N431 CARE PLAN # 1

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Lakeview College of Nursing

N441: Adult Health 3

Professor H. Tucker

10/19/2024

Demographics

Date of Admission 10/09/24	Client Initials MN	Age 66	Biological Gender Male
Race/Ethnicity **African American**	**Occupation** **Not employed**	**Marital Status** **Single**	**Allergies** **Amiodarone, lisinopril, sacubitril-valsartan, penicillin,**
Code Status **Full code**	**Height** **5'9"**	**Weight** **98.8kg**	

Lisinopril

Medical History

Past Medical History: Asthma, nonischemic cardiomyopathy, CHF, ejection fracture 20 to 25%, cocaine use, COPD, type 2 diabetes, deep vein thrombosis, hypertension, hyperlipidemia, obesity, proximal a fib, lumbar spinal stenosis

Past Surgical History: radiofrequency ablation, coronary angiography, HC removal IVC filter w/ S & I, lumbar fusion, knee surgery, lumbar spine surgery (laminectomies), PICC line insertion, R/L heart catheterization, shoulder surgery

Family History: hypertension, diabetes, asthma

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

Smoking status: current

Current packs per day: 0.50

Average packs per day: 0.5 packs per day for 40.2 years

Types: cigarettes

Smokeless tobacco/vape: never

Alcohol use: no

Drug use: stimulants -Crack/Cocaine (last known date of use 10-2-24), amphetamines, methylphenidate

Education: High School

Living Situation: Home- independent

Assistive devices: None

Admission History

Chief Complaint: Leg swelling, shortness of breath, chest pain

History of Present Illness (HPI)– OLD CARTS

The patient is a 66-year-old African American male with a past medical history of asthma, nonischemic cardiomyopathy, HFrEF (EF 20 - 25%), cocaine use, COPD, PAD, type 2 diabetes, hypertension, hyperlipidemia, obesity, paroxysmal Afib, and lumbar spine stenosis.

The patient presented to the Emergency Department on 10/09/2024 with leg swelling, shortness of breath, and chest tightness that originally began 10/4/2024. The patient also reports progressive weight gain and abdominal swelling for the past two weeks, as well as lower extremity edema. He states his pain is five out of 10, a dull, aching chest tightness that does not radiate and no aggravating factors, but it got better after pain medication in the emergency room. The patient was admitted to Carl Foundation Hospital on 10/04/2024 with chronic heart failure exacerbation and left lower extremity cellulitis. The patient went AMA on 10/05/2024, stating he was irritated by the frequent change in diet, monitoring by nurses, and blood draws. The patient was also admitted to the hospital on 09/23/2024 with a similar exacerbation due to medication noncompliance and possible cocaine use. The patient was discharged with bumetanide and 4L of oxygen via nasal cannula at home.

The patient reports that the bumetanide does not work for him and is causing a reversal of what Lasix had been doing for him. The patient reports that during his last hospitalization, he had improvement in his swelling and breathing with IV Lasix. He reports that he has been compliant with a low-sodium diet and medications. He admits using cocaine, and the last time he did was approximately 10/2/2024. He also states he smokes 4 to 5 cigarettes per day and is currently trying to cut off both cocaine and cigarettes.

Upon examination, the patient complained about bilateral burning leg pain and cramping of the left lower extremity. His oxygen saturation is 99% with a 4L nasal cannula. At that time, the patient denied shortness of breath, chest pain, or palpitations.

Admission Diagnosis

Primary Diagnosis: Acute systolic congestive heart failure

Secondary Diagnosis (if applicable): NA

Pathophysiology

Acute systolic heart failure is also known as heart failure with reduced ejection fraction (HFrEF) (Malik, 2023). This issue prevents the heart from pumping enough blood through the body because the left ventricle cannot contract fully. Systolic heart failure involves several factors involved in the HFrEF process and is usually secondary to an underlying cardiovascular condition.

Reduced cardiac output can lead to other issues, such as increased sympathetic drive, which decreases adrenaline stores and reduces beta-receptor responsiveness (Poole, 2024). Another issue is increased salt and water retention. The renin-angiotensin-aldosterone system would cause this. Increased vasoconstriction when the neuroendocrine system is activated can lead to the release of certain hormones, causing vasoconstriction, which can increase afterload. Renal hypoperfusion, venous congestion, and endothelial dysfunction are also issues involved in reduced cardiac output.

Acute systolic heart failure has many manifestations. Shortness of breath is the most common symptom (Malik, 2023). Other manifestations include chest pain, coughing up sputum, fatigue, and fluid retention. The patient presented with complaints of intermittent chest tightness and pain starting mid-sternal and radiating to the left side. When the patient's lungs were auscultated, bilateral basilar crackles were revealed. He also presented with 2+ pedal edema, abdominal distension, and a history of cardiac issues. The symptoms led the providers to order tests for symptoms of acute systolic heart failure.

After being admitted to the hospital, the patient-specific treatment was to continue the diuretic bumetanide and monitor intake, outtake, and daily weight. The patient will continue to take carvedilol and continue oxygen therapy—the continuance of Eliquis, aspirin 81mg, and Amiodarone as prescribed. The patient was also counseled on smoking cessation.

Pathophysiology References (2) (APA):

Malik, A. (2023, November 5). *Congestive heart failure*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK430873/

Poole, J. (2024, September 26). *Acute heart failure*. The Cardiology Advisor. https://www.thecardiologyadvisor.com/ddi/acute-heart-failure/#:~:text=Acute%20systolic%20heart%20failure.,to%20congestion%20throughout%20the%20body.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	124	114	74 -100	The patient is a type 2 diabetic.
CO2	30	30	22 -2 9	The patient has COPD.
BUN	27	28	8- 26	The patient's kidneys are beginning to stop working properly due to the patient having CHF and possibly the use of cocaine.
Creatinine	1.32	1.13	0.7 -1 .3	The patient's kidneys are

				not working properly due to having CHF and possibly by the use of cocaine.
Albumin	2.9	2.9	3.4 – 4.8	Lower levels can indicate kidney disease and/or malnutrition. The patient is diagnosed with CHF, which can alter kidney function.
Troponin	53	53	0 - 4	The patient has an elevated level due to having heart failure.
BNP	736	NA	0.0 - 100	The patient has an elevated level due to having heart failure.

Diagnostic Test & Purpose	**Clients Signs and Symptoms**	**Results**
ECG 12 lead- Helps diagnose and treat heart conditions (Heart failure, 2023).	The patient presented with complaints of chest tightness as well as having a cardiac history.	Sinus rhythm with frequent premature ventricular complexes, right bundle branch block.
Chest x-ray- Is able to visualize conditions in your lungs, heart, blood vessels and bones (Heart failure, 2023).	The patient presented with complaints of chest tightness and shortness of breath.	Scattered bilateral infiltrates, no evidence for significant pleural effusion or discernible pneumothorax.
CTA- lower extremity w/ contrast- Is able to detect blockages, narrowing, or abnormalities in	The patient presented with complaints of progressive leg swelling and abdominal swelling,	Premature termination of the anterior tibial artery at the level of the

the arteries of the legs, including the presence of peripheral arterial disease. And also is able to detect aneurysms, injuries to blood vessels, and the severity of arterial stenosis (Heart failure, 2023).		distal tibia metaphysis, likely secondary to peripheral artery disease. Soft and calcified plaque within the common iliac artery and superficial femoral artery, without most minimal luminal and narrowing.

Diagnostic Test Reference (1) (APA):

Mayo Foundation for Medical Education and Research. (2023, April 20). *Heart failure*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/heart-failure/diagnosis-treatment/drc-20373148#:~:text=Blood%20tests.,CT%20scan%20of%20the%20heart.

All normal range lab values are based on Carle Foundation Hospital's electronic health records system, Epic.

Active Orders

Active Orders	Rationale
cardiac monitoring until discontinued	patient has acute chronic heart failure
daily wound care and dressing change	to prevent infection of wounds
weigh daily before breakfast	patient is on a diuretic
strict intake and output log	to monitor a patient on lasix to see the effectiveness of drug
reduced sodium diet <2g	the patient has acute chronic heart failure and edema, sodium causes swelling
monitor blood glucose level and give corrective insulin as needed	the patient is diabetic type 2 and is on insulin
fluid restriction <1200	the patient is on a diuretic thus limiting fluid
monitor vital signs Q4	checking vital signs is important due to certain medications such as hydrocodone that can cause respiratory distress

Medications

Home Medications (Must List ALL)

Brand/Generic	albuterol sulfate ProAir	amirodarone hydrochloride Cordarone	apixaban Eliquis	acetylsalicylic acid, aspirin Bayer	atorvastatin Lipitor	Bumetanide Bumex
Classification	P-adrenergic T-bronchodilator (Jones & Bartlett Learning, 2021).	P-benzofuran derivative T-class 3 antiarrhythmic (Jones & Bartlett Learning, 2021).	P- factor Xa inhibitor T-anticoagulant (Jones & Bartlett Learning, 2021).	P-salicylate T-NSAID, anti-inflammatory, anti platelet, antipyretic, non opioid analgesic (Jones & Bartlett Learning, 2021).	P-HMG-CoA reductase inhibitor T-antihyperlipodemic (Jones & Bartlett Learning, 2021).	P-Loop diuretic T-diuretic (Jones & Bartlett Learning, 2021).
Reason Client Taking	to prevent bronchospasm (Jones & Bartlett Learning, 2021).	relax vascular and smooth muscle improve my cardio blood flow. Relaxes peripheral vascular smooth muscles, decreasing peripheral vascular resistance and myocardial oxygen consumption (Jones & Bartlett Learning, 2021).	inhibit platelet aggregation/blood clots (Jones & Bartlett Learning, 2021).	to reduce the risk of a schematic attacks or stroke, reduce or prevent acute MI, inhibit platelet aggregation/blood clots (Jones & Bartlett Learning, 2021).	to help control hyperlipidemia (Jones & Bartlett Learning, 2021).	to treat edema caused by heart failure or hepatic disease and renal disease (Jones & Bartlett Learning, 2021).
List two teaching needs for the medication pertinent to the client	1.the patient should rinse their mouth after they have used the inhaler. 2.the patient should shake the canister before use (Jones & Bartlett Learning, 2021).	1. Explain to the patient they will need frequent monitoring and laboratory tests done. 2. Advise patient to report abnormal bleeding or bruising or any sign of visual impairment or decreased or increased levels of energy (Jones & Bartlett Learning, 2021).	1.Advise patient to report any unusual bleeding or bruising. 2. Informed patient that it may take longer for bleeding to stop and to take bleeding precautions, such as using a soft bristle toothbrush or a straight blade razor, to use an electric razor instead (Jones & Bartlett Learning, 2021).	1. Advice not to also take ibuprofen or naproxen because they may reduce the cardioprotective and stroke preventative effects. 2. Advise patient to take aspirin with food or after meals because it can cause GI upset if taken on an empty stomach (Jones & Bartlett Learning, 2021).	1. This is in addition to not a substitute for, a low cholesterol diet and take the drug at the same time each day to maintain its effects. 2. Advise patient to notify prescriber if they develop unexplained muscle pain, tenderness, or weakness, especially if accompanied by fatigue or fever (Jones & Bartlett Learning, 2021).	1. Advice patient to avoid activities such as operating large machinery or driving until CNS effects are known. 2.Encourage patient to include potassium rich foods in their daily diet. Monitor blood glucose levels regularly and a diabetic patient and to notify

						prescriber about persistent hyperglycemia (Jones & Bartlett Learning, 2021).
Key nursing assessment(s) prior to administration	Listen to lung sounds, get blood pressure and heart rate prior to use (Jones & Bartlett Learning, 2021).	Use an inline filter during IV administration. Also use a central venous catheter whenever possible. Amiodarone IV must be given by infusion pump (Jones & Bartlett Learning, 2021).	Apixaban should not be given to patients with severe hepatic dysfunction (Jones & Bartlett Learning, 2021).	Do not crush time release or controlled release aspirin tablets unless directed to do so. Check to see if patient has GI disorders or ulcers (Jones & Bartlett Learning, 2021).	Monitor diabetic patients blood glucose levels because atorvastatin therapy can affect blood glucose control.Use cautiously in patients who consume substantial quantities of alcohol or have a history of liver disease due to atorvastatin increasing risk of liver dysfunction. Check family history of early coronary artery disease or precursors to CAD as well as smoking status (Jones & Bartlett Learning, 2021).	Monitor fluid and electrolyte balance closely because bumetanide Is a strong diuretic (40 to 60 times more potent than furosemide), and monitor fluid intake and output once every eight hours (Jones & Bartlett Learning, 2021).
Brand/Generic	carvedilol Coreg	gabapentin Neurontin	metformin Glucophage	semaglutide Ozempic	budesonide/formoterol Symbicort	tiotropium bromide Spireva
Classification	P-non selective beta blocker and alpha-1nblocker T-antihypertensive, heart failure treatment adjunct (Jones & Bartlett Learning, 2021).	P-1-amino-methyl-cyclohexaneacidic acid T-anticonvulsant (Jones & Bartlett Learning, 2021).	P-biguanide T-antidiabetic (Jones & Bartlett Learning, 2021).	P-Glucagon-like peptide-1 (GKP-1) receptor agonist T-antidiabetic (Jones & Bartlett Learning, 2021).	P-corticosteroid T-anti asthmatic, anti-inflammatory (Jones & Bartlett Learning, 2021).	P-antico allergenic T-bronchodilator (Jones & Bartlett Learning, 2021).
Reason Client Taking	to help treat mild to severe chronic heart failure of ischemic or cardiomyopathic origin (Jones & Bartlett Learning, 2021).	to manage posttherpetic neuralgia (Jones & Bartlett Learning, 2021).	as addition to reduce blood glucose level in type 2 diabetes mellitus (Jones & Bartlett Learning, 2021).	in conjunction to diet and exercise to improve glycemic control and type 2 diabetic mellitus patients to help reduce risk of major adverse cardiovascular events in patients with type 2 diabetes myelitis and established cardiovascular disease. (Jones & Bartlett Learning, 2021).	to provide maintenance therapy in asthma (Jones & Bartlett Learning, 2021).	To provide long term maintenance treatment of bronchospasm associated with COPD including chronic bronchitis and emphysema to reduce COPD exacerbation (Jones & Bartlett Learning, 2021).
List two teaching needs for the medication pertinent to the client	1.Advice patient that carvedilol may cause dizziness, Lightheadedness, and orthostatic hypotension and to take precautions. 2. If the patient has heart failure advise them to notify prescriber if they gain 5 lbs or more in two	1.Advice to administerer initial dose at bedtime to minimize adverse reactions, such as ataxia, dizziness and fatigue. 2.Advise patient to wait to take gabapentin at least two hours after taking an antacid (Jones & Bartlett Learning,	1. Teach patient how to measure blood glucose level and recognize signs of hyperglycemia and hypoglycemia. Urge them to notify provider of abnormal blood glucose level. 2. Direct patient to take metformin exactly as	1. Teach patient or caregiver how to administer a subcutaneous injection, tell them to administer drug into the abdomen, thigh, or upper arm using a different injection site each time. 2. Review signs and symptoms of hypoglycemia and how to treat it if it	1. Determine if patient has a milk allergy. This contains small amounts of lactose, which may trigger coughing, wheezing, or bronchospasm in a patient with a severe milk protein allergy. 2. Monitor patient for evidence of hypersensitivity if noted, notify prescriber immediately and stop the therapy and	1. Caution patient not to use this to treat acute bronchospasm and that it should not be used more than every 24 hours. 2. Instruct the patient on the proper use of the handy hailer inhalation

	days or if shortness of breath increases which could signal worsening heart failure (Jones & Bartlett Learning, 2021).	2021).	prescribed and not change the dose or frequency unless instructed. Emphasize importance of checking blood glucose level regularly, controlling weight, exercising regularly, and following a prescribed diet (Jones & Bartlett Learning, 2021).	should occur. This is especially important in patients taking concurrent insulin (Jones & Bartlett Learning, 2021).	provide emergency supportive care. Monitor patients with conditions such as diabetes, glaucoma or cataracts, hypertension as a glucocortosteroid may increase adverse effects (Jones & Bartlett Learning, 2021).	device if prescribed. Tell patient to place the capsule into the center Chamber of the inhalation device and then to press and release the button on the side of the inhalation device to Pierce the capsule. Then have the patient exhale completely, close their lips around the mouthpiece, inhale slowly and deeply, and hold their breath for as long as it is comfortable. This device should not be used to take any other drug (Jones & Bartlett Learning, 2021).
Key nursing assessment(s) prior to administration	Use cautiously in patients with peripheral vascular disease, it may aggravate symptoms of arterial insufficiency. Be aware it may mask signs of hypoglycemia such as tachycardia in patients that have diabetes mellitus (Jones & Bartlett Learning, 2021).	Monitor patient closely for evidence of suicidal thinking or behavior, especially when therapy starts or dosage changes. Monitor renal function test results and note that routine monitoring of blood gabapentin level is not needed (Jones & Bartlett Learning, 2021).	Note that metformin should never be given to a patient with severe renal impairment (eGFR<30 ml/min). And be aware metformin is not recommended for use in patients with hepatic impairment due to risk of lactic acidosis. Assess patients estimated glomerular filtration rate at least once a year, depending on age could be tested more frequently (Jones & Bartlett Learning, 2021).	Be aware that semaglutide is not recommended as a first line therapy for patients who have inadequate glycemic control using diet and exercise, because of the uncertain relevance of possible tumor findings in animals. This should not be given to patients with a history of pancreatitis, because the effects are unknown. Monitor all patients for signs and symptoms of pancreatitis such as persistent severe abdominal pain which sometimes may radiate to the back and which may or may not be accompanied by vomiting (Jones & Bartlett Learning, 2021).	Instruct patient to prime oral inhaler before using it for the first time by holding canister upright with the mouthpiece on top twisting the base of device fully to the right then to the left until it clicks. Teach them to load each dose just before use in the same way. After loading a dose caution patient not to shake device or blow into it. Advise to turn their head away from device and exhale. Then have them hold the device upright, place in their lips around mouthpiece, and inhale deeply. Device will discharge a dose. Tell patient to remove their lips from mouthpiece to exhale (Jones & Bartlett Learning, 2021).	Monitor patient closely after giving first dose for immediate hypersensitivity reactions, including anaphylaxis, angioedema, bronchospasms, and skin reactions. Use cautiously in patients who have a severe hypersensitive to milk proteins. Monitor patients pulmonary function to evaluate the effectiveness of the drug (Jones & Bartlett Learning, 2021).

Hospital Medications (Must List ALL)

Brand/Generic	furosemide Lasix	insulin lispro Humalog	hydrocodone Norco	dextromethorphan-guaifenesin Robitussin DM		
Classification	P-loop diuretic T-antihypertensive, diuretic (Jones & Bartlett Learning, 2021).	P-human insulin T-anti diabetic (Jones & Bartlett Learning, 2021).	P-opioid T-opioid analgesic controlled substance schedule II(Jones & Bartlett Learning, 2021).	P-MMDA receptor antagonist T-antitussive (Jones & Bartlett Learning, 2021).		
Reason Client Taking	Reduce edema caused by heart failure, cirrhosis, and renal disease (Jones & Bartlett Learning, 2021).	to improve glycemic control in patients with diabetes mellitus (Jones & Bartlett Learning, 2021).	to manage severe pain (Jones & Bartlett Learning, 2021).	used to relieve a cough (Jones & Bartlett Learning, 2021).		
List two teaching needs for the medication pertinent to the client	1.Take furosemide at the same time each day to maintain therapeutic effects. Take the last dose of furosemide several hours before bedtime to avoid sleep interruption from diuresis. 2. Advise patient to change position slowly to minimize effect of orthostatic hypotension and to take with food or milk to reduce GI distress (Jones & Bartlett Learning, 2021).	1. When giving sub Q, give Humalog up to 15 minutes before a meal or immediately after. 2. Note that the onset is 10 to 20 minutes, the peak time is 30 to 90 minutes, the duration is 2 to five hours (Jones & Bartlett Learning, 2021).	1. Avoid ingesting alcohol including medications containing alcohol, as the combination increases the risk of overdose, respiratory depression, and death as does taking other types of depressants, including benzodiazepines. Patient should notify all providers of hydrocodone use. 2. Caution patient to avoid hazardous activities until CNS effects are known (Jones & Bartlett Learning, 2021).	1.If you experience a rash, itching, hives, swelling of the face, lips, tongue, or throat after taking, call your doctor immediately. 2. Do not drive or use machinery or do anything that needs mental alertness until you know how this medication affects you it could cause drowsiness or dizziness. Do not stand or sit up quickly. Avoid alcoholic drinks since alcohol may interfere with the effect of this medication (Jones & Bartlett Learning, 2021).		
Key nursing assessment(s) prior to administration	obtain the patients weight before and periodically during furosemide therapy to monitor fluid loss (Jones & Bartlett Learning, 2021).	When mixing rapid acting insulin with longer acting insulin, always draw the rapid acting insulin into the syringe first to avoid dosage errors (Jones & Bartlett Learning, 2021).	Be aware that hydrocodone increases the risk of abuse, addiction, and misuse. Do not administer to a patient wearing a transdermal fentanyl patch until 18 hours after patch is removed. Be sure to monitor patient for respiratory depression especially when	This should not be used in patients who are currently taking MAO inhibitors. Serotonin syndrome can result if this medication is taken with MAO inhibitors (Jones & Bartlett Learning, 2021).		

			initiating therapy or when increasing dosage (Jones & Bartlett Learning, 2021).			

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1.Insulin lispro	The patient is a type 2 diabetic	1.Nausea, sweating, feeling dizzy, and confusion (S/S hypoglycemia) 2.Redness, swelling or itching at the injection site (Jones & Bartlett Learning, 2021).
2.Furosimide	The patient has lower extremity edema and abdominal distension	1.Tinnitus 2.Xerostomia (dry mouth) (Jones & Bartlett Learning, 2021).
3. Carvedilol	The patient has acute systolic heart failure	1.Bradycardia 2. Dizziness (Jones & Bartlett Learning, 2021).

Medications Reference (1) (APA)

Jones & Bartlett Learning. (2021). *nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions: Client** **Complaints or Concerns:**	Alertness and orientation: patient was alert and oriented x 3 (name, date of birth, location). Distress: patient was in no distress and complained that he didn't like the food or someone taking his vital signs "all the time". Overall appearance: patient had on clean clothing clean hair clean skin and appeared well groomed.
VITAL SIGNS:	

Temp: 36.9 C **Resp rate:** 26 **Pulse:** 89 **B/P:** 124/92 **Oxygen:** 100% **Delivery Method:** 4L nasal canula	
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	Pain assessment: the patient had no complaints of pain at this time.
IV ASSESSMENT: **Size of IV:** 20 ga **Location of IV:** left forearm **Date on IV:** 10/10/24 **Patency of IV:** IV is patent **Signs of erythema, drainage, etc.:** none **IV dressing assessment:** Dressing is clean and dry **Fluid Type/Rate or Saline Lock:** saline lock	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin color: normal for ethnenticity, analysis or clubbing Character: smooth, dry, and intact Temperature: warm Turgor: no tenting present Rashes: none Bruises: none Wounds: left calf wound, small amount of serosanguinous fluid on dressing Brayden score: 13 (moderate risk)
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head/neck: symmetrical; Trachea midline with no deviation; thyroid non palpable no nodules present; bilateral carotid pulses 2 + with a regular rhythm and rate. Ears: no external deformities or lesions bilateral, did not assess internal ear Eyes: PERLA, eyelids pink and moist, free of lesions and lumps, sclera white and shiny no excessive vascularity: bilateral lashes and eyebrows even, no evidence of conjunctiva or drainage or inflammation Nose: Septum midline, mucosa pink and moist

	Teeth: patient appeared to have majority of his own teeth some have been pulled, had both tonsils and no sores or lesions noted
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☒ N ☐** **Edema Y ☒ N ☐** **Location of Edema:**	Heart sounds: S1 and S2 auscultated: tachycardic with irregular rhythm Capillary refill: <3 seconds, fingers, toes, bilaterally, no clubbing or cyanosis evident Neck vein distention: mild Edema: yes-in bilateral lower limbs ankle to mid thigh 2+ pitting
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Location and character: crackles noted on left side
GASTROINTESTINAL: **Diet at home:** low sodium <2g **Current Diet:** low sodium <2g **Is Client Tolerating Diet? No-**Not tolerating well dislikes food, no flavor **Height:** 5'9" **Weight:** 98kg **Auscultation Bowel sounds:** Active bowel sounds in all 4 quadrants **Last BM: 10/10/24** **Palpation: Pain, Mass etc.:** none noted **Inspection:** **Distention:** moderate due to edema **Incisions:** none **Scars:** left hand **Drains:** none **Wounds:** left calf wound **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	.
GENITOURINARY: **Color:** unable to assess **Character**: unable to assess **Quantity of urine:** unable to assess **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** did not inspect	

genitals **Catheter: Y ☐ N ☒** **Type:** **Size:**	
Intake (in mLs) 1270 ml **Output (in mLs)** 2150 ml	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** moving all extremities with full ROM **Supportive devices:** none **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 40** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	Neurovascular status: intact ROM: full Supportive devices: none Strength: equal bilaterally slightly impaired in lower extremities Fall score: 40 (mild risk) Activity/mobility status: Activity as tolerated, up ad lib with one. Needs minor support to stand and walk
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no - Legs ☒ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW: yes PERLA: yes Strength: slightly less in lower extremities bilaterally Orientation A & Ox3 Mental status: No abnormalities noted Speech: clear Sensory: intact LOC: A & Ox3
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Coping methods: unknown Developmental level: appropriate for age Religion: Christian Personal/family data: no family around

Discharge Planning

Discharge location: Home

Home health needs: Oxygen

Equipment needs: None

Follow-up plan: The patient will continue with medication as prescribed to monitor intake, output, and daily weights. The patient will continue oxygen therapy and will follow up with a cardiologist. The patient will continue to monitor blood sugars, continue Ozempic 0.5 milligrams every week subQ, and continue the insulin sliding scale
Education needs: The patient has been counseled on smoking cessation, cocaine abuse, and hyperlipidemia. Educate the patient on administering insulin.

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. At risk for decreased cardiac output related to myocardial contractility alterations in rhythm and structural changes evidenced by decrease an ejection fraction and mild jugular vein distension	This patient had a reduced ejection fraction of 20 to 25%	The patient will engage in activities that reduce cardiac workload	1. Increase activity level gradually as permitted by patient's condition noting vital sign response to activity. 2. Encourage relaxation techniques to reduce anxiety and conserve energy.	Patient shows increase in activity and is motivated to go home.

2. At risk for excess fluid volume related to compromised heart function and renal perfusion as evidenced by weight gain peripheral edema, and ascites.	This patient had mild jugular vein distension, the sound of crackles in the lung, and excessive weight gain due to fluid imbalance	The patient will communicate understanding of dietary and fluid restrictions	1. Provide for diet restriction as indicated. 2. Monitor intake and output and calculate 24 hour fluid balance.	Patient shows decreased edema and abdominal distension.
3. At risk for impaired gas exchange related to fluid overload, evidenced by hypoxemia.	This patient pulmonary congestion noted as crackles in the left lung.	Patient will maintain stable fluid volume with balanced intake and output, stable weight, and absence of edema	1. Assess respiratory rate and lung sounds noting crackles or wheezes. 2. Monitor oxygen saturation and ABG findings	Patient shows improvement by absence of crackles and edema.
4. Activity and tolerance related to imbalance between oxygen supply and demand as evidenced by decreased endurance, and fatigue.	This diagnosis was chosen because this patient did not tolerate activity well.	The patient will actively participate in desired activities and meet their own self-care needs.	1. Assess for other causes of fatigue such as treatments for pain medications. 2. And identifying and overcoming barriers to physical activity	Patient is able to tolerate more activity upon exertion.
5. Risk for ineffective health maintenance related to lack of knowledge regarding cocaine use in conjunction with chronic	This nursing diagnosis was chosen because the patient admitted to cocaine use knowing he had chronic heart failure.	The patient will actively participate in their treatment plan.	1. Reinforce treatment rationale. 2. Explain and discuss the patients role in controlling risk factors such as drug use.	Patient is able to make informed decisions and utilizes additional assistance with community resources and support groups.

heart failure.				

Other References (APA):

Vera, M. (2024, August 9). *For all your nursing needs*. Nurseslabs. https://nurseslabs.com/