

N431 CARE PLAN #1

Brittney J. Burns

Lakeview College of Nursing

N321: Adult Health II

Dean Brittany Lawson MSN

September 30th, 2024

Demographics

Date of Admission 09/29/2024	Client Initials P.W.	Age 50	Biological Gender Male
Race/Ethnicity White/Caucasian	Occupation Retired Military	Marital Status Married	Allergies Bupropion, Cephalexin, Gabapentin, Wellbutrin HCL (Bupropion)
Code Status Full	Height 5'10 or 177.8 cm	Weight 266lbs 1.5oz or 120.7 kg	

Medical History

Past Medical History:

Acute Cholecystitis: 04/18/2024

Acute MI: 09/01/2011

Adrenal Insufficiency: 04/27/2024

Anxiety

B12 Deficiency

Back Pain

CAD (coronary artery disease): s/p CABG 2015, PCI, DES

Cardiac Arrest: s/p AICD

Chronic Anal Fissure

Chronic Heart Failure with Preserved Ejection Fraction (HFpEF)

Chronic Pain: on pain contract for Norco 5/325 mg BID, 06/14/2015

Chronic Pain Syndrome: from failed back surgery, 07/07/2019

Obstructive Sleep Apnea: prominent during REM Sleep, on CPAP 19 cm, 11/30/2011

AKI (Acute Kidney Injury): 09/04/2020

Myopia (both eyes)

CABG History

Abnormal Stress Test

Patient Non-Adherence to Medication

Left Knee DJD (Degenerative Joint Disease): 10/05/2018

s/p Drug Eluting Coronary Stent Placement: 10/05/2018

Chronic Stable Angina

Liver Cirrhosis: secondary to NASH

Non-ST Elevation MI (NSTEMI)

Restless Leg Syndrome

Cigarette Nicotine Dependence

CKD (Chronic Kidney Disease) Stage III: 08/03/2020

Closed Fracture of 5th Lumbar Vertebra: 05/30/2014
DDD (Degenerative Disc Disease)
Depression
Diabetes Mellitus Type 2
Former Cigarette Smoker
Fracture of Spine: 05/27/2014
PARS (Perineal Abscess Repair Surgery)
Gastroparesis
GERD (Gastroesophageal Reflux Disease)
Hiatal Hernia
HTN (Hypertension): benign
Hyperlipidemia: goal LDL <70, switch to Lipitor if needed
Iron Deficiency: 06/13/2023
Obesity
Hypokalemia: 10/13/2019
Thrombocytopenia
Sepsis
Mood Disorder: 08/31/2020
Vasectomy
Hepatic Encephalopathy
Orthostatic Hypotension
Hyponatremia
Syncope/Collapse

Past Surgical History:

- **AMB Esophageal Manometry: 08/2012**
- **Anal Sphincter Dilation: 11/11/2021**
- **Lateral Internal Sphincterotomy (Colon rectal)**
- **Back Surgery: Lumbar x6, Cervical x4**
- **Left Cardiac Catheterization:**
 - o 10/07/2015
 - o 08/06/2018
 - o 10/04/2018
 - o 07/18/2019
 - o 08/06/2020
 - o 06/13/2022
 - o 09/2011
 - o 02/2015
 - o 09/20/2016
 - o 04/25/2023
 - o 06/10/2024
 - o 12/08/2023
 - o 09/28/2023
 - o 04/25/2023
 - o 10/17/2022

- o 10/09/2018
- o 12/17/2015
- **Right Heart Catheterization:** 10/14/2019
- **Cardiac Defibrillator Placement (Medtronic):** 09/2011
- **Laparoscopic Cholecystectomy:** 07/29/2024
- **Colonoscopy:** 11/17/2020, 11/18/2020
- **Coronary Bypass Graft**
- **Lumbar Infusion:** 02/22/2016
- **PTCA/STENT**
- **ICD Generator Change:** 06/01/2017
- **Liver Biopsy:** 07/29/2024
- **Coronary Angiography:** 04/25/2023
- **Wisdom Teeth Extraction**
- **Vasectomy**

Family History:

Father: Gallbladder disease

Mother: Gallbladder disease, Diabetes Mellitus

Paternal Grandfather: Stomach cancer

Brother: Gout

Sister: Psychiatric conditions (unspecified by patient)

Son 1: No pertinent medical history

Son 2: No pertinent medical history

Daughter: No pertinent medical history

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

Denies drug and alcohol use

Former Smoker: 27 years, quit on 12/16/2019, averaged 0.5 packs per day

Smokeless Tobacco (Chewing): 25 years, averaged 1 pack per day, quit on

12/16/2019

Education: High School Diploma

Living Situation: Lives at home with wife and two adult sons

Assistive devices: CPAP

Admission History

Chief Complaint: Chest pain the worsens with rest and physical exertion

History of Present Illness (HPI)– OLD CARTS

The patient presented with chest pain, stating, "I started feeling a sharp pain in my chest around 4 PM. It radiates to my left arm and jaw." The patient reports a sudden onset of substernal chest pain that began at 4:00 PM on 09/29/2024. The pain is located in the chest and radiates to the left upper extremity, neck, jaw, and back. The patient describes the pain as "sharp and constant," rating it 6 out of 10 in severity. The pain worsens with physical exertion, and the patient notes associated symptoms of nausea and shortness of breath. Rest did not provide relief, and the patient stated, "Nitro helped some, but the pain is still there." The patient has not taken any medication for the pain prior to arrival to the emergency room and reported that "Norco works for back pain but not for chest pain. Morphine or Dilaudid works for both." Additionally, the patient expressed refusal of the AutoPap, saying, "I don't like the hospital mask."

Admission Diagnosis

Primary Diagnosis: Unstable Angina

Secondary Diagnosis (if applicable): Hypokalemia

Pathophysiology

Unstable angina (UA) is a critical medical condition classified as an acute coronary syndrome (ACS), characterized by sudden chest pain resulting from myocardial ischemia. This ischemia typically arises from the partial blockage of coronary arteries due to platelet aggregation and thrombus formation, often following the rupture of atherosclerotic plaques. Unlike myocardial infarction (MI), UA obstructs blood flow to the myocardium, leading to ischemia without sufficient myocardial necrosis (Bucholz et al., 2022). Myocardial ischemia causes a shift to anaerobic metabolism, resulting in lactic acid production, which contributes to

the characteristic chest pain. If left untreated, UA can progress to MI, resulting in irreversible damage to the heart muscle.

Unstable angina has systemic implications that extend beyond the cardiovascular system. Diminished oxygenation to the heart muscle can cause symptoms such as shortness of breath, dizziness, and nausea. The body's compensatory mechanisms may also lead to increased heart rate and blood pressure as it attempts to maintain perfusion to vital organs (Reed et al., 2021). If untreated, UA can lead to further complications, including arrhythmias or heart failure.

In this case, the patient presented with classic symptoms of UA, describing a sharp, substernal chest pain radiating to the left arm, neck, jaw, and back. The pain was rated 6 out of 10 and was persistent, worsening with physical exertion and not alleviated by rest. Additional symptoms included nausea and dyspnea, which align with the typical clinical presentation of UA characterized by chest pain at rest or with minimal exertion. The patient's unstable angina has impaired the flow of oxygen to the heart and other tissues, leading to decreased oxygen saturation and difficulty breathing. Ensuring adequate oxygenation is essential to prevent worsening cardiac ischemia and potential hypoxia (Capriotti, 2022).

The diagnosis of unstable angina was established through clinical examination and the patient's medical history and risk factors. While diagnostic tests such as an electrocardiogram (ECG) and blood tests for cardiac biomarkers are typically performed to rule out myocardial infarction, an ECG was not conducted in this patient due to their extensive history of heart disease. Instead, blood tests were performed, and a cardiac catheterization was scheduled. Unfortunately, the procedure could not be completed by the end of the clinical day due to other medical emergencies; however, it was planned for the following day. The absence of elevated

cardiac enzymes and ST-segment changes on the ECG would have helped distinguish UA from an acute MI (Arbab-Zadeh & Fuster, 2022).

In addition, this patient had hypokalemia, a condition marked by low blood potassium levels that can seriously affect several organ systems. Potassium is essential for maintaining the health of cells, particularly heart muscle cells. Hypokalemia can arise from a variety of causes, including excessive potassium loss through the kidneys (typically caused by using diuretics), gastrointestinal losses (vomiting or diarrhea), or inadequate food intake. Given the patient's history of chronic kidney disease (CKD) and the quantity and variety of drugs he takes, this was unexpected but not surprising. At the cellular level, potassium is vital for maintaining the resting membrane potential of cells; low potassium disrupts the sodium-potassium balance across cell membranes, leading to hyperpolarization and impaired cellular function (Weir & Rolfe, 2020). In the heart, hypokalemia can cause abnormal electrical activity, increasing the risk of life-threatening arrhythmias.

In this patient, hypokalemia likely exacerbated the symptoms of unstable angina by increasing the risk of arrhythmias and compromising cardiac muscle function. Symptoms of hypokalemia may include muscle weakness, fatigue, and palpitations, with severe cases leading to dangerous cardiac arrhythmias. Given the patient's cardiac history, managing hypokalemia was crucial to preventing complications. The patient's hypokalemia may be exacerbated by potassium loss through diuretics or gastrointestinal losses, contributing to arrhythmias and muscle weakness. Monitoring and correcting potassium levels is crucial to stabilize heart function and prevent further complications (Hinkle, 2022). Potassium replacement therapy, either oral or intravenous, is typically employed to correct the deficiency (Ashraf et al., 2022).

The patient's hypokalemia was managed alongside unstable angina treatment to ensure stable cardiac function and mitigate the risk of further cardiac events.

Treatment for unstable angina in this patient included the administration of nitroglycerin, which alleviates chest pain by dilating coronary arteries and enhancing myocardial oxygen delivery. Other standard treatments for UA include antiplatelet therapy (i.e., aspirin), beta-blockers to reduce myocardial oxygen demand, and anticoagulants to prevent thrombus formation. In this instance, nitroglycerin provided partial relief, and further treatment might encompass additional therapies such as morphine for pain management and high-intensity statins to address atherosclerosis (Bhatt, 2020).

To summarize, unstable angina represents a medical emergency that requires prompt attention to avert the development of myocardial infarction. Given the patient's symptoms and medical history, which pointed to UA, the right course of treatment was started to reduce the risk of serious cardiac events. This included nitroglycerin, additional cardiovascular therapies, and the pending left catheterization of the heart.

Pathophysiology References (2) (APA):

Arbab-Zadeh, A., & Fuster, V. (2022). *Unstable angina and myocardial infarction: A new paradigm*. *Journal of the American College of Cardiology*, 80(4), 374–390.

<https://doi.org/10.1016/j.jacc.2022.01.012>

Ashraf, H., Bailey, K., & McCarthy, K. (2022). *Hypokalemia: Clinical implications and management*. *Clinical Journal of the American Society of Nephrology*, 17(6), 915–923.

<https://doi.org/10.2215/CJN.12091021>

- Bhatt, D. L. (2020). *Medical management of coronary artery disease: New advances in anti-platelet therapy*. *The New England Journal of Medicine*, 382(17), 1657–1667.
<https://doi.org/10.1056/NEJMra1906637>
- Bucholz, E. M., Butala, N. M., Rathore, S. S., Dreyer, R. P., & Krumholz, H. M. (2022). *Pathophysiology of unstable angina and myocardial infarction*. *The Lancet*, 399(10322), 125–135. [https://doi.org/10.1016/S0140-6736\(21\)02317-1](https://doi.org/10.1016/S0140-6736(21)02317-1)
- Capriotti, T. (2022). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.
- Hinkle, J. L. (2022). *Brunner and Suddarth's textbook of medical-surgical nursing (15th ed.)*. Wolters Kluwer.
- Reed, G. W., Rossi, J. E., & Cannon, C. P. (2021). *Unstable angina and non–ST-segment elevation myocardial infarction*. *The Lancet*, 398(10294), 1035-1048.
[https://doi.org/10.1016/S0140-6736\(21\)01228-5](https://doi.org/10.1016/S0140-6736(21)01228-5)
- Weir, M. R., & Rolfe, M. (2020). *Potassium homeostasis and renin-angiotensin-aldosterone system inhibitors*. *Clinical Journal of the American Society of Nephrology*, 15(12), 1723-1735. <https://doi.org/10.2215/CJN.05670420>

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	121	108	70-99 mg/dL (fasting)	Elevated glucose can be linked to stress or diabetes. The slight decrease indicates

				improved glycemic control (Pagana et al., 2021).
Potassium	3.2	3.3	3.5-5.0 mEq/L	Low potassium can be associated with diuretic use, gastrointestinal loss, or malnutrition. Minimal improvement, but levels remain below normal (Pagana et al., 2021).
Creatinine	1.55	1.64	0.6-1.3 mg/dL	Elevated creatinine suggests impaired kidney function, possibly due to chronic kidney disease. The trend shows worsening kidney function (Pagana et al., 2021).
Calcium	n/a	8.7	8.6-10.2 mg/dL	Low-normal calcium could be associated with hypoalbuminemia, chronic kidney disease, or nutritional

				deficiencies (Pagana et al., 2021).
Total Protein	8.1	n/a	6.0-8.3 g/dL	Elevated total protein may indicate dehydration or chronic inflammation (Pagana et al., 2021).
Alkaline Phosphatase	179	n/a	44-147 U/L	Elevated alkaline phosphatase suggests liver or bone disorders, possibly biliary obstruction (Pagana et al., 2021).
WBC	n/a	3.83	4.5-11.0 x10³/uL	Low WBC (leukopenia) can be due to bone marrow suppression, autoimmune disease, or infection (Pagana et al., 2021). In the case of this patient it could have everything to
RBC	n/a	4.06	4.2-5.9 million/uL	Slightly low RBC count could indicate anemia or

				chronic illness (Pagana et al., 2021).
HGB	10.8	10.0	12.0-16.0 g/dL	Low hemoglobin suggests anemia, possibly related to chronic disease or nutritional deficiencies. The trend shows worsening anemia (Pagana et al., 2021).
HCT	35.6	32.8	36.0-46.0%	Low hematocrit levels correspond with anemia, possibly due to chronic illness or iron deficiency (Pagana et al., 2021).
MCH	24.9	24.6	27-33 pg	Low MCH indicates hypochromic anemia, possibly from iron deficiency (Pagana et al., 2021).
MCHC	30.3	30.5	32-36 g/dL	Although it's not off by much MCHC suggests hypochromic anemia as well (Pagana et al., 2021).

RDW	21.0	21.2	11.5-14.5%	High RDW suggests significant variation in RBC size, often associated with iron deficiency anemia or mixed anemia (Pagana et al., 2021).
RDW-SD	62.5	62.7	39-46 fL	Elevated RDW-SD indicates anisocytosis, possibly related to anemia (Pagana et al., 2021).
Platelet	96	90	150-450 x10³/uL	Low platelet count indicates thrombocytopenia, which can be related to bone marrow disorders, autoimmune conditions, or medication side effects (Pagana et al., 2021).

Trending Analysis:

- **Glucose levels have decreased but are still above normal, suggesting improving glycemic control. This probably has a lot to do with medical adherence while in the hospital. On 9/26/24 the client's urine glucose was 500+.**
- **Potassium levels remain low with minimal improvement. This explains the diagnosis of hypokalemia.**
- **Creatinine values show worsening kidney function. Which is to be expected based on the clients CKD.**
- **Hemoglobin and hematocrit levels have decreased, further worsening the suspected anemia.**
- **Platelet counts have continued to trend downward, indicating persistent thrombocytopenia.**

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Cath Lab	Fatigue, chest discomfort, abnormal labs	Rescheduled for the following day
CBC every 3 days	Anemia, fatigue, low HGB and platelets, the patient is also doing heparin therapy	Awaiting next scheduled result.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Active Orders

Active Orders	Rationale
Intake/Outtake Q shift	Monitoring intake and output helps evaluate kidney function and detect fluid imbalances, which are essential in managing cardiovascular and renal conditions (Hinkle, 2022).
Void prior to transfer to Cath lab	Voiding ensures comfort and reduces the risk of bladder distention during the procedure (Hinkle, 2022).
NPO	Reduces the risk of aspiration for the catheterization procedure.
Cardiac Monitoring	Continuous cardiac monitoring detects arrhythmias or ischemic changes, which are critical for patients with potential heart conditions (Hinkle, 2022).
IV access insert peripheral IV, remove prior to discharge	IV access allows for the administration of medications and fluids during procedures. Removal before discharge minimizes

	infection risks (Hinkle, 2022).
Cath Preprocedural clipping prep	Before catheterization, shaving the hair at the procedure site reduces the chance of infection and makes skin antisepsis more efficient.
Aspirin 325mg 1x	Aspirin is prescribed to reduce platelet aggregation and lower the risk of clot formation, especially important for patients undergoing cardiac procedures (Pagana et al., 2021).
Avoid intermuscular injections while on unfractionated Heparin Infusion	Avoiding intramuscular injections reduces the risk of bleeding or hematoma formation due to anticoagulation therapy with Heparin (Hinkle, 2022).
Q4 vitals	Frequent vital sign monitoring helps detect early signs of complications, such as bleeding or hemodynamic instability, especially when on anticoagulants (Hinkle, 2022).
Monitor for Apnea alarms set sec apnea symptoms	Monitoring for apnea is critical for early detection of sleep apnea events, especially in patients with obstructive sleep apnea (OSA) (Hinkle, 2022).

<p>Cardiac Monitoring x72hrs</p>	<p>Extended cardiac monitoring for 72 hours post-procedure helps detect delayed arrhythmias or ischemia (Pagana et al., 2021).</p>
<p>Weigh patient (if not done in the past 24 hours, used to calculate unfractionated heparin dosing)</p>	<p>Accurate weight is required to calculate proper Heparin dosing, ensuring effective anticoagulation while minimizing bleeding risk (Pagana et al., 2021).</p>
<p>Use actual body weight for unfractionated Heparin dosing calculation up to 100kg. Max weight programed into pump should be 100kg. At weight >100kg use 100kg to calculate dosing for initial rate and all boluses.</p>	<p>Dosing Heparin based on actual body weight ensures proper anticoagulation therapy, using 100kg as a cap for heavier patients (Pagana et al., 2021).</p>
<p>If unfractionated Heparin Infusion is resumed after being held for a procedure reinstate the last preprocedural rate w/o bolus unless otherwise noted</p>	<p>Resuming the Heparin infusion at the pre-procedural rate without a bolus minimizes the risk of excessive anticoagulation and bleeding (Pagana et al., 2021).</p>
<p>Apply oxygen if O2 sat <90%</p>	<p>Administering oxygen when saturation drops below 90% prevents hypoxemia, ensuring adequate tissue oxygenation in patients with respiratory conditions (Hinkle, 2022).</p>

Pneumatic compression stockings bilateral at all times while in bed	Moderate risk for DVT/PE. Pneumatic compression stockings reduce the risk of DVT and PE by promoting venous return in immobilized patients (Hinkle, 2022).
Blood Glucose Level ACHS	Monitoring glucose levels ensures glycemic control, particularly important in patients with cardiovascular disease or diabetes (Pagana et al., 2021; Hinkle, 2022). In this case the patient has both cardiovascular disease and diabetes.
UFH Level Anti-Xa	Anti-Xa levels guide Heparin therapy by ensuring therapeutic anticoagulation while minimizing the risk of bleeding (Pagana et al., 2021).
CMP in am	A Comprehensive Metabolic Panel evaluates kidney and liver function, essential for managing patients on anticoagulation therapy (Hinkle, 2022).
CBC every 3 days during unfractionated heparin therapy drip	Monitoring CBC during Heparin therapy helps detect thrombocytopenia or anemia, potential side effects of anticoagulation (Pagana et al., 2021; Hinkle, 2022).
CBC- PRN If patient develops only s/s	A CBC is performed if the patient develops

acutely w/i 30 minutes of initiation of unfractionated heparin therapy	symptoms after Heparin initiation to detect early complications such as Heparin-induced thrombocytopenia (Hinkle, 2022).
Consult Cardiology	A cardiology consult offers expert care for controlling heart problems and supervising catheterization processes.
Consult Med Hx Tech	Consulting a medical history technician guarantees that the patient's prior medical records are appropriately examined to develop safe and efficient treatment.
CPAP per RT protocol	Continuous Positive Airway Pressure (CPAP) therapy treats obstructive sleep apnea (OSA) by maintaining airway patency during sleep (Hinkle, 2022).
Continuous Pulse ox at night and during the daytime while napping	In patients with respiratory disorders, continuous pulse oximetry ensures prompt intervention by identifying oxygen desaturation during naps or periods of sleep.
AutoPap, Known OSA syndrome	AutoPap is indicated for patients with known OSA to maintain airway patency

	and prevent nocturnal hypoxemia (Hinkle, 2022).
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Reference (APA):

Hinkle, J. L. (2022). *Brunner and Suddarth's textbook of medical-surgical nursing* (15th ed.).

Wolters Kluwer.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's Diagnostic and Laboratory Test*

Reference. Elsevier.

Medications

Home Medications (Must List ALL)

Brand/ Generic	Aripiprazole (Abilify)	Aspirin Enteric Coated delayed release	Clonaze PAM (KLON OPIN)	Cyanocob alamin (Vitamin B-12)	Cycloben zaprine	DULoxe tine (Cymbal ata)
Classific ation	Pharmacologic class: Atypical antipsychotic (NDH, 2023). Therapeutic class: Antipsychotic (NDH,2023).	Pharmac ologic class: Salicylat e (NDH, 2023). Therape utic class: NSAID (NDH, 2023).	Pharma cologic class: Factor Xa inhibitor (NDH, 2023). Therape utic class: Anticoag ulant (NDH,20	Pharmac ologic class: Factor Xa inhibitor (NDH, 2023). Therapeu tic class: Anticoag ulant (NDH,202 3).	Pharmac ologic class: Factor Xa inhibitor (NDH, 2023). Therapeu tic class: Anticoag ulant (NDH,202 3).	Pharma cologic class: Factor Xa inhibitor (NDH, 2023). Therape utic class: Anticoag ulant (NDH,20

			23).			23).
Reason Client Taking	Mood Disorder	To reduce pain, inflammation, or for prophylaxis against cardiovascular events.				
List two teaching needs for the medication pertinent to the client	<ol style="list-style-type: none"> 1. Urge patient to avoid alcohol during aripiprazole therapy (NDH,2023) 2. Advise the patient to get up slowly from a lying or sitting position during aripiprazole therapy to minimize orthostatic hypotension (NDH,2023) 	<p>Take with food to minimize gastrointestinal irritation (NDH, 2023).</p> <p>Avoid using other NSAIDs concurrently without consulting a healthcare provider (NDH, 2023).</p>				

Aspirin Enteric-Coated, Delayed Release

Classification:

Pharmacologic: Salicylate.

Therapeutic: NSAID, antiplatelet (2023 Nurse's Drug Handbook, 2023).

Reason Client Taking:

To reduce pain, inflammation, or for prophylaxis to reduce heart attack/stroke risk (2023 Nurse's Drug Handbook, 2023).

Two Teaching Needs:

Swallow the tablet whole without crushing or chewing.

Take with food to reduce gastrointestinal upset (2023 Nurse's Drug Handbook, 2023).

Key Nursing Assessment(s) Prior to Administration:

Monitor for signs of bleeding.

Assess pain or inflammation level (2023 Nurse's Drug Handbook, 2023).

Brand/Generic:

Clonazepam (Klonopin)

Classification:

Pharmacologic: Benzodiazepine.

Therapeutic: Anticonvulsant, antianxiety agent (2023 Nurse's Drug Handbook, 2023).

Reason Client Taking:

To treat seizures, panic disorder, or anxiety (2023 Nurse's Drug Handbook, 2023).

Two Teaching Needs:

Avoid alcohol and CNS depressants.

Risk of dependency with long-term use (2023 Nurse's Drug Handbook, 2023).

Key Nursing Assessment(s) Prior to Administration:

Assess anxiety or seizure activity.

Monitor for respiratory depression (2023 Nurse's Drug Handbook, 2023).

Brand/Generic:

Cyanocobalamin (Vitamin B-12)

Classification:

Pharmacologic: Vitamin.

Therapeutic: Hematologic agent (2023 Nurse's Drug Handbook, 2023).

Reason Client Taking:

To treat or prevent vitamin B-12 deficiency (2023 Nurse's Drug Handbook, 2023).

Two Teaching Needs:

Explain the importance of regular B-12 injections for pernicious anemia.

Inform the patient about signs of deficiency (e.g., fatigue, weakness) (2023 Nurse's Drug Handbook, 2023).

Key Nursing Assessment(s) Prior to Administration:

Monitor vitamin B-12 levels.

Assess for signs of deficiency (e.g., pallor, neurological symptoms) (2023 Nurse's Drug Handbook, 2023).

Brand/Generic:

Cyclobenzaprine

Classification:

Pharmacologic: Tricyclic amine salt.

Therapeutic: Skeletal muscle relaxant (2023 Nurse's Drug Handbook, 2023).

Reason Client Taking:

To relieve muscle spasms associated with acute musculoskeletal conditions (2023 Nurse's Drug Handbook, 2023).

Two Teaching Needs:

Drowsiness may occur; avoid driving.

Short-term use only, not for long-term therapy (2023 Nurse's Drug Handbook, 2023).

Key Nursing Assessment(s) Prior to Administration:

Assess for muscle spasm and pain.

Monitor CNS depression signs (2023 Nurse's Drug Handbook, 2023).

Brand/Generic:

Empagliflozin (Jardiance)

Classification:

Pharmacologic: Sodium-glucose cotransporter 2 (SGLT2) inhibitor.

Therapeutic: Antidiabetic agent (2023 Nurse's Drug Handbook, 2023).

Reason Client Taking:

For management of type 2 diabetes to lower blood sugar levels (2023 Nurse's Drug Handbook, 2023).

Two Teaching Needs:

Educate on the risk of urinary tract infections and genital infections.

Stay hydrated to avoid dehydration (2023 Nurse's Drug Handbook, 2023).

Key Nursing Assessment(s) Prior to Administration:

Assess blood glucose levels.

Monitor for signs of dehydration or electrolyte imbalance (2023 Nurse's Drug Handbook, 2023).

Brand/Generic:

Fludrocortisone (Florinef)

Classification:

Pharmacologic: Corticosteroid (mineralocorticoid).

Therapeutic: Hormone replacement (2023 Nurse's Drug Handbook, 2023).

Reason Client Taking:

For adrenocortical insufficiency (Addison's disease) or orthostatic hypotension (2023 Nurse's Drug Handbook, 2023).

Two Teaching Needs:

Take in the morning to mimic natural corticosteroid release.

Monitor for signs of sodium retention, such as swelling (2023 Nurse's Drug Handbook, 2023).

Key Nursing Assessment(s) Prior to Administration:

Assess electrolytes (sodium, potassium).

Monitor blood pressure and signs of fluid retention (2023 Nurse's Drug Handbook, 2023).

Brand/Generic:

Hepatitis B Virus Vaccine (Engerix-B)

Classification:

Pharmacologic: Vaccine.

Therapeutic: Immunization agent (2023 Nurse's Drug Handbook, 2023).

Reason Client Taking:

To provide active immunization against hepatitis B virus (2023 Nurse's Drug Handbook, 2023).

Two Teaching Needs:

Educate the patient on the importance of completing the vaccine series.

Inform the patient of common side effects, such as soreness at the injection site (2023 Nurse's Drug Handbook, 2023).

Key Nursing Assessment(s) Prior to Administration:

Check for any history of allergic reactions to previous vaccines.

Assess the patient's immunization status (2023 Nurse's Drug Handbook, 2023).

Brand/Generic:

Lactulose

Classification:

Pharmacologic: Hyperosmotic laxative.

Therapeutic: Laxative, ammonia detoxicant (2023 Nurse's Drug Handbook, 2023).

Reason Client Taking:

To treat constipation or hepatic encephalopathy by reducing blood ammonia levels (2023 Nurse's Drug Handbook, 2023).

Two Teaching Needs:

Educate the patient about the importance of taking the medication as prescribed to prevent constipation.

Monitor stool frequency and consistency (2023 Nurse's Drug Handbook, 2023).

Key Nursing Assessment(s) Prior to Administration:

Assess bowel sounds and abdominal distension.

Monitor ammonia levels if used for hepatic encephalopathy (2023 Nurse's Drug Handbook, 2023).

Brand/Generic:

Lantus Solostar Pen

Classification:

Pharmacologic: Long-acting insulin.

Therapeutic: Antidiabetic agent (2023 Nurse's Drug Handbook, 2023).

Reason Client Taking:

For long-term glycemic control in patients with diabetes (2023 Nurse's Drug Handbook, 2023).

Two Teaching Needs:

Educate the patient on proper injection technique.

Inform the patient that Lantus should not be mixed with other insulins (2023 Nurse's Drug Handbook, 2023).

Key Nursing Assessment(s) Prior to Administration:

Assess blood glucose levels.

Monitor for signs of hypoglycemia (2023 Nurse's Drug Handbook, 2023).

Brand/Generic:

Metformin (Glucophage XR)

Classification:

Pharmacologic: Biguanide.

Therapeutic: Antidiabetic agent (2023 Nurse's Drug Handbook, 2023).

Reason Client Taking:

For glycemic control in type 2 diabetes (2023 Nurse's Drug Handbook, 2023).

Two Teaching Needs:

Take with meals to reduce gastrointestinal side effects.

Educate the patient on the risk of lactic acidosis (2023 Nurse's Drug Handbook, 2023).

Key Nursing Assessment(s) Prior to Administration:

Assess blood glucose levels.

Monitor renal function and for signs of lactic acidosis (2023 Nurse's Drug Handbook, 2023).

Prioritized Medications:

1. Metformin (Glucophage XR)

Why this medication was chosen:

Metformin is a first-line medication for managing type 2 diabetes and helps control blood sugar levels, which is crucial for overall patient health and preventing complications.

Side Effects:

Gastrointestinal disturbances (e.g., diarrhea, nausea) – common in patients, especially when initiating therapy.

Lactic acidosis – a rare but serious side effect, particularly in patients with renal impairment.

2. Lantus Solostar Pen (Insulin Glargine)

Why this medication was chosen:

Lantus provides long-acting insulin coverage for patients with diabetes, ensuring stable blood glucose levels throughout the day and night.

Side Effects:

Hypoglycemia – can occur if insulin doses are not properly managed, especially if meals are missed.

Injection site reactions (e.g., pain, redness) – common in patients receiving insulin therapy.

3. Aspirin Enteric-Coated, Delayed Release

Why this medication was chosen:

Aspirin is important for its antiplatelet properties, reducing the risk of heart attacks and strokes in patients with cardiovascular disease.

Side Effects:

Gastrointestinal bleeding – particularly in patients with a history of ulcers or GI disorders.

Allergic reactions (e.g., hives, swelling) – may occur in patients with known sensitivity to aspirin or NSAIDs.

Key nursing assessment(s) prior to administration	Monitor the patient's weight blood glucose level and lipid levels because atypical antipsychotic drugs can cause metabolic changes. If the patient is already a diabetic, you have to monitor the blood glucose level more closely. (NDH,2023).	Assess for history of gastrointestinal bleeding or ulcers (NDH, 2023).				
Brand/ Generic	Empagliflozin (Jardiance)	Fludrocortisone (florinef)	Hepatitis B virus Vaccine (Engerix-B)	Hydrocodone-acetaminophen (Norco)	Lactulose	Lantus Solostar Pen
Classification						
Reason Client Taking						
List two teaching needs for the medication						

pertinent to the client						
Key nursing assessment(s) prior to administration						
Brand/ Generic	Metformin (Glucophage XR)	Midodrine	Naloxone (Narcan)	Nitroglycerin (Nitrostat)	Novolog Flexpen U-200 Insulin	Pantoprazole (Protonix)
Classification						
Reason Client Taking						
List two teaching needs for the medication pertinent to the client						
Key nursing assessment(s) prior to administration						

Home Medications (continued)

Brand/ Generic	Potassium Chloride (KLORCON)	Potassium Chloride	Pregabalin (Lyrica)	Promethazine	Quetiapine (Seroquel)	Ropinirole (Requip)
Classification						
Reason						

Client Taking						
List two teaching needs for the medication pertinent to the client						
Key nursing assessment(s) prior to administration						
Brand/ Generic	Vasuvastatin (Crestor)	Tirzepatide (Mounjavo)				
Classification						
Reason Client Taking						
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	Acetaminophen rectal	Aspirin Enteric Coated Delayed Release	Clonazepam (Klonopin)	Cyclobenzaprine	Dextrose 40% glucose oral gel
Classification	Pharmacologic: Nonsalicylate, para-aminophenol derivative. Therapeutic: Analgesic, antipyretic (2023 Nurse's Drug Handbook, 2023).	Pharmacologic: Nonsalicylate, para-aminophenol derivative. Therapeutic: Analgesic, antipyretic (2023 Nurse's Drug Handbook, 2023).	Pharmacologic: Salicylate. Therapeutic: Nonsteroidal anti-inflammatory drug (NSAID), antiplatelet (2023 Nurse's Drug Handbook, 2023).	Pharmacologic: Benzodiazepine. Therapeutic: Anticonvulsant, antianxiety agent (2023 Nurse's Drug Handbook, 2023).	Pharmacologic: Tricyclic amine salt. Therapeutic: Skeletal muscle relaxant (2023 Nurse's Drug Handbook, 2023).	Pharmacologic: Glucose elevating agent. Therapeutic: Carbohydrate (2023 Nurse's Drug Handbook, 2023).
Reason Client Taking	For mild to moderate pain relief and fever reduction (2023 Nurse's Drug Handbook, 2023).	Used for pain relief and fever reduction when oral administration is not feasible (2023 Nurse's Drug Handbook, 2023).	For pain, inflammation, or as prophylaxis to reduce the risk of heart attack or stroke (2023 Nurse's Drug Handbook, 2023).	For seizure control, panic disorder, or anxiety management (2023 Nurse's Drug Handbook, 2023).	For relief of muscle spasm and pain associated with musculoskeletal conditions (2023 Nurse's Drug Handbook, 2023).	To treat acute hypoglycemia (2023 Nurse's Drug Handbook, 2023).
List two teaching needs for the medication pertinent to the client	Inform the patient not to exceed the recommended dose to avoid liver toxicity. Advise the patient to	Instruct the patient to follow proper rectal administration technique for effectiveness. Advise the	Teach the patient to swallow the tablet whole, without crushing or chewing, as it is delayed-release. Inform the patient to take aspirin with food to reduce	Instruct the patient to avoid alcohol and other CNS depressants while on this medication.	Inform the patient that drowsiness may occur and to avoid operating machinery or	Instruct the patient to administer the gel at the first sign of hypoglycemia (e.g.,

	avoid alcohol consumption while taking acetaminophen due to increased risk of hepatotoxicity (2023 Nurse's Drug Handbook, 2023).	patient to monitor for any signs of irritation at the site of administration (2023 Nurse's Drug Handbook, 2023).	gastrointestinal upset (2023 Nurse's Drug Handbook, 2023).	Educate the patient about the risk of dependency with long-term use (2023 Nurse's Drug Handbook, 2023).	driving. Advise the patient to take the medication only for short-term use, as it's not intended for long-term therapy (2023 Nurse's Drug Handbook, 2023).	dizziness, shakiness). Advise the patient to carry the gel with them if they are at risk for low blood sugar (2023 Nurse's Drug Handbook, 2023).
Key nursing assessment(s) prior to administration	Assess pain level and temperature if given for fever. Monitor liver function tests, especially in long-term use or higher doses (2023 Nurse's Drug Handbook, 2023).	Assess pain level and temperature if used for fever. Ensure no rectal irritation or bleeding is present before administration (2023 Nurse's Drug Handbook, 2023).	Assess for history of gastrointestinal issues (e.g., ulcers). Monitor for signs of bleeding, such as bruising or tarry stools (2023 Nurse's Drug Handbook, 2023).	Assess for signs of anxiety or seizure activity. Monitor for signs of respiratory depression or sedation (2023 Nurse's Drug Handbook, 2023).	Assess for muscle spasm, pain, and range of motion. Monitor for signs of CNS depression, such as drowsiness or confusion (2023 Nurse's Drug Handbook, 2023).	Assess blood glucose level before administration. Monitor the patient's ability to swallow and tolerate the gel (2023 Nurse's Drug Handbook, 2023)
Brand/ Generic	Dextrose 50% in	Duloxetine (Cymbalta)	Flucortiosone (Floinex)	Heparin 1000	Heparin 100	Humalog

	water injection			unit/ml	units/ml in 5% dextrose in water	(Insulin Lispro)
Classification	Pharmacologic: Glucose elevating agent. Therapeutic: Carbohydrate (2023 Nurse's Drug Handbook, 2023).	Pharmacologic: Serotonin-norepinephrine reuptake inhibitor (SNRI). Therapeutic: Antidepressant (2023 Nurse's Drug Handbook, 2023).	Pharmacologic: Antithrombotic. Therapeutic: Anticoagulant (2023 Nurse's Drug Handbook, 2023).	Pharmacologic: Antithrombotic. Therapeutic: Anticoagulant (2023 Nurse's Drug Handbook, 2023).	Pharmacologic: Antithrombotic. Therapeutic: Anticoagulant (2023 Nurse's Drug Handbook, 2023).	Pharmacologic: Rapid-acting insulin. Therapeutic: Antidiabetic agent (2023 Nurse's Drug Handbook, 2023).
Reason Client Taking	To treat severe hypoglycemia when oral administration is not possible (2023 Nurse's Drug Handbook, 2023).	For treatment of depression, anxiety, fibromyalgia, or neuropathic pain (2023 Nurse's Drug Handbook, 2023).	Used for adrenocortical insufficiency (Addison's disease) or orthostatic hypotension (2023 Nurse's Drug Handbook, 2023).	Prevention and treatment of blood clots (e.g., DVT, PE) (2023 Nurse's Drug Handbook, 2023).	Prevention and treatment of blood clots (e.g., DVT, PE) (2023 Nurse's Drug Handbook, 2023).	For glycemic control in patients with diabetes mellitus, to manage hyperglycemia (2023 Nurse's Drug Handbook, 2023).
List two teaching needs for the medication pertinent to the	Instruct the patient about the importance of recognizing signs of	Educate the patient about the importance of taking the medication at the same	Educate the patient to take the medication in the morning to mimic the body's natural corticosteroid release.	Instruct the patient to avoid activities that may cause injury	Instruct the patient to avoid activities that may cause injury	Educate the patient about the importance of timing

client	severe hypoglycemia to seek immediate treatment. Educate the patient about follow-up care after severe hypoglycemia treatment (2023 Nurse's Drug Handbook, 2023).	time each day. Instruct the patient not to abruptly stop taking the medication, as withdrawal symptoms may occur (2023 Nurse's Drug Handbook, 2023).	Instruct the patient to monitor for signs of sodium retention (e.g., swelling, weight gain) (2023 Nurse's Drug Handbook, 2023).	due to increased risk of bleeding. Teach the patient to monitor for signs of bleeding, such as nosebleeds or unusual bruising (2023 Nurse's Drug Handbook, 2023).	due to increased risk of bleeding. Teach the patient to monitor for signs of bleeding, such as nosebleeds or unusual bruising (2023 Nurse's Drug Handbook, 2023).	insulin injections with meals to avoid hypoglycemia, as Humalog works quickly (2023 Nurse's Drug Handbook, 2023). Instruct the patient on proper injection technique and rotation of injection sites to avoid lipodystrophy (2023 Nurse's Drug Handbook, 2023).
Key nursing assessment(s) prior to administration	Assess blood glucose level prior to administration. Monitor the IV site	Assess for signs of depression or changes in mood. Monitor for suicidal ideation, especially	Assess electrolyte levels, especially sodium and potassium. Monitor blood pressure and signs of fluid retention (2023	Assess baseline coagulation levels (e.g., aPTT) before administration.	Assess baseline coagulation levels (e.g., aPTT) before administration.	Assess blood glucose levels before administering to determine if the

	for irritation or phlebitis (2023 Nurse's Drug Handbook, 2023).	when therapy is initiated (2023 Nurse's Drug Handbook, 2023).	Nurse's Drug Handbook, 2023).	Monitor for signs of bleeding or hemorrhage (2023 Nurse's Drug Handbook, 2023).	Monitor for signs of bleeding or hemorrhage (2023 Nurse's Drug Handbook, 2023).	dose is appropriate. Monitor for signs of hypoglycemia, such as dizziness, sweating, and confusion, especially post-administration (2023 Nurse's Drug Handbook, 2023).
Brand/ Generic	Fentanyl	Ropinirole (Requip)	Pregabalin (Lyrica)	Nitroglycerin (Nitrostat)		
Classification	Pharmacologic Class: Opioid agonist (2023 Nurse's Drug Handbook, 2023). Therapeutic Class: Opioid analgesic (2023 Nurse's	Pharmacologic Class: Dopamine agonist (2023 Nurse's Drug Handbook, 2023). Therapeutic Class: Antiparkinsonian agent (2023 Nurse's Drug	Pharmacologic Class: Gamma-aminobutyric acid (GABA) analog (2023 Nurse's Drug Handbook, 2023). Therapeutic Class: Anticonvulsant/Neuropathic pain agent (2023 Nurse's Drug	Pharmacologic Class: Nitrate (2023 Nurse's Drug Handbook, 2023). Therapeutic Class: Vasodilator (2023 Nurse's Drug Handboo		

	<i>Drug Handbook, 2023).</i>	<i>Handbook, 2023).</i>	<i>Handbook, 2023).</i>	<i>k, 2023).</i>		
Reason Client Taking	Management of severe pain, often post-surgery or for chronic pain in opioid-tolerant patients (2023 Nurse's Drug Handbook, 2023).	Treatment of Parkinson's disease or restless leg syndrome (RLS) (2023 Nurse's Drug Handbook, 2023).	Used to treat neuropathic pain, fibromyalgia, or as an adjunctive therapy for partial seizures (2023 Nurse's Drug Handbook, 2023).	Treatment or prevention of angina (chest pain) due to coronary artery disease (2023 Nurse's Drug Handbook, 2023).		
List two teaching needs for the medication pertinent to the client	1. Educate the patient on the risk of respiratory depression and the importance	Inform the patient about potential drowsiness or sudden sleep onset, advising caution with driving or other activities requiring full alertness (2023 Nurse's Drug Handbook, 2023). Educate the patient about the risk of	Inform the patient about the risk of dizziness and somnolence, advising them to avoid hazardous activities until they know how the drug affects them (2023 Nurse's Drug Handbook, 2023). Advise the patient not to abruptly discontinue the medication, as it may lead to withdrawal symptoms (2023 Nurse's Drug	Teach the patient to take the medication at the first sign of chest pain and to sit or lie down to prevent fainting due to the drop in blood pressure (2023 Nurse's Drug Handbook, 2023). Instruct the patient to		

	<p>tan ce of foll owi ng pre scr ibe d dos age s stri ctl y (20 23 Nu rse 's Dr ug Ha nd bo ok, 202 3).</p> <p>2. Ins tru ct the pat ien t to avo id act ivit ies req uir ing ale rtn</p>	<p>orthostatic hypotensio n and the need to rise slowly from sitting or lying positions (2023 Nurse's Drug Handbook, 2023).</p>	<p><i>Handbook,</i> 2023).</p>	<p>store the medicatio n in its original container, away from light and moisture, and replace it regularly as it can lose potency (2023 Nurse's Drug Handboo k, 2023).</p>		
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	<p>ess (e.g., driving) until they know how fentanyl affects them (2023 Nurse's Drug Handbook, 2023).</p>					
<p>Key nursing assessment(s) prior to administration</p>	<p>Assess pain level and respiratory status (rate, rhythm, depth) prior to administration</p>	<p>1. Assess for signs of Parkinson's disease (e.g.,</p>	<p>Assess for pain levels, including neuropathic pain descriptors (2023 Nurse's Drug Handbook, 2023). Monitor for changes in mood or</p>	<p>Assess blood pressure and pulse before administration to ensure the patient is hemodyn</p>		

	<p>(2023 Nurse's Drug Handbook, 2023). Monitor for signs of opioid addiction, abuse, or misuse (2023 Nurse's Drug Handbook, 2023).</p>	<p>tremor, stiffness, bradykinesia) (2023 Nurse's Drug Handbook, 2023).</p> <p>2. Monitor blood pressure due to the risk of orthostatic hypotension (2023 Nurse's Drug Handbook, 2023).</p>	<p>behavior, particularly signs of depression or suicidal thoughts (2023 Nurse's Drug Handbook, 2023).</p>	<p>amicably stable (2023 Nurse's Drug Handbook, 2023). Evaluate chest pain (location, duration, intensity, and precipitating factors) before administration (2023 Nurse's Drug Handbook, 2023).</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
1.		1. 2.
2.		1. 2.
3.		1. 2.

Medications Reference (1) (APA)

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Alert and responsive Orientation: Oriented to person place situation and time Distress: No overall distress Overall appearance: Appropriate Infection Control precautions: Client Complaints or Concerns: Complaints of pain and desiring “something stronger than Norco”	
VITAL SIGNS: Temp: 98 Resp rate: 16 Pulse: 86 B/P: 99/61 Oxygen: 2L Delivery Method: Nasal Canula	
PAIN ASSESSMENT: Time: 13:32 Scale: 0-10 Location: Back (did not specify what region of back) Severity: 6	The pain is rated a 6 although therapeutic measures were taken

<p>Characteristics: Constant and sharp Interventions: Instructed the client to reposition and administered pain meds as soon as it was safe to administer,</p>	
<p>IV ASSESSMENT: Size of IV:18g in right PIV antecubital 20g left lower proximal forearm Location of IV: left lower proximal forearm, right PIV antecubital Date on IV: 9/29/24 Patency of IV: No redness, warmth, swelling, pain, streak, drainage Signs of erythema, drainage, etc.: n/a IV dressing assessment: intact Fluid Type/Rate or Saline Lock: Heparin 14 units/kg/hr x 100kg</p>	
<p>INTEGUMENTARY: Skin color: Usual for ethnicity Character: Warm and intact Temperature:98 Turgor: Elastic Rashes: Void Bruises: Void Wounds: Void Braden Score: 22 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>HEENT: Head/Neck: The head and neck are symmetrical, trachea has a midline void of deviation, both carotid pulses are palpable Ears: Eyes: Pupils are reactive to light, No visible eye discharge, a clean cornea, a white sclera, and a pink conjunctiva in both eyes. Nose: Nares patent no edema Teeth: Moist, pink, intact, Missing all teeth, Swallows without difficulty</p>	
<p>CARDIOVASCULAR: Heart sounds: S1 S2 present S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Normal Sinus</p>	

<p>Peripheral Pulses: Capillary refill: 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:</p>	
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	
<p>GASTROINTESTINAL: Diet at home: Regular Current Diet: NPO Is Client Tolerating Diet? yes Height: 5'10 Weight: 266 lbs 1.5 oz Auscultation Bowel sounds: Active Last BM: 9/29/24 Palpation: Pain, Mass etc.: Void Inspection: Distention: Void Incisions: Void Scars: Void Drains: Void Wounds: Void Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	Not adhering to cardiac or renal diet
<p>GENITOURINARY: Color: Yellow Character: Hazy Quantity of urine: Odorless 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: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	

<p>Intake (in mLs) 0</p> <p>Output (in mLs) 800</p>	<p>Client is NPO for procedure</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Active Supportive devices: Strength: 5 ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 6 Activity/Mobility Status: Bedrest Activity Tolerance: can get out of bed for bathroom/ patient is using bedside urinal Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment Needs support to stand and walk</p>	<p>.</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: Alert to person, place, situation and time Mental Status: Normal cognition Speech: Clear Sensory: LOC: Alert and awake, client answers questions appropriately</p>	<p>.</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Talking to a loved one Developmental level: The patient is decisional and coherent. If the patient was to become nondecisional he has appointed his eldest son as his power of attorney. Religion & what it means to pt.: Spiritual but not religious Personal/Family Data (Think about home</p>	<p>.</p>

<p>environment, family structure, and available family support): Client lives at home with his wife and 2 adult sons, he has a daughter that lives outside of the familial home.</p>	
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Discharge Planning

Discharge location: Home with spouse and 2 adult sons

Home health needs: none

Equipment needs: CPAP, Walker, Roller, Shower Chair, Glucometer

Follow up plan: Case management and Social Work will continue to monitor for discharge planning.

Education needs: Medicine adherence

Nursing Process

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

<p>Nursing Diagnosis</p> <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 	<p>Rationale</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Outcome Goal (1 per dx)</p>	<p>Interventions (2 per goal)</p>	<p>Evaluation of interventions</p>
<p>1. Risk for Decreased Cardiac Output related to myocardial ischemia as evidenced by</p>	<p>The patient presents with unstable angina, a form of myocardial ischemia, leading to</p>	<p>Patient does not indicate, either verbally or nonverbally, chest pain, dyspnea,</p>	<p>1.Promptly treat life-threatening arrhythmias as ordered (Phelps, 2023).</p>	<p>The patient reports reduced chest pain (pain scale <3), heart rate and blood pressure are</p>

chest pain, shortness of breath, and abnormal lab findings (Phelps, 2023).	reduced oxygen supply to the heart. Symptoms like chest pain, shortness of breath, and abnormal findings on cardiac testing support this diagnosis. This condition is life-threatening and requires immediate intervention (Capriotti, 2022; Hinkle, 2022).	fatigue or other forms of discomfort after activity (Phelps, 2023).	2. Monitor vital signs (heart rate, blood pressure) and cardiac rhythm and report any abnormal results (Phelps, 2023).	stable, and no arrhythmias are detected on ECG (Phelps, 2023).
2. Impaired Gas Exchange related to decreased oxygen supply as evidenced by shortness of breath, dyspnea on exertion, and decreased oxygen saturation (Phelps, 2023).	The patient's unstable angina has impaired the flow of oxygen to the heart and other tissues, leading to decreased oxygen saturation and difficulty breathing. Ensuring adequate oxygenation is essential to prevent worsening cardiac ischemia and potential hypoxia (Capriotti, 2022).	The patient will maintain oxygen saturation levels above 92% and report improved breathing within 24 hours (Phelps, 2023).	1. Administer supplemental oxygen as prescribed and monitor oxygen saturation levels (Phelps, 2023). 2. Encourage the patient to rest and limit physical exertion to reduce oxygen demand (Phelps, 2023).	Oxygen saturation is $\geq 92\%$, and the patient reports reduced shortness of breath at rest (Phelps, 2023).
3. Risk for Electrolyte	The patient's hypokalemia	The patient's	1. Administer potassium	Potassium levels return to

<p>Imbalance (Hypokalemia) related to potassium depletion and diuretic use as evidenced by low potassium levels in lab results (Phelps, 2023).</p>	<p>may be exacerbated by potassium loss through diuretics or gastrointestinal losses, contributing to arrhythmias and muscle weakness. Monitoring and correcting potassium levels is crucial to stabilize heart function and prevent further complications (Hinkle, 2022).</p>	<p>potassium levels will return to normal range (3.5-5.0 mEq/L) by the end of treatment (Phelps, 2023).</p>	<p>supplements (oral or IV) as prescribed (Phelps, 2023). 2. Monitor potassium levels every 6 hours and report any significant changes to the healthcare provider (Phelps, 2023).</p>	<p>within the normal range, and the patient exhibits no signs of muscle weakness or arrhythmias (Phelps, 2023).</p>
<p>4. Risk-Prone Health Behavior related to noncompliance to medication regimen evidenced by the number of heart catheterization and hospital visits (Phelps, 2023).</p>	<p>The client is not adhering to his medication regimen and not taking his medication as prescribed. The client seemingly takes the medication how he sees fit and only when symptoms arise.</p>	<p>Patient identifies two areas in which he can maintain control despite altered health status (Phelps, 2023).</p>	<p>1. Discuss health problems and implications with family members to enable them to participate in the clients care and to foster a trusting relationship (Phelps, 2023). 2. Help the client identify areas where it is possible to maintain control (Phelps, 2023).</p>	<p>Patient meets the learning objective before discharge and recognizes the necessity of learning to live with impairment (Phelps, 2023).</p>

Other References (APA):

Hinkle, J. L. (2022). *Brunner and Suddarth's textbook of medical-surgical nursing* (15th ed.).

Wolters Kluwer.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's Diagnostic and Laboratory*

***Test Reference*. Elsevier.**

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

