heart failure” (NDH, 2023, p. 880).		who may receive pulmonary embolectomy or thrombolysis” (NDH, 2023, p. 1191).	
Brand/ Generic						
Classification						
Reason Client Taking						
List two teaching needs for the medication pertinent to the client						
Key nursing assessment						

t(s) prior to administration						
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List two teaching needs for the medication pertinent to the client						
Key nursing assessment(s) prior to administration						

Hospital Medications (Must List ALL)

Brand/ Generic	Acetaminophen (paracetamol)	Amiodarone (Nexterone, Pacerone)	Chlorhexidine gluconate (CHG)	Dextrose 40% (Glucose)	diazepam (Valium)	Lorazepam (Ativan)
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Classification	Pharmacological class: Analgesic, Non-salicylate, para-aminophenol derivate Therapeutic class: Antipyretic, nonopioid analgesic (NDH, 2023, p. 9).	Pharmalogenic class: Benzofuran Therapeutic class: Class III antiarrhythmic (NDH, 2023).	Pharmacological class: Antimicrobial Therapeutic class: Topical preparations antibacterials	Pharmalogenic class: hyperglycemics Therapeutic class: Nutritional supplement, fluid replacement	Pharmalogenic class: Benzodiazepine Therapeutic class: Anticonvulsant, anxiolytic, sedative-hypnotic, skeletal muscle relaxant (NDH, 2023).	Pharmacological class: Benzodiazepine Therapeutic class: Anxiolytic (NDH, 2023).
Reason Client Taking	For mild pain rated 1-3 on a numeric scale of 1-10.	To treat atrial fibrillation (NDH, 2023).	To prevent infection (Multum, 2023). Chlorhexidine is a standard order for CCU patients for bathing protocol. The patient was brought to the medical surgical floor from the CCU.	To provide the patient with extra fluids (Mayo Clinic, 2024).	Acute alcohol withdrawal (NDH, 2023).	Acute alcohol withdrawal (NDH, 2023).
List two teaching needs for the medication pertinent to the client	“Caution patient not to exceed recommended dosage or take other drugs containing acetaminophen at the same time	“Explain that patient will need frequent monitoring and laboratory tests during treatment” (NDH, 2023, p. 64).	Instruct the patient to not ingest chlorhexidine gluconate as it is only safe for topical use (Multum, 2023). Instruct the	Instruct the patient to report changes in skin color such as development of a bluish	Instruct patient to avoid hazardous activities until drug’s CNS effects are known. Warn her that risk of falls and	“Warn patient that drug use may become addictive and, if misused, could result in overdose or even

	<p>because of risk of liver damage, advise him to contact prescriber before taking other prescription or OTC products because they may contain acetaminophen” (NDH, 2023, p. 12). Teach patient recognizable signs of hepatotoxicity, such as bleeding, easy bruising, and malaise, which commonly occurs with chronic overdose” (NDH, 2023, p. 12).</p>	<p>“Instruct patient to report abnormal bleeding or bruising. Also tell patient to report any sign of visual impairment or decreased or increased levels of energy” (NDH, 2023, p. 65).</p>	<p>patient to rinse the area of skin before using chlorhexidine gluconate topically (Multum, 2023).</p>	<p>hue (Mayo Clinic, 2024). Instruct the patient to report any chest pain or difficulty breathing after beginning this medication (Mayo Clinic, 2024).</p>	<p>fractures increases when diazepam is taken with other sedatives or alcohol and to avoid this combination” (NDH, 2023, p. 375). “Warn patient not to consume alcohol or take an opioid during diazepam therapy without prescriber knowledge, as severe respiratory depression can occur and may lead to death” (NDH, 2023, p. 375).</p>	<p>death (NDH, 2023, p. 812). “Warn patient about potentially fatal addictive effects of combining lorazepam with an opioid, such as potentially fatal respiratory depression and sedation. Instruct him to inform all prescribers of lorazepam use, especially when pain medication may be prescribed” (NDH, 2023, p. 812).</p>
<p>Key nursing assessment(s) prior to administration</p>	<p>“Use acetaminophen in patients with hepatic impairment or active hepatic disease, alcoholism,</p>	<p>“Monitor vital signs and oxygen level often during and after giving amiodarone. Keep emergency</p>	<p>Know that chlorhexidine gluconate should not be diluted as it increases risk for bacterial contaminati</p>	<p>Confirm this order with the prescriber due to the patient’s high blood</p>	<p>“Watch for signs of physical and psychological dependence (strong desire or</p>	<p>“Monitor patient’s respiratory status closely because the drug may cause life-threatening</p>

	<p>chronic malnutrition, severe hypovolemia, or severe renal impairment” (NDH, 2023, p. 11). “Calculate totally daily intake of acetaminophen so maximum daily dosage is not exceeded” (NDH, 2023, p. 11).</p>	<p>equipment and drugs nearby” (NDH, 2023, p. 64). “Monitor serum amiodarone level, which normally ranges from 1.0 – 2.5 mcg/mL” (NDH, 2023, p. 64).</p>	<p>on (Multum, 2023). Know that this product should be used only once and then disposed of (Multum, 2023).</p>	<p>sugar as this medication may raise blood sugar (Mayo Clinic, 2024). Understand that blood tests may be ordered to monitor the effects of this medication (Mayo Clinic, 2024).</p>	<p>need to continue taking diazepam, need to increase dosage to maintain drug effects, and posttherapy withdrawal symptoms, such as abdominal cramps, insomnia, irritability, nervousness, and tremor)” (NDH, 2023, p. 374). “Check patient’s blood counts and liver function periodically, as ordered, because prolonged diazepam therapy rarely causes jaundice and neutropenia” (NDH, 2023, p. 375).</p>	<p>respiratory depression” (NDH, 2023, p. 812). “Use cautiously in patients with a history of drug or alcohol abuse or personality disorder because of an increased risk of physical and psychological dependence. Also use cautiously in patients with encephalopathy because drug may worsen hepatic encephalopathy” (NDH, 2023, p. 811-812).</p>
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Brand/ Generic	diltiazem (Cardizem)	Folic acid (Folvite)	HYDROcod one- acetaminop hen (Norco)	Magnesium Sulfate (Sulfama g)	Metoprolol Succinate (Toprol XL)	Multivitamin with folic acid (Multivita min with folic acid)
Classifi cation	Pharmacologic Class: Calcium channel blocker Therapeutic class: Antianginal, antiarrhythm ic, antihyperten sive (NDH, 2023).	Pharmacologic class: Vitamins (Drugs.com, 2024). Therapeutic class: Folic acid preparation s	Pharmacologic class: Opioid Therapeutic class: Opioid analgesic (NDH, 2023).	Pharmacologic class: Mineral Therapeutic class: Electrolyte replacem ent (NDH, 2023).	Pharmacologic class: Beta- adrenergic blocker Therapeutic class: Antianginal , antihyperte nsive (NDH, 2023).	Pharmacologic class: multivitamin preparation s class: Vitamin and mineral combination s (Multum, 2023).
Reason Client Taking	To treat tachycardia (patient's heart rate was 151). (NDH, 2023).	To promote healing post operatively and to help stimulate red blood cell production (Drugs.com, 2023).	Prescribed as needed for severe pain. Patient is not currently taking this medication.	“To provide magnesium supplementation in total parental nutrition” (NDH, 2023, p. 823).	To treat atrial fibrillation and heart failure (NDH, 2023).	To promote healing post operatively and to help stimulate red blood cell production (Drugs.com , 2023).
List two teaching needs for the medication pertinent to the client	“Tell patient that stopping drug suddenly may have life threatening effects” (NDH, 2023, p. 396). “Urge patient to report chest pain,	Instruct patient about what foods contain folic acid, such as green leafy vegetables, to increase folate within the blood (Drugs.com, 2023).	Inform patient that in using this drug, even as prescribed, addiction can occur (Drugs.com, 2023). Inform patient that alcohol use	“Inform patient that magnesium supplements used to replace electrolyte can cause diarrhea” (NDH,	“Instruct patient to take metoprolol with or immediately after the same meal every day. Explain that he may halve tablets but	Instruct patient about what foods contain folic acid, such as green leafy vegetables, to increase folate within the blood

	<p>difficulty breathing, dizziness, fainting, irregular heartbeat, rash, or swollen ankles” (NDH, 2023, p. 396).</p>	<p>Instruct patient to report nausea, bloating or gas, stomach pain, bitter taste in their mouth, confusion, trouble sleeping, or mood changes as these are side effects of folic acid and the dosage may need to be adjusted (Drugs.com, 2023).</p>	<p>while taking hydrocodone- acetaminophen should be avoided due to the risk of breathing problems (Drugs.com)</p>	<p>2023, p. 826). “Teach patient to prevent constipation by increasing dietary fiber and fluid intake and exercise regularly” (NDH, 2023, p. 826).</p>	<p>not chew or crush them” (NDH, 2023, p. 881). “Caution patient to not stop drug abruptly” (NDH, 2023, p. 881)</p>	<p>(Drugs.com, 2023). Instruct patient to report nausea, bloating or gas, stomach pain, bitter taste in their mouth, confusion, trouble sleeping, or mood changes as these are side effects of folic acid and the dosage may need to be adjusted (Drugs.com, 2023).</p>
<p>Key nursing assessment(s) prior to administration</p>	<p>“Monitor patient’s blood pressure, heart rate and rhythm by continuous ECG, and pulse rate as appropriate during therapy. Keep emergency equipment and drugs available” (NDH, 2023,</p>	<p>Know that folic acid should be stored at room temperature, away from moisture and heat (Drugs.com, 2023). Understand that inaccurate serum labs may occur due to this antibiotic (Drugs.com,</p>	<p>Understand that respiratory status should be monitored when utilizing this medication due to the risk for respiratory depression associated with hydrocodone- acetaminophen</p>	<p>“Frequently assess cardiac status of patient taking drugs that lower heart rate, such as beta-blockers because magnesium may aggravate symptoms of a heart</p>	<p>Know that patients undergoing noncardiac major surgery should not begin a high-dose regimen using extended-release metoprolol because such use in patients with cardiovasc</p>	<p>Assess patient’s folate level prior to administration of this medication. Obtain consent for administration of this medication prior to giving it.</p>

	<p>396.) “Assess patient for signs and symptoms of heart failure” (NDH, 2023, p. 396).</p>	<p>2023).</p>	<p>(Drugs.com, 2023). Monitor patient taking this medication for signs of addiction such as need to increase dosage to achieve desired effect.</p>	<p>block” (NDH, 2023, p. 826). “Monitor serum electrolyte levels in patient being treated for constipation” (NDH, 2023, p. 826).</p>	<p>ular risk factors has been associated with bradycardia, hypotension, stroke and death. However, also be aware that beta-blocker therapy such as metoprolol that is already in place should not be routinely discontinued prior to major surgery” (NDH, 2023, p. 880). “Use in cautiously in patients with angina or hypertension who have congestive heart failure because beta-blockers such as metoprolol</p>	
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					can further depress myocardial contractility, worsening heart failure” (NDH, 2023, p. 880).	
Brand/ Generic	Mupirocin topical ointment (Bactroban, Centany, Pirnuo)	Pantoprazole (Protonix)	Potassium Phosphate (Neutra-Phos-K) (Multum, 2023).	Rivaroxaban (Xarelto)	Thiamine (Vitamin B2)	
Classification	Pharmacological classification: Topical antibiotic Therapeutic classification: antibacterial agent	Pharmacological class: Proton pump inhibitor Therapeutic class: Antiulcer (NDH, 2023).	Pharmalogical class: Electrolyte cation Therapeutic class: Electrolyte replacement	Pharmalogical class: Factor Xa inhibitor Therapeutic class: Anticoagulant (NDH, 2023).	Pharmalogical class: Vitamin B2 preparations Therapeutic class: water-soluble vitamins	
Reason Client Taking	To prevent MRSA.	To treat esophagitis, decrease inflammation and acid production the GI tract (NDH, 2023).	To prevent low phosphate levels due to low blood levels (Multum, 2023).	To treat atrial fibrillation and subsequent risk of stroke and systemic embolism (NDH, 2023).	To treat thiamine deficiency due to alcoholism poorly affecting nutrition (Alcohol and Drug Foundation, 2021).	
List two teaching needs for the medication	Instruct patient to avoid restricting air	“Instruct patient to notify prescriber if diarrhea	Instruct patient to inform provider if prescribed	“Instruct patient with atrial fibrillation	Educate the patient that although a prescription is not	

<p>ion pertain ent to the client</p>	<p>circulation by covering the treated area with airflow restrictive coverings such as plastic wrap (Drugs.com, 2024). Instruct patient to avoid using mupirocin in large amounts to cover surface over large areas (Drugs.com, 2024).</p>	<p>occurs and becomes prolonged or severe” (NDH, 2023, p. 1058). “Remind patient to notify all prescribers of pantoprazole use and not take any over-the-counter medication, including herbal supplements, without discussing with the prescriber” (NDH, 2023, p. 1058).</p>	<p>diuretics while taking potassium phosphate due to potential adverse affect of potassium-sparing diuretics in combination with potassium phosphate (Drug.com, 2023). Educate patient on potassium containing foods such as avocados.</p>	<p>n to take drug with the evening meal” (NDH, 2023, p. 1192). “Tell patient not to stop taking rivaroxaban without first consulting prescriber” (NDH, 2023, p. 1192).</p>	<p>necessary for consumption of this drug, inform their provider if they are taking thiamine (Multum, 2023). Educate the patient that thiamine is not a replacement for receiving the necessary nutrition via food. but instead to aid in this goal.</p>	
<p>Key nursing assessm ent(s) prior to adminis tration</p>	<p>Know that this medication should be stored at room temperature and sealed tightly when not in use (Drugs.com, 2024). Avoid getting ointment in the patient’s eyes upon application (Drugs.com, 2024).</p>	<p>“Be aware that a symptomatic response to the drug does not rule out the presence of a gastric tumor” (NDH, 2023, p. 1057). “Be aware that pantoprazole may result in false-positive urine</p>	<p>Dilute medication before administration (Drugs.com, 2023). Know that this medication should be stored at room temperature (Drugs.com, 2024).</p>	<p>“Monitor patient closely for bleeding, as rivaroxaban therapy may cause life-threatening bleeding. Expect to administer the antidote available</p>	<p>Be aware that thiamine is to be stored at room temperature (Multum, 2023).</p>	

		<p>screening tests for tetrahydrocannabinol” (NDH, 2023, p. 1057).</p>		<p>to reverse the anti-factor Xa activity if rivaroxaban if bleeding is significant. Be aware that bleeding risks are higher in elderly patients” (NDH, 2023, p. 1192). “Be aware that rivaroxaban should not be given to patients with prosthetic heart valves or as an alternative to unfractionated heparin in patients with pulmonary embolism who are hemodyn</p>		
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				<p>amicably unstable or who may receive pulmonary embolism or thrombolysis” (NDH, 2023, p. 1191).</p>		
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Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
<p>1. Amiodarone (Nexterone, Pacerone)</p>	<p>This medication is an antiarrhythmic which is being given to treat the patient’s atrial fibrillation. This patient’s primary diagnosis is atrial fibrillation. The patient’s duodenal ulcer could not be surgically treated until his atrial fibrillation was stable. This shows atrial fibrillation being stabilized</p>	<p>1. Adverse reaction of taking amiodarone is arrhythmias (NDH, 2023). This patient already experiences atrial fibrillation; therefore, this side effect manifesting would be particularly dangerous to this client. 2. Heart failure is a side effect of amiodarone (NDH, 2023). This patient has a history of heart failure therefore monitor labs detecting heart damage to watch for the potential side effect of heart failure due to the medication. 3. Hepatic failure is an adverse reaction of amiodarone (NDH, 2023). The patient’s liver is already damaged due to</p>

	<p>is the highest priority, therefore amiodarone is the priority medication.</p>	<p>excessive alcohol use and therefore this adverse reaction has the potential to be detrimental to this client.</p>
<p>2. Metoprolol succinate ER (Toprol XL)</p>	<p>The heart has several vital functions for sustaining life. This medication treats atrial fibrillation and heart failure. This patient has a history of atrial fibrillation and heart failure for which he takes metoprolol at home. The patient continued taking metoprolol in the hospital.</p>	<p>1. Arrhythmias may be an adverse reaction of taking metoprolol succinate ER (NDH, 2023). Watch for heart rate decline as side effect manifesting would be particularly dangerous to this client as this client's heart rate as of 9/30 is 58 bpm because metoprolol can drop HR. 2. Diarrhea is a side effect seen from taking Metoprolol succinate ER (NDH, 2023). This patient has already recently experienced black tarry loose stools. This was ultimately determined to be due to a duodenal ulcer. 3. Heart failure is an adverse reaction of metoprolol succinate ER (NDH, 2023). The patient has a history of heart failure therefore, the patient would be at risk to this adverse reaction.</p>
<p>3. Pantoprazole (Protonix)</p>	<p>Pantoprazole is being used to treat esophagitis. Pantoprazole is a priority medication for this patient because of his suspect GI bleeding and recent</p>	<p>1. An adverse reaction listed for pantoprazole is hyperglycemia (NDH, 2023). The patient's glucose was increased the date of admission and therefore, the goal would be to bring this down. Increasing an already abnormally high glucose would be an undesired side effect particularly in this patient.</p>

	<p>duodenal ulcer. This medication prevents gastrointestinal complications from creating damaging amounts of acidity in the GI tract.</p>	<p>Hyperglycemia can lead to serious damage to the liver, which in this patient has already been damaged due to overconsumption of alcohol.</p> <p>2. Hepatic failure is listed as an adverse reaction of pantoprazole (NDH, 2023). The patient's liver is already damaged from alcohol abuse and would be susceptible to this adverse reaction.</p> <p>3. An adverse reaction of this medication is elevated liver enzymes (NDH, 2023). AST is already elevated in this patient. Due to this patient's liver damage, liver enzymes are important to monitor. This reaction would not be safe for this client because it would result in inaccurate liver enzyme levels.</p>
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Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:</p>	<p>The patient is alert and oriented to person place, time, and situation. The patient appears to be in no distress. The patient is on no specified infection precautions. The client's current concern is that the healthcare team is unable to identify where the patient is bleeding from.</p>
<p>VITAL SIGNS: Taken at 10:10 a.m. Temp: 99.2 F Resp rate: 18 Pulse: 58 bpm B/P: 125/71 Oxygen: 100% Delivery Method: No supplemental oxygen.</p>	
<p>PAIN ASSESSMENT: 0/10 Time: 10:10 a.m. Scale: numeric pain rating scale Location: None Severity: Not severe Characteristics: No pain Interventions: The patient has been prescribed pain medication if needed. The patient has declined the need for pain medication.</p>	
<p>IV ASSESSMENT: Size of IV: 20 gauge on right hand, 18 gauge on left lower arm Location of IV: Right hand and left lower forearm Date on IV: 9/26 on both sites Patency of IV: The IV sites are both patent. Signs of erythema, drainage, etc.: None IV dressing assessment: Dressings are dry, clean, and intact. Fluid Type/Rate or Saline Lock: No</p>	

current IV fluid/medications are running.	
INTEGUMENTARY: Skin color: White Character: Skin was normal Temperature: Warm Turgor: Appropriate; skin returns to normal position in quickly Rashes: None noted Bruises: None noted Wounds: None noted Braden Score: 22 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	
HEENT: Head/Neck: Head and neck are proportional. Ears: No drainage, lesions, bumps, no difficulty hearing Eyes: No drainage, sclera is white, pupils are equal, round, and reactive to light, EOMS intact, no visual issues, no glasses. Nose: No drainage noted, no redness, nasal septum is midline. Teeth: Teeth present, normal color, no foul smell from mouth, no dentures.	
CARDIOVASCULAR: Heart sounds: Heart rate was slow (58 bpm), rhythm sounded normal, no murmurs or gallops noted S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Normal rhythm. No abnormalities noted upon my assessment. Patient has known atrial fibrillation. Peripheral Pulses: Peripheral pulses present Capillary refill: Cap refill < 3 seconds Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema: No edema noted.	<p>I would like to note that upon admission, heart rate was 151. There has been a dramatic change in heart rate since then as four days later his heart rate is 58. I would also like to note that continuous cardiac monitoring has been ordered but has not yet been applied.</p>
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character Breath sounds were normal upon my	

<p>assessment. No accessory muscle use noted. No crackles, stridor, wheezes, rales, or stridor noted.</p>	
<p>GASTROINTESTINAL: Diet at home: Normal diet. Current Diet: Normal diet. Is Client Tolerating Diet? Yes Height: 6'3" Weight: 200.4 kg Auscultation Bowel sounds: Bowel sounds were normal and active in all four quadrants. Last BM: The patient replies: "thirty minutes ago" when asked: "when was your last bowel movement?" at 10:10 a.m. Patient's last bowel movement was at 9:40 a.m. Patient reported a normal, painless bowel movement. Palpation: Pain, Mass etc.: No pain upon palpation. No noted masses noted upon palpation. Patient rates pain 0 out of 10. Inspection: No appearance of abnormalities noted upon inspection. Distention: No distention noted. Incisions: No incisions noted. Scars: No scars noted. Drains: No drains present. Wounds: No wounds present. Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: N/a Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/a</p>	
<p>GENITOURINARY: Urine was not assessed. Patient did not save urine for measurement or inspection. Patient says, "No. No problems." when asked "Have you noticed any changes in your urine color or quantity?" Color: N/a Character: N/a Quantity of urine: N/a Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Not preformed.</p>	

<p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type: N/a</p> <p>Size: N/a</p>	
<p>Intake (in mLs) Witnessed patient intake two hospital cups juice – 16 oz</p> <p>Output (in mLs) Not recorded</p>	<p>There was no device being utilized to monitor output.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Patient retains full range of motion. Supportive devices: None. Strength: Equal strength in left and right extremities. ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 6 Activity/Mobility Status: Currently not very active due to situation but mobile without complications Activity Tolerance: Tolerates activity Independent (up ad lib) – Yes. Needs assistance with equipment - no Needs support to stand and walk - no</p>	<p>I did not witness the patient preform much activity, the patient did not require assistance to stand, walk, or go to the bathroom. The patient does not utilize any walking aids at home.</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: A&O x 4 Mental Status: Patient appears to have normally functioning mental status. The patient conversed eloquently and without delay or confusion. Speech: Speech has not been altered from normal Sensory: Sensory has not been altered from normal LOC: Patient has no altered level of consciousness.</p>	<p>.</p>
<p>PSYCHOSOCIAL/CULTURAL:</p>	<p>.</p>

<p>Coping method(s): The patient's coping methods have been identified as talking with his wife and pastor.</p> <p>Developmental level:</p> <p>Religion & what it means to pt.: The patient is Baptist and attends church regularly. The patient claims "My pastor is coming by today."</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support): The patient lives at home with his mother and wife. The patient states "Oh, oh yeah, definitely" when asked if he feels supported at home by his family.</p>	
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Discharge Planning

Discharge location: Based on the given information, this patient will be discharged to his house.

Home health needs: The current home health needs are the patient's current medications list which he already has been prescribed. Depending on the patient, home health needs may be necessary for a patient with atrial fibrillation as different individuals tolerate the condition in a wide range. However, this patient does not currently require home health aide beyond medication to manage his atrial fibrillation. New home health needs may arise as the patient's case is further explored. For example, it is unknown at this time from where the patient is still losing blood.

Equipment needs: None.

Follow up plan: The patient should be recommended he attend alcoholics anonymous (AA) for his excessive alcohol consumption. Al-Anon should be a part of the future plan for this patient's wife and mother who both live with the patient. The patient should additionally be

recommended therapy for his alcohol abuse. The patient should continue medication compliance for his physical symptoms.

Education needs: There are several topics to educate the patient on. Education may be provided on how to care for yourself following a diagnosis of atrial fibrillation and heart failure. Education on ulcers would be pertinent because the patient has had several ulcers develop. The patient conveys that he understands his personal symptoms that indicate an ulcer have been black tarry loose stool on both occasions. Education may be provided on how to prevent ulcers. Education should be given on cessation of alcohol use as well as alcoholics anonymous. Educating the patient on consuming a balanced diet will be pertinent. Educating the patient on the importance of medication compliance will also be pertinent.

Nursing Process

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

Nursing Diagnosis <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions

<p>1. Ineffective tissue perfusion related to decreased cardiac output due to atrial fibrillation as evidenced by rapid heart rate and syncopal episode (Salvador, 2023).</p>	<p>This diagnosis was chosen because ineffective tissue perfusion can lead to death if left uncorrected (Jakubowski, 2021).</p>	<p>The desired outcome is to prevent further ineffective tissue perfusion by treating atrial fibrillation and syncope.</p>	<p>1. Utilize antiarrhythmic drugs such as amiodarone to treat atrial fibrillation.</p> <p>2. Initiate fluid replacement by form of blood and dextrose administration to increase fluid volume and therefore relieve cardiac stress.</p>	<p>1. Amiodarone is currently being utilized for this patient's treatment of atrial fibrillation. On the admission date, the patient was experiencing atrial fibrillation which was successfully treated with amiodarone. The patient responded well to the intervention. The evidence of the success of the patient's response to the intervention is the treatment of the patient's duodenal ulcer by method of gastrointestinal endoscopy. This procedure would likely not be performed for a patient</p>
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				<p>experiencing atrial fibrillation.</p> <p>2. The intervention of administering a blood transfusion was enacted. Unfortunately, the patient's response was not as desired. The patient's blood levels remain low, indicating persisting low blood volume and in turn continued cardiac stress.</p>
<p>3. Risk for shock related to blood loss as evidenced by persistent low blood levels despite treatment of duodenal ulcer.</p>	<p>This diagnosis was chosen because shock is a severe condition that must be promptly treated to avoid inadequate tissue perfusion, shortness of breath, and even death. This patient's</p>	<p>The desired outcome is to prevent shock by treating the cause of the bleeding and reversing blood loss.</p>	<p>1. Administer blood products to provide the body with adequate blood supply.</p> <p>2. Identify the site of bleeding and stop the bleeding with the appropriate intervention measure. Treatment may range from resting</p>	<p>1. A blood transfusion was administered to the patient. Unfortunately, the patient's blood supply did not reach the desired amount. The patient did not respond as desired to this intervention. This was</p>

	<p>blood labs remained low after receiving a blood transfusion. This indicates that internal bleeding is likely occurring and without treatment, the patient's blood supply will become dangerously low.</p>		<p>to administering medications such as erythropoietin to surgery depending on the cause of bleeding.</p>	<p>evidenced by the patient's low hemoglobin, hematocrit, and red blood cell labs taken after the infusion. The intervention plan will continue with another blood transfusion to be administered pending a required repeated blood type and cross to promote a successful blood transfusion. To evaluate the client's response to the further intervention, assess the patient's hemoglobin, hematocrit, and red blood cells labs following the additional transfusion.</p> <p>2. This intervention</p>
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				<p>has not yet been achieved. Considering the patient's alcoholism and history of ulcers indicate suspect gastrointestinal bleeding, an endoscopy will likely be the method of choice to detect the site of bleeding. Depending on the site of bleeding differing methods may be taken to treat it. To evaluate the client's response to this intervention, monitor the client during and after the procedure to determine how it was tolerated. Additionally , to evaluate the client's response to the intervention,</p>
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				<p>assess the patient's hemoglobin, hematocrit, and red blood cells labs following the treatment. To further evaluate the client's psychological response to this intervention, evaluate the client's coping. I would evaluate the client's coping after he speaks with the provider concerning the results of the endoscopy whether or not the site of bleeding was discovered due to the client expressing concern about the current uncertainty related to his bleeding.</p>
3. Risk for	This nursing	The desired	1. Utilize	1. The client's

<p>thrombi in the heart related to dysrhythmia as evidenced by atrial fibrillation diagnosis (Mayo Clinic, 2024).</p>	<p>diagnosis was chosen because a thrombus in the heart is a serious risk to the patient and may cause death.</p>	<p>outcome is to stabilize atrial fibrillation to prevent potential complications, specifically a thrombus in the heart.</p>	<p>antiarrhythmic and antithrombotic drugs such as amiodarone and Xarelto to treat atrial fibrillation and reduce clot production.</p> <p>2. Utilize cardiac monitoring as ordered to monitor for development of further heart issues.</p>	<p>response to the intervention of using amiodarone and Xarelto to treat atrial fibrillation has been as desired. The intervention has been successful in managing atrial fibrillation and preventing thrombus development.</p> <p>2. Cardiac monitoring has not been started and therefore this intervention has not been successful. No client response to this intervention is available to assess at this time. To evaluate the client's response to this intervention once begun, the nurse should assess the</p>
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				client's feelings toward cardiac monitoring prior to beginning and throughout the monitoring process as monitoring the client's heart should not pose any physical danger.
4. Acute substance withdrawal related to alcohol dependence as evidenced by patient consumes 140 cans of beer per week.	This nursing diagnosis was chosen because alcohol withdrawal may turn deadly in the form of delirium, fever, and seizures. The patient's alcohol abuse is severe enough to cause concern for withdrawal complications. This is the patient's fourth day in the hospital and therefore the	The desired outcome is to ensure the patient's safety and health by monitoring for alcohol withdrawal complications and enacting appropriate safety procedures.	<ol style="list-style-type: none"> 1. Administer the medications diazepam and lorazepam to manage alcohol withdrawal and subsequent symptoms. 2. Apply pads to the patient's bedrails to prevent injury in case of seizure due to alcohol withdrawal. 	<ol style="list-style-type: none"> 1. The administration of diazepam and lorazepam to manage alcohol withdrawal has been successfully achieved. The patient's response has been medication compliance and he has not complained of or been noted to be experiencing any signs of alcohol withdrawal. 2. This intervention

	patient's potential for seizure has slightly decreased through time and treatment (Canver et al., 2023).			has not been implemented . There are no pads on the patient's bed rails. I would evaluate the patient's response to this intervention by educating the patient on why this intervention is being implemented at the time of implementation and discuss his feelings about this intervention at that time. This education and discussion would allow me to assess the client's response to the intervention. I would not anticipate that this patient would respond poorly based on my experience
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				<p>in assessing his responses already implemented . The patient's psychological response is to be evaluated as the intervention poses no physical danger to the client.</p>
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