N431 CARE PLAN 1

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Lakeview College of Nursing

N441: Adult Health 3

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Demographics

Date of Admission 10-31-24	Client Initials NW	Age 87	Biological Gender Male
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Single	Allergies No none allergies
Code Status Attempt CPR	Height 165cm	Weight 707.7 kg	

Medical History

Past Medical History: Prostate Cancer, GERD, Hyperlipidemia, Aortic Stenosis, Retinal Detachment

Past Surgical History: Trans Aortic Valve Replacement (TAVR), Tonsillectomy

Family History: Cancer (father), diabetes (grandma)

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): former smoke (1/2 pack a day), alcohol (1 shot per day)

Education: Graduated Highschool

Living Situation: Lives alone at home

Assistive devices: Glasses and Hearing Aids

Admission History

Chief Complain: Shortness of Breath

History of Present Illness (HPI)– OLD CARTS

Patient came in on 10-31-2024. He said “I feel like I cannot catch my breath just sitting here.” This started on 9-3-2024 and has progressively gotten worse. He is having difficulty breathing with no full relief. Sitting up makes it a little easier to breath. He has tried deep breathing exercises with no relief. The severity was high.

Admission Diagnosis

Primary Diagnosis: Chronic Heart Failure

Secondary Diagnosis (if applicable): Hypoxemia

Pathophysiology

Pathophysiology References (2) (APA):

The symapthadrenergic and renin-angiotensin-aldosterone system is activated after a cardiac injury, such as increased pre-load or after-load or myocardial infarction (Schwinger, 2021). The level of neurohormones like norepinephrine and natriuretic peptides will be increased. Cellular changes occur in abnormal changes in calcium homeostasis, myocyte hypertrophy, and excitation-contraction coupling (Schwinger, 2021). There will be a decrease in the heart output (Schwinger, 2021).

The signs and symptoms of chronic heart failure are shortness of breath when lying dying or after activity, swelling in the lower extremities, wheezing, weakness, rapid weight gain from fluid, lack of appetite, or chest pain (Mayo Clinic Staff, 2024). The patient had a 10-pound weight gain in the past two weeks. He had swelling in his lower legs with chest pain. When the patient walks and does minimum exercise, he has shortness of breath and feelings of weakness.

The doctor will first review the signs and symptoms to diagnose heart failure. Blood tests and an EKG, ejection fraction, stress tests, and heart CT scan will be run (Mayo Clinic Staff, 2024). The patient had a blood test and a CT scan that showed enlargement of the cardiac

silhouette and increasing pulmonary vascular congestion. The patient had a continuous EKG so the health team could monitor his heart and oxygen level.

The treatment of heart failure has a few options. Most medications include ACE inhibitors, beta-blockers, angiotensin receptor blockers, diuretics, digoxin, and other drugs. Some may take more than one of these to help treat their heart failure (Mayo Clinic Staff, 2024). Surgical procedures can be heart valve replacement, coronary bypass surgery, or heart transplants in severe cases (Mayo Clinic Staff, 2024). The patient was being treated with beta-blockers and diuretics. He refused any severe treatment, like surgery.

References

Mayo Clinic Staff. (2023). *Heart failure.* Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/heart-failure/diagnosis-treatment/drc-20373148

Schwinger, R. (2021). Pathophysiology of heart failure. *PubMed Central. https://pmc.ncbi.nlm.nih.gov/articles/PMC7944197/#:~:text=HFpEF%20is%20characterised%20by%20structural,altered%20cardiomyocyte%20relaxation%20and%20inflammation.*

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	**132** **mmool/L**	**134** **mmool/L**	**136-145** **mmool/L**	The decrease un sodium is because of the patient's hear failure (Martin, 2024).
Cholride	**99**	**94**	**98-**	The decrease is chloride is because of the patient's;

	mmool/L	**mmool/L**	**107mmol/L**	heart failure (Martin, 2024).
Calcium	**8.8 mg/dL**	**8.4 mg/dL**	**8.9-10.6/ mg/dL**	The decrease in calcium could be because the patient does not consume enough calcium in his diet (Martin, 2024).
Albumin	**3.6 g/dL**	**3.2 g/dL**	**3.4-4.8 g/dL**	The decrease in albumin could be from the patient's heart failure and inflammation of the lungs (Martin, 2024).
AST	**80 u/L**	**71 u/L**	**9-34 u/L**	The increase in his AST levels could be due to the patient's alcohol use (Martin, 2024).
HgB	**11.6 g/dL**	**12.4 g/dL**	**12-18g/dL**	Patient levels are decrease due to possible anemia (Martin, 2024).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
XR Chest AP OR PA Only	**Chest pain/SOB**	Stable enlargement of cardiac silhouette, increasing pulmonary vascular congestion, increasing pleural effusion. No pneumothorax

Diagnostic Test Reference (1) (APA):

Martin, P. (2024). *Complete normal lab values reference guides & cheat sheet*. Nurseslabs.

Normal Lab Values: Complete Reference Cheat Sheet (2023) - Nurseslabs

Active Orders

Active Orders	Rationale
Cardiac Monitoring	To monitor his heart and to make sure it is within normal limits. It shows the health care team if there are any abnormalities.
Cardiac Diet	The diet help promotes heart health which is what this patient need.
Daily Weight/ I&O	This patient has a lot of fluid and swelling so this can show if he has progression in losing the fluid. Monitoring his input and output is the same reasoning to see his progression.
Vital Signs every 4 hours	To make sure the patient remains stable.

Medications

Home Medications (Must List ALL)

Brand/ Generic	**Apixaban (Eliquis)** (Hospital Med too)	**Acetsalicylic acid (aspirin)**	**Atorvastatin calcium (Lipitor)**	**Famotidine (Pepcid)** (Hospital Med too)
Classification	**Pharmacological (P) :** Factor Xa Inhibitor (Jones & Bartlett, 2023) **Therapeutic (T) :** Anticoagulant (Jones & Bartlett, 2023)	P: Salicylate (Jones & Bartlett, 2023) T: NSAID(Jones & Bartlett, 2023)	P: HMG- CoA reductase inhibitor (Jones & Bartlett, 2023) T: Antihyperlipidemic(Jones & Bartlett, 2023)	P: Histamine-Z blocker(Jones & Bartlett, 2023) T: Antiulcer Agent (Jones & Bartlett, 2023)
Reason Client Taking	Patient has A-Fib. Reduces risk for blood	Help reduce the risk of an MI	Reduce the risk of acute cardiovascular events such as angina	To help his GERD

	clotting up			
List two teaching needs for the medication pertinent to the client	Do not abruptly stop taking, Bleeding Precautions	Avoid alcohol, take with a meal	Take at the same time each day, monitor blood glucose	Avoid alcohol, store at room temperature
Key nursing assessment(s) prior to administration	Make sure the patient is not actively bleeding	Make sure there are no bleeding risk and has no scheduled surgeries	Monitor blood glucose	Assess renal function

Brand/ Generic	**Metoprolol (Kapspargo)**	**Furosemide (Lasix) (hosipitsl medoo) t**
Classification	P: Beata-adrenergic blocker (Jones & Bartlett, 2023) T: Antihypertensive (Jones & Bartlett, 2023)	P: Loop Diuretic (Jones & Bartlett, 2023) T: Antihypertensive (Jones & Bartlett, 2023)
Reason Client Taking	Treat high blood pressure	Patient has fluid overload
List two teaching needs for the medication pertinent to the client	Notify provided if you feel like you have a slow heart rate, check glucose	Take several hours before bedtime, get up slowly when standing up
Key nursing assessment(s) prior to administration	Monitor blood pressure and blood glucose	Input and output, Blood pressure, blood glucose

Hospital Medications (Must List ALL)

Brand/Generic	**Carveilol (Coreg)**	**Methylprednisolone (Solu-Medol)**	**Spironolactone (Aldactone)**
Classification	P: Beta Blocker (Jones & Bartlett, 2023) T: Antihypertensive (Jones & Bartlett, 2023)	P: Glucocorticoid (Jones & Bartlett, 2023) T: Corticosteroid (Jones & Bartlett, 2023)	P: potassium-sparing diuretic (Jones & Bartlett, 2023) T: Diuretic (Jones & Bartlett, 2023)
Reason Client Taking	To treat heart failure	To treat inflammation the patient might have	Help treat Heart failure
List two teaching needs for the medication pertinent to the client	Notify provider if there is a 2pound increase, may cause dizziness	Take with food, caution against double dosing	Take in the morning, may cause dizziness
Key nursing assessment(s) prior to administration	Blood glucose, blood pressure	Liver enzyme, low diet, Signs and symptoms of an active infection	Serum potassium, blood pressure

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1.Lasix	The patient has major fluid and swelling and the patient is having trouble breathing as a result.	1. Urinating frequently. The patient is urinating the excess fluid out 2. Dizziness. The patient is a fall risk because of this side effect
2. Solu-Medrol	To treat inflammation in the lungs. This will help his breathing.	1. More prone to infection. Will have to make sure there are no signs or symptoms of an active infection.

		2.
3. Coreg	To help treat heart failure. I chose this one last because his breathing issues were a priority.	1. Dizziness, this pertains on my patient because he is already unsteady on his feet and this may make it worse 2. Weight gain. His weight is monitored to make sure he is losing fluid so this might hinder the results.

Medications Reference (1) (APA)

Jones & Bartlett Learning. (2023). *Nurses drug handbook* (22nd ed.). Jones and Bartlett Learning

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	The patient was AxO X4. He was in no acute distress and was well dressed. The client was on no isolation. He chief complaint was shortness of breath.
VITAL SIGNS: **Temp:** 36.7 C **Resp rate:**18 **Pulse:77** **B/P:**132/65 **Oxygen:**96 **Delivery Method**: Room Air	
PAIN ASSESSMENT: 0 **Time:** 0900 **Scale:** numerical **Location:** no location **Severity:** none **Characteristics:** none **Interventions**: none	
IV ASSESSMENT: **Size of IV:** 18G **Location of IV:** Left antecubital **Date on IV:**10-31-24 **Patency of IV:** flushes easily	Patient's IV has no redness, drainage, or swelling. The dressing was dry and intact. Saline lock was on the IV.

Signs of erythema, drainage, etc.: **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Patient's skin was warm and dry. The color was pink. Skin turgor had no tenting. He had no rashes, lesions, wounds, or bruising. His braden score was was 13.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patients trachea has midline with no deviation. The head and neck was symmetrical. Ears had no trauma or drainage. PERRLA intact bilaterally. The patient had all teeth intact. No sinus tenderness upon palpations.
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:**	The patient has a normal sinus rhythm with no murmur but s1 and s1 noted. Peripheral pulses were a 3+. Cap refill was < 3 seconds. He still had some minor swelling in lower legs with pitting at a 1+.
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	Patient has wheezes in all lower lung. Accessory was used after walking to the bathroom.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height:** 165cm **Weight:** 70.7 kg **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:**	The patient's at home is normal. Current diet is a cardiac diet that he is tolerating. Bowl sounds present in all four quadrants. No pain or masses when palpated. Last BM was 11-3-2024. There are no distension, incisions, scars or drains. Urine is a light yellow.

Incisions: **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** **Size:**	Patient's urine was a light yellow and clear. He had an output of 1200ml. He had an external catheter.
Intake (in mLs) **Output (in mLs)**	50mls 100% of breakfast 75% of lunch Output: 1200mls
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 5** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	The patient ad FROM bilaterally. The patient has a walker. He has 3+ strength bilaterally. He cannot tolerate activity. Patient needs support to walk.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒**	He is AxO x4. He has clear speech. His mental status is that of an adult. His LOC is full.

Orientation: **Mental Status:** **Speech:** **Sensory:** **LOC:**	
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):**	The patient likes to read to help reduce his time. His development is that of an adult. His religion his catholic, but it means little to him. He has a daughter, but that is his only close family that he has a relationship with. He lives alone.

Discharge Planning

Discharge location: The patient will be discharge to home.

Home health needs: The patient might need help outside the house like someone who comes and checks on and cleans his house and helps him with daily chores like help at home.

Equipment needs: The patient might need oxygen and a walker.

Follow up plan: The patient will follow up with his primary care doctor and hopefully a cardiac specialist if he is willing.

Education needs: The patient need to be educated on medication compliance. He could live a healthier life if he would be more open to taking his medication and following doctor's orders.

Nursing Process

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

Nursing Diagnosis	Rationale	Outcome	Interventions	Evaluation of interventions
1. Risk for impaired gas	He wanted to rest after his	Patient can walk to	1.Admisiter medication	His shortness of breath has been

exchange related to shortness of breath as evidence by patient struggling to catch his breath. (Phelps, 2021).	short trip to the bathroom. It was chosen because he can not even do simple task without breathing difficulty.	bathroom without getting out of breath.	2.Apply oxygen	better since getting some fluids off of his lungs through his medication regimen.
2. Risk for excess fluid volume related to his heart failure as evidence by his edema in his lower legs. (Phelps, 2021).	Patient has had wheezing due to fluid in lungs and swelling in legs.	Patient will have unlabored respirations	1. monitor intake and output 2.adminster medication	Patient is breathing more comfortable today compared to his admission date.
3. Risk for falls related to unsteadiness as evidence by the patients needing assistance with walking and feeling weak. (Phelps, 2021).	Patient has physical limitations when doing activity and its makes him unsteady on his feet.	Patient will identify factors the increase the risk for falls.	1.Put patient on high fall risk 2Walk the patient with a walker	Patient can walk with walker after teaching him the proper way to do so.
4. Fatigue related to exercise as evidence by the patient's tiredness after walking to the bathroom (Phelps, 2021).	The patient wanted to rest in bed after his short trip the bathroom.	Patient can walk to the bathroom without wheezing	1.Raise head of bed 2.Apply oxygen	Oxygen has more energy compared to his admission date.
5. Hopeless related to activity intolerance as evidence by the patient stating "I feel like I can not do anything without help."	Patient verbally telling me he feels hopeless.	The patient has less feelings of hopelessness	1. Encourage the patient to participate in self care as much as he can 2.Ackowledge the patient's	The patient is reading more and doing things he enjoys while he is in bed and it is working for these feelings.

(Phelps, 2021).			emotions	

Other References (APA):

Phelps, L. (2021). *Nursing diagnosis reference manual (12th ed.). Wolters Kluwer*