N431 CARE PLAN # 1

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Lakeview College of Nursing

N441: Adult Health 3

Professor Bergren

10/20/2024

Demographics

Date of Admission 10/18/2024	**Patient Initials** JCC	**Age** 90	**Biological Gender** Female
Race/Ethnicity Caucasian	**Occupation** Switch board operator at Danville Correctional; Factory worker at GE where she retired from	**Marital Status** Divorced	**Allergies** Iodine
Code Status Full Code	**Height** 165.1cm (5'5")	**Weight** 55.9kg (123lbs)	

Medical History

Past Medical History: Heart failure with preserved ejection fraction (HFpEF) 50-55%, arteriovenous malformation (AVM) of the colon, chronic respiratory failure, complete heart block, Chronic Obstructive Pulmonary Disease (COPD), dysphagia, hypertension (HTN), hyperlipidemia, right sided heart failure, intestinal effusion on the right side, intestinal angioectasia

Past Surgical History: Cholecystectomy, tonsillectomy, hysterectomy, repair of left 3rd digit traumatic amputation, esophagogastroduodenoscopy (EGD)/Colonoscopy, right lateral heart catheter, pacemaker insertion to left upper chest, transcatheter aortic valve replacement/transcatheter aortic valve implantation (TAVR/TAVI), small bowel enteroscopy, single balloon endoscopy.

Family History: Father passed away from lung cancer.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient stated that she "never smoked or chewed tobacco and hasn't had a drop of alcohol in over 30 years." She doesn't use vape, cigarettes, or recreational drugs.

Education: Graduated from Danville High School.

Living Situation: Lives with son.

Assistive devices: Patient utilizes oxygen and walker at home as well as in the hospital. Patient utilizes a shower chair at home. Patient utilizes glasses for reading, and dentures.

Admission History

Chief Complaint: Shortness of breath, coughing up phlegm

History of Present Illness (HPI)– OLD CARTS

Patient states "My problems started two years ago when I was in a car accident and my chest slammed into my steering wheel. I ended up having to have a pacemaker put in because of it and now I get short of breath all the time. Here recently my shortness of breath, I think, is because of all the dust and stuff in the air when they started getting corn and beans out of the field. I live in the country, so I am in the middle of it all. It really started to bother me on Thursday (10/17/2024) and by Friday I was really struggling to breathe and kept coughing up gunk (10/18/2024). I was wearing my oxygen and doing my breathing treatments, but nothing seemed to help me, so my son called an ambulance to bring me to the ER". This Patient was not able to specifically state what aggravated her shortness of breath other than contributing the field harvest to her sudden onset of symptoms.

Admission Diagnosis

Primary Diagnosis: Congestive heart failure exacerbation

Secondary Diagnosis (if applicable): Chronic obstructive pulmonary disease exacerbation, Right Plural Effusion, suspected gastrointestinal bleed, suspected non-ST-elevation myocardial infarction.

Pathophysiology

Congestive heart failure is a condition in which the heart does not pump blood efficiently, causing compensatory mechanisms to kick in. A decrease in cardiac output stimulates the release of epinephrine, norepinephrine, endothelin-1 (ET-1), and vasopressin, that causes vasoconstriction, which leads to increased afterload (Brito et al., 2023). Renal hypoperfusion causes the release of antidiuretic hormone (ADH), causing sodium and water retention that further decreases the glomerular filtration rate (Brito et al., 2023). Over time, the heart muscles lose their ability to pump blood efficiently, or a mechanical problem causes the heart to limit its ability to fill with blood before it is ejected into the body. Because of the compensatory mechanisms and the malfunction of the heart pumping adequately the Patient will then become congested with blood trying to meet the body's demands. The congestion problem then leads to the body not receiving enough oxygenated blood to get to the organs of the body.

This patient has Heart Failure with Preserved Ejection Fraction or HFpEF 50-55%. This patient also has a pacemaker to help keep her heart consistently pumping as well as a TAVR and TAVI. This patient came into the hospital because of shortness of breath at rest and even more so upon exertion. This patient was not able to find relief with current medications and inhalers. X-Ray results show this patient to have cardiomegaly, vascular congestion, edema pattern consistent with CHF, and a moderate to large right pleural effusion with compressive atelectasis. This patient also has chronic obstructive pulmonary disease (COPD). Along with struggling to breathe because of the congestive heart failure and pleural effusion putting pressure on the outside of the lungs, this patient struggles to breathe due to the constriction going on in the lungs from the COPD, as well as the collapsed alveoli. This patient's BNP was also elevated at 8,467

when it should be between 0-100 pg/ml. Based on troponin levels, this patient is also suspected to have had a non-ST-elevation myocardial infarction.

Treatment of heart failure depends on the cause of failure and the patient may need to make lifestyle changes, take medicines, and possibly need surgery to treat. According to Mayo Clinic, some lifestyle changes that may help with CHF include smoking cessation, a complete diet with plenty of fruits and vegetables, managing a healthy weight, limiting salt, complying with any fluid restrictions, exercising, getting proper sleep, and reducing stress (Mayo Clinic, 2023). In addition to lifestyle changes, some medication management may be needed. Medications like ACE inhibitors, Beta-blockers, diuretics, potassium-sparing diuretics, digoxin, and other medications may be utilized in CHF management (Mayo Clinic, 2023). In severe cases of CHF, the patient may need a surgical procedure such as a bypass, valve replacement, a pacemaker or defibrillator, or even a heart transplant. This patient was on Aldactone, which is on hold related to her high levels of potassium. This patient is currently on Lasix to help pull the fluids off of her. This patient is also on oxygen and utilizes two inhalers for her COPD. This patient currently has a pacemaker in the left chest, she has already received a valve replacement and will be receiving a thoracentesis to the right lung to remove excess fluid.

Pathophysiology References (2) (APA):

Brito, D., Vaqar , S., & Chhabra, L. (2023). *Congestive Heart Failure*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK430873/

Mayo Clinic (2023, April 20). *Heart failure*. Retrieved October 26, 2024, from https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
K+	**5.5**	**5.7**	**3.5-5.1 mmol/L**	Poor hydration, the Patient states she doesn't like water.
Calcium	**N/A**	**8.2**	**8.7-10.5 mg/dL**	Consumed a diet high in sodium. Poor hydration, Patient states she doesn't like water.
BUN	**32**	**34**	**10-20 mg/dL**	CHF and Heart Disease
Albumin	**3.0**	**N/A**	**3.5-5 g/dL**	Patient has heart failure
CO2	**35**	**35**	**22-30 mmol/L**	Patient has COPD
RBC	**2.28**	**N/A**	**3.8-5.3 10(6)mcL**	Possible GI bleed. Required a blood transfusion
Hgb	**6.2**	**9.2**	**12.0-15.8 g/dL**	Possible GI bleed. Required a blood transfusion
HCT	**23.2**	**30.7**	**36.0-47.0%**	Possible GI bleed. Required a blood transfusion
MCV	**101.8**	**N/A**	**80-100fl**	Poor nutritional and hydration intake, possible GI bleed.
MCHC	**26.7**	**N/A**	**32-36g/dl**	Poor nutritional and hydration intake, possible GI bleed.
High sensitivity Troponin	**345**	**182**	**0-15**	Patient has heart failure and cardiovascular disease
Platelet	**482**	**N/A**	**140-440 10(3)mcL**	Patient has cardiovascular disease
Absolute Lymphocyte	**0.66**	**N/A**		
BNP	**8,467**	**N/A**	**0-100pg/ml**	Heart Failure
RDW	**22.2**	**N/A**	**12.2-16.1%**	Poor nutritional and hydration intake, possible GI bleed.

RDW-SD	**73.9**	**N/A**	**39-46fl**	Poor nutritional and hydration intake, possible GI bleed.

Diagnostic Test & Purpose	Patients Signs and Symptoms	Results
UA completed on 10/18/24	Suspected UTI r/t strong odor of urine upon arrival to the ER.	Protein 30 (should be negative), Trace amount of Leukocyte Esterase (should be negative), and Granular Casts 0-3 (should be none seen) (Pagana et al., 2022).
10/18/2024 Chest X-Ray	Complaints of SOB and productive cough	Cardiomegaly, vascular congestion, edema pattern most in keeping with CHF/overload, moderate to large right pleural effusion with compressive atelectasis of right base.

Diagnostic Test Reference (1) (APA):

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

Active Orders

Active Orders	Rationale
Diet Regular	**MD switched diet order to regular so pt would have a variety to choose from and eat. Intake was poor at first.**
Weight Daily before breakfast	**Fluid volume overload and on Lasix**
I&O every shift	**Fluid volume overload and on Lasix**
VS every 8 hours	**Facility Protocol**
Continuous oximeter	**Fluid volume overload, SOB with exertion, pleural effusion and atelectasis shown in x**

	ray.
Respiratory therapy to assess and treat	**Fluid volume overload, SOB with exertion, pleural effusion and atelectasis shown in x ray.**
O2 at 5 L NC	**Fluid volume overload, SOB with exertion, pleural effusion and atelectasis shown in x ray.**
Pressure Injury notification	**Pt admitted with a stage 1 PI**
Inspect Skin for pressure injuries within 24 hours of admission	**Facility Protocol**
Up as tolerated	**Experiencing SOB with exertion**
Pneumatic compression stockings while in bed	**Blood clot prevention**
Notify physician if SBP 90< >180; HR 50< >120; Temp 97 < > 100.4; Resp Rate 10< > 30; O2 saturation <92%	**Facility Protocol**
CBC with Differential due again 10/21/24	**Follow up labs**
BMP due again 10/21/2024	**Follow up labs**
Magnesium due again 10/21/2024	**Follow up labs**
BMP due again 10/21/2024	**Follow up labs**

Medications

Home Medications (Must List ALL)

Brand/Generic	**Aldactone/ spironolactone** **This at home medication has been discontinued for now.**					
Classification	P-Potassium sparing diuretic. T-Diuretic					
Reason Patient Taking	Heart Failure					
List two teaching needs for the medication	Limit intake of potassium rich foods because this drug does not take calcium					

pertinent to the Patient	from the body. May experience dizziness if fluid balance is altered.					
Key nursing assessment(s) prior to administration	Monitor labs and for orthostatic hypotension.					

Hospital Medications (Must List ALL)

Brand/ Generic	**Lasix/ furosemide** While at the hospital she is on IV push 40mg BID	**Lipitor/ atorvastatin** Home and hospital 40mg PO Daily	**Breo Ellipta / fluticasone furoate-vilanterol** Home and hospital 100-25mcg inhale 1 puff daily	**Spiriva Respimat/ titropium bromide** Home and hospital 2 sprays daily	**Tylenol/ acetaminophen** Home and hospital 500mg PO Every 4 hours PRN	**Lovenox / Enoxaparin** 30mg subcue daily @1300
Classification	P- Loop diuretic, T- Antihypertensive, diuretic (Jones & Bartlett Learning, 2022).	P- P2Y platelet inhibitor T- Platelet aggregation inhibitor (Jones & Bartlett Learning, 2022).	P- Combination ICS and LABA T- Long-Acting Beta Agonists (WebMD, 2023).	P- Anticholinergic. T- Bronchodilator (Jones & Bartlett Learning, 2022).	P- Nonsalicylate, para-aminophenol derivative; T- Antipyretic and nonopioid analgesic (Jones & Bartlett Learning, 2022).	P- low molecular weight heparin; T- anticoagulant

Reason Patient Taking	HTN, CHF, Fluid volume overload	Hyperlipidemia	COPD, Chronic Respiratory Failure	COPD, Chronic Respiratory Failure	For pain or fever	Prophylactic
List two teaching needs for the medication pertinent to the Patient	Monitor weight daily, this is an ototoxic medication notify MD if new onset of ringing in the ears (Jones & Bartlett Learning, 2022).	Plavix prolongs bleeding time. Don't abruptly stop taking medication without provider consult (Jones & Bartlett Learning, 2022).	Rinse and spit after taking medication to prevent thrush. Wait one minute between use of multiple inhalers and use this one last (WebMD, 2023).	Do not take more doses than directed by provider, and rinse mouth after use to minimize dryness and irritation (Jones & Bartlett Learning, 2022).	Do not take more than prescribed; educate Patient on s/sx of hepatotoxicity**.**	This medication can cause bruising and bleeding; Don't rub site after injection as this can cause bruising (Jones & Bartlett Learning, 2022).
Key nursing assessment(s) prior to administration	Baseline wt and labs (Jones & Bartlett Learning, 2022).	Monitor CBC, Monitor for excess bleeding (Jones & Bartlett Learning, 2022).	Assess respiratory status and assessment of BMD since she has COPD (WebMD, 2023).	Assess respiratory status and monitor their renal as well as pulmonary function (Jones & Bartlett Learning, 2022).	Monitor electrolytes and liver function prior to administration of Tylenol (Jones & Bartlett Learning, 2022).	Monitor for bleeding precautions, monitor serum potassium level for elevation (Jones & Bartlett Learning, 2022).
Brand/ Generic	**Lokelma/ sodium sirconium cyclosilicate** 10g packet					

	oral daily					
Classification	T-Potassium reducer (Jones & Bartlett Learning, 2022).. P-Potassium binder (Jones & Bartlett Learning, 2022).					
Reason Patient Taking	High levels of potassium					
List two teaching needs for the medication pertinent to the Patient	Take two hours before or after your other medication. Report excessive swelling of the arms, legs, or other areas of the body because this drug contains sodium which can be dangerous in those with heart failure (Jones & Bartlett Learning, 2022).					
Key	Monitor					

nursing assessment(s) prior to administration	electrolyte labs values and for edema (Jones & Bartlett Learning, 2022).					

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your Patient
1. Lasix/Furosemide	Patient has HTN and fluid volume overload. This Patient has a right pleural effusion with atelectasis.	1. This medication was administered IV push and can cause ototoxicity. 2. Can cause electrolyte imbalances.
2. Lokelma/ sodium sirconium cyclosilicate	Patient has had high levels of Potassium which can lead to muscle weakness, arrhythmias, and cardiac arrest.	1. Can increase the risk of side effects of Lasix and Lipitor. 2. Can cause potential hypokalemia from removing too much potassium from the body.
3. Breo Ellipta /fluticasone furoate-vilanterol	Needed to decrease inflammation and constriction in the lungs to allow for gas exchange.	1. Potential for causing thrush. 2. Immune suppression

Medications Reference (1) (APA)

Jones & Bartlett Learning. (2022). *2022 Nurse's drug handbook* (19th ed). Jones & Bartlett Learning.

WebMD (2023, May 1). *Breo Ellipta Blister, With Inhalation Device - Uses, Side Effects, and More*. Retrieved October 26, 2024, from https://www.webmd.com/drugs/2/drug-164644/breo-ellipta-inhalation/details

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Patient Complaints or Concerns:**	Alert and Oriented X4, overall appearance well groomed, no distress noted at time of assessment. No infection control precautions in place other than standard precautions. Patient has episodes of anxiety related to not being able to breathe. After education to breathe through her nose, she is on 5L O2, she can catch her breath and calms down.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	**B/P:** 126/63 **Resp Rate:** 20 **Pulse:** 69 **Temp:** 97.6 (36.4) **SpO2:** 96% on 5L NC
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	0700, number scale, 3/10, patient had complaints of aching pain in her lower back, we repositioned her since she already had Tylenol. Patient was able to get relief from her lower back pain after the repositioning. 1044, number scale, 3/10, patient had complaints of aching pain in lower back, I did her assessment, gave her a bath, and laid her down. This patient was able to find relief from her lower back pain after the bath and being repositioned from a sitting to a laying position. Went back to check on her at 1115 and she was sleeping.
IV ASSESSMENT: **Size of IV:** **Location of IV:**	Patient had an 18G to the Right AC and a 18G to the anterior right anterior wrist. Dressing dates were 10/18/2024. Both IVs were Patient,

Date on IV: **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	dressings were CDI, no signs or symptoms of phlebitis or infiltration. Both IVs are saline locked.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin color is usual for ethnicity, moist, warm to touch with turgor less than 3 seconds. No rashes, noted. Braden score is 18. No drains present. Patient has multiple bruises over her arms and bilateral lower extremities. Patient has a stage 1 pressure injury to her coccyx. Foam dressing changed 10/20/2024.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, I did not try to palpate the thyroid nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, EOMs intact bilaterally. Requires glasses for reading. Bilateral auricles have no visible or palpable deformities, lumps, or lesions. I did not look into bilateral canals; however, I did not visualize any drainage. Septum is midline and bilateral frontal sinuses are non-tender to palpation. Oral mucosa overall is moist and pink without lesions noted. Patient is edentulous and has upper as well as lower dentures. Patient states someone at the hospital lost her dentures. Patient requires assistance with oral care. Gums were pink without 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:**	Clear S1 and S2 without murmurs gallops or rubs. PMI palpable at 5th intercostals space at MCL. Regular rate and sinus rhythm. Pacemaker to left upper chest. Peripheral pulses 2+ bilaterally to the upper extremity, and 2+ to left lower, capillary refill < 3 seconds bilaterally hands and feet. No neck vein distention. Pt on telemetry monitoring. No edema noted.

RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Irregular rate and pattern of respirations at times, respirations non-labored, when she is breathing through her nose. When she breaths through her mouth she becomes short of breath and uses accessory muscles. When she exerts herself, she becomes SOB. Bilateral upper lung sounds diminished anterior/posterior, left lower lobe crackles could be heard, right lower lobe rubbing could be heard. Patient utilizes O2 at 5L NC.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Patient Tolerating Diet?** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	Patient states her son fixes dinner for her and sometimes she must figure out something to eat. Diet at home is a regular diet and should be low sodium. However, Patient stated they eat a lot of canned foods, microwave foods, and fast food. Patient consumes a regular consistency food and liquid diet while at home. While at the hospital Patient is on a regular diet to liberalize her choices related to low intake of food when first admitted. Current height is 5'5" (165.1cm) and current weight is 55.9kg (123 lbs.). Bowel sounds active in all 4 quadrants, last BM 10/20/24. BM was formed with red streaks. No pain noted to the abdomen upon palpation. No scars, drains, or incisions. Patient does have a foam dressing to the coccyx for her stage 1 pressure injury. Dressing changed by this writer on 10/20/2024. Area to coccyx had intact blanchable skin. Doesn't have an ostomy, nasogastric or feeding/PEG tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Urine color is yellow and clear. Total output for this clinical is not known. Patient voided x3 during this clinical and had an output of 500ml via the Pure Wick, external female catheter. No complaints of burning or pain with urination. Patient is not on dialysis. Patient does not have a catheter.
Intake (in mLs) **Output (in mLs)**	Intake 805ml that I know of and charted during my clinical. Output 500ml known and voided x3 in the toilet, too.

	Patient ate about 50% of her breakfast and lunch. Patient had ordered an excessive amount of food at each meal.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	Patient is A&Ox4. All extremities have full ROM. Bilateral hand grips, push pulls are equal with equal strength. Requires 1 assist with ADLs, transfers, and ambulation with use of gait belt and walker. Patient has a fall score of 18 that puts her at high risk for falls.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW. Bilateral hand grips and push/pulls are equal with equal strength. Requires 1 assist with ADLs, transfers, and ambulation with use of gait belt and walker. PERRLA bilaterally. EOMs intact bilaterally. Requires glasses for reading. Patient is A&Ox4. Speech is clear.
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):**	Patient copes with life stressors and her health stressors by confiding in her son and praying to God. Patient exhibits normal development level for her age. Patient can read and write and can make fully informed decisions. Patient is at the formal operational stage in Piaget's cognitive development and Integrity vs Despair in Erikson's stages of development. Patient is a graduate of Danville High School and took a typing class but didn't attend college. Patient states she attends church in Danville at the Nazarene church where she has gone all her life. She relies on her faith to get her through the hard times. Patient lives at home with her son who is a support system for her. Patient states she has no fear or experience with anyone harming her or threatening her.

Discharge Planning

Discharge location: Back to son's house.

Home health needs: Nutrition management, Therapy services for strengthening and ADLs.

Equipment needs: Patient will continue to use her walker, shower chair, and oxygen at home.

Follow up plan: Follow up with the primary care provider, possibly pulmonology, and possibly cardiology.

Education needs: Breath through her nose to receive the oxygen from her nasal cannula and not mouth to help with SOB, adequate nutrition and hydration when she returns home.

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 Patient	**Rationale** • Explain why the nursing diagnosis was chosen	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Impaired gas exchange related to ineffective breathing pattern as evidenced by ventilation-	This patient has COPD, a right pleural effusion, atelectasis, and complaints of SOB requiring use of 5L of oxygen via NC.	Patient will have normal breath sounds and ventilation by discharge.	**1.** "Place Patient in a position that best facilitates ventilation and profusion" (Phelps,	The patient was able to maintain O2 saturation with occasional reminders to breath through her nose and not her mouth

perfusion imbalance (Phelps, 2023).			2023). **2.**" Assess and record pulmonary status every 4 hours or per facility protocol" (Phelps, 2023).	during my clinical rotation.
2. Excess fluid volume related to fluid buildup in the pleural cavity as evidence by pleural rub noted upon osculation of right lung (Phelps, 2023).	This patient has SOB, heart failure, and a right pleural effusion.	Patient's labs and VS will be within normal limits by discharge.	**1. "**Monitor VS every 4 hours or per facility protocol to identify changed parameters indicating a status change" (Phelps, 2023). **2**. "Monitor labs and administer diuretics per MD protocol to monitor kidney function and promote fluid excretion" (Phelps, 2023).	Both sets of VS obtained during my clinical rotation were with in normal limits for this Patient.
3. Risk for hypovolemic shock related to suspected GI bleed and use of diuretics (Phelps, 2023).	This patient is using IV push Lasix to rid her body of excess fluids which could potentially cause her to lose	Patient will maintain adequate blood pressure to maintain tissue perfusion	**1.** Monitor VS and O2 saturation per protocol (Phelps, 2023).	Patient's blood pressure was adequate to maintain tissue profusion at the end of this clinical.

	more fluids than she should. Patient has cardiac health issues which can decrease the ability to circulate fluids through the body. Patient does have a suspected GI bleed as well.	throughout her hospital stay.	**2.**Access level of consciousness with each vs check (Phelps, 2023).	
4. Impaired skin integrity related to pressure over bony prominence as evidence by non-blanchable skin to the coccyx (Phelps, 2023).	This patient was admitted with a stage 1pressure injury to the coccyx.	Patient will exhibit improved or healed skin integrity by the end of hospitalization	1. Follow facility protocol for assessing risk, identifying, and treating pressure injuries**,** (Phelps, 2023). **2.** Position patient for comfort and minimal pressure to her coccyx. Change position at least every 2 hours (Phelps, 2023).	Patient's stage 1 was resolved during this clinical rotation. Continued to use foam dressing to provide extra protection to the coccyx and continued to encourage her to reposition herself every few hours.
5. Decreased activity tolerance related to imbalance between oxygen supply/demand as evidenced by complaints	This patient becomes short of breath with exertion even with her oxygen on at 5L NC	Patient will have reduced episodes of SOB when ambulating and performing ADLs by discharge.	**1.** "Encourage patient to help plan activity progression which may encourage compliance with the plan" (Phelps, 2023).	The patient was able to ambulate, assist with bathing, and grooming. Patient did become SOB with some activities but was able to

of SOB with exertion (Phelps, 2023).			**2**. "Gradually increase activity to meet patient's abilities to build strength and endurance" (Phelps, 2023).	recover after taking rest breaks.

Other References (APA):

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