

N431 CARE PLAN 1

Vanessa Jackson

Lakeview College of Nursing

N441: Adult Health 3

Professor Bergen

11/10/24

Demographics

Date of Admission 11/1/24	Client Initials HD	Age 50	Biological Gender Male
Race/Ethnicity White	Occupation Unemployed	Marital Status Single	Allergies None
Code Status Full	Height 193 cm	Weight 99.1 kg	

Medical History

Past Medical History: Anemia, Barrett's esophagus, bipolar disorder, uncontrolled diabetes type 1, NSTEMI, chronic heart failure, chronic pancreatitis, right below knee amputation peripheral neuropathy, alcohol abuse, ascites, bilateral pleural effusion, portal hypertension with splenic vein thrombosis on CTA with varices.

Past Surgical History: Right below knee amputation

Family History: Sister; diabetes, Father; coronary artery disease

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

- History of alcohol abuse; cessation in 2018 (patient was admitted with an elevated blood alcohol level).
- Smokes half a pack of tobacco per day
- Marijuana use.

Education: High school

Living Situation: Lives at home with his niece

Assistive devices: Prosthetic leg and crutches

Admission History

Chief Complaint: Shortness of breath, chest pain, and lower extremity swelling

History of Present Illness (HPI)– OLD CARTS

The patient is a 50 year-old male who presents to the Sarah Bush ED (transferred to Carle) with shortness of breath, chest pain, and lower leg swelling. Patient states he suffered a fall two days ago, and obtained an injury to his left knee. He states that he noticed the swelling shortly after the fall, and it has been getting worse since then. He also stated that shortness of breath and chest pain started the day prior. The patient reports tightness in his chest with no radiation, and a throbbing pain in his residual limb area (right knee). Patient reports the swelling is so bad that he cannot fit his prosthetic leg. Patient reported pain an 8/10 on a numeric scale. He reported weakness, and only sitting helps alleviate the pain. Patient stated had one drink to treat the pain, (despite reporting cessation in 2018), but had an alcohol blood level of 24.7%.

Admission Diagnosis

Primary Diagnosis: Acute NSTEMI

Secondary Diagnosis (if applicable): N/A

Pathophysiology

A Non-ST-Elevation Myocardial Infarction (NSTEMI) is a type of heart attack that occurs when a partial blockage is present in the coronary artery, causing reduced blood flow to the heart (Cleveland Clinic, 2021). It is a severe condition that requires medical attention because it can cause a significant amount of damage to the heart. On a cellular level, there are several ways an NSTEMI can develop. One common way is when built-up atherosclerotic plaque (primarily fat and cholesterol) becomes unstable and ruptures within the coronary artery. These substances are then released in the bloodstream, triggering the body to release platelets to clot the rupture site (Pollack et al., 2020). This causes occlusion in the artery and reduces blood flow. In

various other instances, an NSTEMI can also happen because of cellular dysfunction and injury and acute and long-term heart disease (Pollack et al., 2020).

Because NSTEMI is a cardiac (systemic) issue, it can affect several body systems. It can affect the respiratory, renal, gastrointestinal, endocrine, and nervous systems. Some of these systems are highly sensitive to changes in blood flow and can instantly decline physical health. The client having uncontrolled diabetes further exacerbates his admitting diagnosis (Cleveland Clinic, 2021). The client displayed several common signs and symptoms of an NSTEMI. The client had chest pain, dyspnea, weakness, and nausea.

The primary diagnosis was established by various diagnostic data correlating with his symptoms and cardiac health history. The echo showed several areas of regurgitation and a mildly enlarged atrium. His troponin levels were extremely high, and the ECG presented an abnormal QRS-T. The cardiac diagnostic testing distinguished it as a STEMI vs NSTEMI. The client's symptoms were very similar to that of an NSTEMI, and he also suffers from chronic heart failure. The primary treatment of the diagnosis was antiplatelet and anticoagulation therapy. The client was given a heparin drip to prevent further clot formation and minimize the risk of bleeding. He was given aspirin to prevent platelet aggregation. He was also given atorvastatin to help stabilize plaque and reduce inflammation to decrease the chance of another cardiovascular event.

Pathophysiology References (2) (APA):

Cleveland Clinic Staff. (2021). NSTEMI: *Non-ST-Elevation myocardial infarction (heart attack)*. Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/22233-nstemi-heart-attack>

Pollack C., Amin A., Wang T., Deitelzweig S., Cohen M., Slattery D., Fanikos J., DiLascia C., Tuder R., Kaatz S. (2020). *Contemporary NSTEMI management: the role of the hospitalist*. National Library of Medicine. 48(1):1-11. doi: 10.1080/21548331.2020.1701329

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	119	117	74-100 mg/dL	Patient is a type 1 diabetic. Prior to admission, he was not taking insulin to control it (Martin, 2023).
Potassium	3.5	5.2	3.5-5.1 mmol/L	Possibly due to Lasix treatment (Martin, 2023).
Chloride	110	115	98-107 mmol/L	This can be a possible result of the patient's anemia diagnosis (Martin, 2023).
CO2	18.0	17.0	22-29.0 mmol/L	This can be a possible result of the patient's anemia or cardiac issues (Martin, 2023).
Creatinine	1.29	1.36	0.70-1.30 mg/dL	An elevated creatinine is associated with the patient's chronic heart failure (Martin, 2023).
Hemoglobin	7.7	7.8	12.0-18.0 g/dL	This may be due to the patient's anemia (Martin, 2023).
Hematocrit	23.0	24.5	37.0-51.0%	This may be a result of the patient's anemia (Martin, 2023).
WBC	4.46	3.55	4.00-11.00 10³/uL	This may be a side effect from the patient's antipsychotic medication or chronic stress (Martin, 2023).
RBC	2.48	2.60	4.10-5.70	This can be a result from

			10⁶/uL	heart failure or diuretic therapy (Martin, 2023).
Absolute Neutrophil	2.30	1.49	1.60-7.70 10³uL	This may be a side effect from the patient's antipsychotic medication or chronic stress (Martin, 2023).
RDW-SD	47.8	47.9	36.7-46.1 fl	This can be correlated to the patient's anemia, liver issues, or diabetes (Martin, 2023).
Troponin	6,211	N/A	0-4 ng/uL	This is a result of the patient's heart condition (Martin, 2023).
Calcium	7.0	7.1	8.9-10.6 mg/dL	This may be associated with the patient's uncontrolled diabetes and alcoholism (Martin, 2023).
Iron	29	N/A	65-175 ug/dL	This is a result of the patient's anemia (Martin, 2023).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
ECG 12 Lead: elevated troponin level	Abnormal QRS-T	Normal sinus rhythm with left anterior fascicular block.
Complete Adult Echo: to evaluate the ejection fraction and structure of heart	Chest pain and shortness of breath	EF 55-60% Left atrium mildly enlarged, mild to moderate mitral regurgitation. Trace tricuspid and pulmonary regurgitation
Lower Extremity Venous Duplex: Evaluate for DVT	Swelling at amputation stump (right knee) and leg lower leg.	No evidence of a DVT in the left lower extremity.

XR Chest AP: for chronic heart failure	Chest pain and shortness of breath	Normal; continuous flow throughout the system
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*lab ranges & diagnostics per Carle charting

Diagnostic Test Reference (1) (APA):

Hinkle, J., Cheever, K., & Overbaugh, K. (2021). *Textbook of medical-surgical nursing*. (15th ed). Wolters Kluwer

Martin, P. (2023). *Normal laboratory values for nurses: A guide for nurses*. Nurses Labs.

<https://nurseslabs.com/normal-lab-values-nclex-nursing/>

Active Orders

Active Orders	Rationale
Cardiac monitoring	The patient has chronic heart failure.
Consult dietitian	The patient has a poor appetite (not following a cardiac diet at home).
CBC every 3 days un-fractionated heparin	Patient requires heparin therapy monitoring.
Ambulate with assist	Patient has a right above knee amputation with swelling. He cannot fit his prosthetic at this time, and requires assistance with ambulation to prevent injury.
Strict I/O monitoring	Patient has poor intake/ output and has heart issues. It is important to assess their fluid balance for overload and monitor their diuretic therapy.
Pressure injury notifications	The patient has a right leg amputation and requires assistance with turning. He obtained a small pressure wound during his stay.

Avoid intramuscular injections while on un-fractionated heparin infusion	To decrease the risk of bleeding.
Blood glucose level on diabetic patients	The patient has uncontrolled diabetes and does not adhere to insulin management. Scheduled accu-cheks are required to avoid hypoglycemic episodes.

Medications

Home Medications (Must List ALL)

Brand/ Generic	Amlodipine/ Norvasc	Atorvastatin/ Lipitor	Carvedilol / Coreg	Ferrous sulfate/ Iron Sulfate	Finasteride/ Proscar	Hydroxine / Atarax
Classification	Pharmacologic: Calcium channel blocker (Jones & Bartlett, 2023). Therapeutic: Antihypertensive (Jones & Bartlett, 2023).	Pharmacologic: HMG-CoA reductase inhibitor (Jones & Bartlett, 2023). Therapeutic: Antihyperlipidemic (Jones & Bartlett, 2023).	Pharmacologic: Nonselective beta blocker and alpha-1 blocker (Jones & Bartlett, 2023). Therapeutic: Antihypertensive, heart failure treatment (Jones & Bartlett, 2023).	Pharmacologic: Hematonic (Jones & Bartlett, 2023). Therapeutic: Nutritional supplement (Jones & Bartlett, 2023).	Pharmacologic: 5-alpha reductase (Jones & Bartlett, 2023). Therapeutic: Benign prostatic hyperplasia agent (Jones & Bartlett, 2023).	Pharmacologic: Piperazine derivative (Jones & Bartlett, 2023). Therapeutic: Anxiolytic (Jones & Bartlett, 2023).
Reason Client Taking	Hypertension (Jones & Bartlett, 2023).	Control lipid levels (Jones & Bartlett, 2023).	Hypertension (Jones & Bartlett, 2023).	Anemia	Suspected hyperplasia (Jones & Bartlett, 2023).	Anxiety (Jones & Bartlett, 2023).

					2023).	
List two teaching needs for the medication pertinent to the client	<p>Advise patient to take with food to avoid upset stomach (Jones & Bartlett, 2023).</p> <p>Instruct patient to notify provider immediately if they notice leg swelling (Jones & Bartlett, 2023).</p>	<p>Instruct patient to take medication at the same time every day to maintain effects (Jones & Bartlett, 2023).</p> <p>Advise patients with diabetes to monitor their blood sugar levels consistently (Jones & Bartlett, 2023).</p>	<p>Advise patient to take with food (Jones & Bartlett, 2023).</p> <p>The capsule is an extended release drug (Jones & Bartlett, 2023).</p> <p>Instruct patient to swallow as a whole and not crush or chew it.</p>	<p>Instruct patient to take on an empty stomach preferably with orange juice to maximize absorbency.</p> <p>Educate the patient on the importance of still incorporating iron rich foods in their diet to improve iron absorption.</p>	<p>Advise patients that if they are sexually active with a female partner, that they should utilize contraception because sperm of men taking this drug can harm male fetuses (Jones & Bartlett, 2023).</p> <p>Educate the patient on the variety of sexual dysfunction on this medication can cause (Jones & Bartlett, 2023).</p>	<p>Advise patient not to consume alcohol while taking this medication (Jones & Bartlett, 2023).</p> <p>Advise patient to swallow the pill whole and not crush or chew it (Jones & Bartlett, 2023).</p>

Key nursing assessment(s) prior to administration	<p>Use cautiously in patients with heart failure. Review chart for client's trending baseline (Jones & Bartlett, 2023).</p> <p>Assess patient for chest pain (Jones & Bartlett, 2023).</p>	<p>Monitor liver function test results before (Jones & Bartlett, 2023).</p> <p>Monitor patient's glucose levels closely because this medication can affect it (Jones & Bartlett, 2023).</p>	<p>If a patient has heart failure, expect they should also be given digoxin, a diuretic, and an ACE inhibitor (Jones & Bartlett, 2023).</p> <p>Assess patient's blood glucose levels because this medication can alter it.</p>	<p>Monitor patient's hemoglobin and reticulocyte levels during therapy (Jones & Bartlett, 2023).</p> <p>Unabsorbed iron can turn stools black and can mask blood in stools (Jones & Bartlett, 2023).</p>	<p>Patients should have a urologic eval done prior to administration (Jones & Bartlett, 2023).</p> <p>Expect the patient to have a rectal prostate exam before and after therapy treatment (Jones & Bartlett, 2023).</p>	<p>Use cautiously in patients with QT prolongation or preexisting heart disease (Jones & Bartlett, 2023).</p> <p>Assess client's respiratory status and trending baseline (Jones & Bartlett, 2023).</p>
Brand/ Generic	Insulin/ Lispro/ Humalog	Lisinopril/ Prinivil	Loperamide/ Imodium	Mirtazapine/ Remeron	Pancrelipase/ Creon	Quetiapine/ Seroquel
Classification	<p>Pharmacologic: Insulin (Jones & Bartlett, 2023).</p> <p>Therapeutic: Antidiabetics</p>	<p>Pharmacologic: ACE inhibitor (Jones & Bartlett, 2023).</p> <p>Therapeutic: Antihypertensives</p>	<p>Pharmacologic: Opioid agonist (Jones & Bartlett, 2023).</p> <p>Therapeutic: Antidiarrheals</p>	<p>Pharmacologic: Tetracycline (Jones & Bartlett, 2023).</p> <p>Therapeutic: Antidepressants</p>	<p>Pharmacologic: Pancreatic enzyme (Jones & Bartlett, 2023).</p> <p>Therapeutic: Digestive</p>	<p>Pharmacologic: Dibenzothiazepine derivative (Jones & Bartlett, 2023).</p> <p>Therapeutic: Antipsychotics</p>

	(Jones & Bartlett, 2023).	nsive (Jones & Bartlett, 2023).	eals (Jones & Bartlett, 2023).	ssant (Jones & Bartlett, 2023).	enzymes (Jones & Bartlett, 2023).	Antipsychot ic (Jones & Bartlett, 2023).
Reason Client Taking	Diabetes managem ent	Hypertensi on (Jones & Bartlett, 2023).	Diarrhea	Major depressio n (Jones & Bartlett, 2023).	Pancreati c insufficie ncy (Jones & Bartlett, 2023).	Bipolar disorder (Jones & Bartlett, 2023).
List two teaching needs for the medicatio n pertinent to the client	Educate the patient that diabetes is a lifelong condition and insulin is needed for managem ent/ daily use. Educate patient on insulin lispro storage. Unopened lispro must be stored in the fridge, while open lispro can be stored at room temp for up to 28	Educate patient that this medication does not cure hypertensio n, it only helps to control it. Therefore they may need lifelong therapy. Instruct patient to take the medication at the same time every day (Jones & Bartlett, 2023).	Advise patient to drink water (with respect to his fluid amount limit) to maintain hydration (Jones & Bartlett, 2023). Instruct client to foods high in fiber to help normalize their bowel movement (Jones & Bartlett, 2023).	Advise patient to take the medicatio n at bedtime (Jones & Bartlett, 2023). Instruct client not to swallow the disintegra ting tablet. They need to told it on their tongue and let it dissolve. It is ok to drink water 30 seconds after taking it (Jones &	This medicatio n should be taken with food (Jones & Bartlett, 2023). This medicatio n can affect blood sugar levels. This is another reason the client should monitor his blood sugar closely (Jones & Bartlett, 2023).	Instruct patient not to stop medication abruptly because they might exacerbate their symptoms (Jones & Bartlett, 2023). Advise patient not to drink alcohol with medication because it can cause increased dizziness or drowsiness (Jones & Bartlett, 2023).

	days (Jones & Bartlett, 2023).			Bartlett, 2023).		
Key nursing assessment(s) prior to administration	<p>Assess the skin around intended injection site and rotate placement</p> <p>Monitor patient for signs of hypoglycemia.</p>	<p>Use cautiously in patients with heart failure and fluid volume deficit (Jones & Bartlett, 2023).</p> <p>Assess blood pressure (Jones & Bartlett, 2023).</p>	<p>Assess bowel function and stool for color and consistency.</p> <p>Assess fluid and electrolyte levels (Jones & Bartlett, 2023).</p>	<p>Assess the patient for akathisia (Jones & Bartlett, 2023).</p> <p>Monitor patient for infections linked to low WBC (Jones & Bartlett, 2023).</p>	<p>Assess patient for abdominal and radiating pain (Jones & Bartlett, 2023).</p> <p>Assess patient for fever, dry mucous membranes, tachycardia, and dehydration (Jones & Bartlett, 2023).</p>	
Brand/ Generic	Tamsulosin/ Flomax	Thiamine/ Vitamin B1				
Classification	<p>Pharmacologic: Alpha-adrenergic antagonist (Jones & Bartlett, 2023).</p> <p>antagonist (Jones & Bartlett,</p>	<p>Pharmacologic: B Vitamin (Jones & Bartlett, 2023).</p> <p>Therapeutic: Supplement (Jones &</p>				

	2023). Therapeutic: Benign prostatic hyperplasia (Jones & Bartlett, 2023).	Bartlett, 2023).
Reason Client Taking	Treat BPH (Jones & Bartlett, 2023).	Thiamine deficiency (Jones & Bartlett, 2023).
List two teaching needs for the medication pertinent to the client	Instruct patient to change positions slowly after the first initial dose and when dosage increases. It can cause orthostatic hypotension (Jones & Bartlett, 2023). Assess patient's respirator status and review	Protect vitamin solution from sunlight because it is sensitive and can change its effectiveness (Jones & Bartlett, 2023). Rotate sites of injection to avoid skin tenderness and bruising (Jones & Bartlett, 2023).

	<p>chart for baseline (Jones & Bartlett, 2023).</p>	
<p>Key nursing assessment(s) prior to administration</p>	<p>If the patient does not eat when taking the drug, monitor their blood pressure due to the increased risk of orthostatic blood pressure (Jones & Bartlett, 2023).</p> <p>If the patient has missed several doses, therapy should start back up at 0.4 mg as prescribed (Jones & Bartlett, 2023).</p>	<p>Vitamin B1 supplements should be given before insulin (Jones & Bartlett, 2023). Check chart to see when last round of insulin was.</p> <p>Assess patient for GI bleeding (Jones & Bartlett, 2023).</p>

Hospital Medications (Must List ALL)

Brand/ Generic	Acetaminophen/ Paracetamol	Aspirin/ Acetylsalicylic acid	Calcium carbonate/ Tums	Famotidine/ Pepcid	Folic Acid/ Folate	Furosemide/ Lasix
Classification	Pharmacologic: Nonsalicylate (Jones & Bartlett, 2023). Therapeutic: Antipyretic (Jones & Bartlett, 2023).	Pharmacologic: Salicylate (Jones & Bartlett, 2023). Therapeutic: NSAID (Jones & Bartlett, 2023).	Pharmacologic: Calcium salts (Jones & Bartlett, 2023). Therapeutic: Antacid (Jones & Bartlett, 2023).	Pharmacologic: Histamine-2 blocker (Jones & Bartlett, 2023). Therapeutic: Antiulcer agent (Jones & Bartlett, 2023).	Pharmacologic: Antianemic (Jones & Bartlett, 2023). Therapeutic: Supplement (Jones & Bartlett, 2023).	Pharmacologic: Loop diuretic (Jones & Bartlett, 2023). Therapeutic: Antihypertensive (Jones & Bartlett, 2023).
Reason Client Taking	Pain	Mild pain	GERD (Jones & Bartlett, 2023).	Gastric acid suppression (Jones & Bartlett, 2023).	Anemia (Jones & Bartlett, 2023).	Diuretic that can improve pulmonary function (Jones & Bartlett, 2023).
List two teaching needs for the medication pertinent to the client	Educate patient on signs and signs of hepatotoxicity so they know when to call the provider	Advise client to take medication with food to avoid an upset GI (Jones & Bartlett, 2023).	Instruct client to take this 1 to 2 hours after meals (Jones & Bartlett, 2023). Educate	Advise patient to notify the provider if they develop black tarry stools or have	Folic acid can turn urine more intensely yellow (Jones & Bartlett, 2023).	Advise client that this medication can alter their blood glucose level (Jones & Bartlett, 2023).

	(Jones & Bartlett, 2023). Instruct patient not use more than prescribed dose because it can cause liver damage.	Instruct client not to drink alcohol with this medication because it can cause stomach ulcers (Jones & Bartlett, 2023).	patient that smoking and alcohol can decrease calcium absorption (Jones & Bartlett, 2023).	difficulty swallowing (Jones & Bartlett, 2023). Educate client that alcohol consumption and smoking will irritate their stomach and delay ulcer healing (Jones & Bartlett, 2023).	Educate patient on the significance of adhering to a well-balanced diet to decrease anemic symptoms .	Educate the client on the importance of weighing themselves daily and limiting their sodium intake.
Key nursing assessment(s) prior to administration	Use cautiously in patients with alcoholism and liver impairment (Jones & Bartlett, 2023). Review liver function, AST, ALT, bilirubin, and creatinine results prior to	Use cautiously in dehydrated clients because they are at higher risk for toxicity (Jones & Bartlett, 2023). Make sure the client is not scheduled for surgery in the upcoming days	Assess skin injection sites (from other medications) because calcium can cause necrosis (Jones & Bartlett, 2023). Assess client for Chvostek's And Trousseau's sign (Jones & Bartlett,	Establish client's baseline before and assess their neurological status (Jones & Bartlett, 2023). Assess their pulse and blood pressure prior to evaluate the effects of therapy	Assess client for signs of pernicious anemia and perform a neurological check (Jones & Bartlett, 2023).	Obtain the client's weight prior to monitor fluid loss. Review the client's blood pressure. BUN, hepatic, and renal function to establish baseline (Jones & Bartlett, 2023).

	administration to avoid hepatotoxicity (Jones & Bartlett, 2023).	because the medication would need to be discontinued (Jones & Bartlett, 2023).	2023).	after admin (Jones & Bartlett, 2023).		
Brand/ Generic	Heparin Sodium/ Heparin lock flush	Melatonin/ Methoxtrpt amine	Morphine Sulfate/ Arymo ER	Nicotine patch/ Nicoderm	Potassium chloride extended release	
Classifica tion	Pharmacol ogic: Anticoagul ant (Jones & Bartlett, 2023). Therapeut ic: Anticoagul ant (Jones & Bartlett, 2023).	Pharmacolo gic: Sedative hypnotic (Jones & Bartlett, 2023). Therapeutic : Pineal hormone (Jones & Bartlett, 2023).	Pharmacolo gic: Opioid (Jones & Bartlett, 2023). Therapeu tic: Opioid analgesic (Jones & Bartlett, 2023).	Pharmacolo gic: Nicotinic agonist (Jones & Bartlett, 2023). Therapeu tic: Smoking cessation adjunct (Jones & Bartlett, 2023).	Pharmacolo gic: Electrolyte cation (Jones & Bartlett, 2023). Therapeuti c: Electrolyte replacemen t (Jones & Bartlett, 2023).	
Reason Client Taking	Clotting time	Insomnia	Pain	Smoking cessation	Potassium replacemen t	
List two teaching needs for the medicatio n pertinent to the client	Advise patient to avoid injuries (use soft toothbrus h and electric shaver)	Advise client to avoid daytime naps. Promote sleep hygiene	Advise patient to change positions slowly to decrease orthostati c hypotensi	Educate the patient on the importanc e of not smoking when wearing	Educate patient on how to take his own apical pulse to he can notify the provider if he has any	

	<p>because it puts them at an increased risk for bleeding (Jones & Bartlett, 2023).</p> <p>Educate patient on looking out for sites of bleeding, black stools, severe headache, and abdominal or lower back pain (Jones & Bartlett, 2023).</p>	<p>practices such as regular sleep schedule, reduce alcohol, use bed only for sleep, and remove bright lights/tv.</p>	<p>on (Jones & Bartlett, 2023).</p> <p>Advise patient to avoid alcohol or other depressants because it can cause severe respiratory depression (Jones & Bartlett, 2023).</p>	<p>the patch to avoid toxicity (Jones & Bartlett, 2023).</p> <p>Advise patient not to open the package until usage because nicotine is lost when air hits it (Jones & Bartlett, 2023).</p>	<p>significant heart rate changes (Jones & Bartlett, 2023).</p> <p>Instruct patient to check their stools for color and consistency and to notify the provider if he notices any black tarry or red stools (Jones & Bartlett, 2023).</p>
<p>Key nursing assessment(s) prior to administration</p>	<p>Use cautiously in alcoholic patients and those with cardiovascular conditions (Jones & Bartlett, 2023).</p> <p>Review patient's</p>	<p>Check for other drug interactions especially blood thinners because it can affect the client's CNS (Jones & Bartlett, 2023).</p> <p>Ask client when they plan on</p>	<p>Assess client's respirator status because this medication can suppress it (Jones & Bartlett, 2023).</p> <p>Assess client's adrenal insufficiency</p>	<p>This drug should be used cautiously in patients with diabetes because nicotine releases catecholamines from the adrenal medulla and affects the</p>	<p>Carefully review the patient's history because some conditions can lead the patient to develop hyperkalemia (Jones & Bartlett, 2023).</p> <p>Assess</p>

	<p>hematocrit and platelet counts (Jones & Bartlett, 2023).</p>	<p>going to sleep because this medication should be given anywhere between 3-minutes to 2 hours before bed. You do not want to give it to them too early and disrupt the sleep schedule they are trying to implement (Jones & Bartlett, 2023).</p>	<p>cy by reviewing their BUN, electrolyte , and GFR (Jones & Bartlett, 2023).</p>	<p>dosing (Jones & Bartlett, 2023). Advise patient to join a smoking cessation program because quitting may take several tries, and you do not want them to be discourag ed.</p>	<p>client for abdominal pain and GI bleeding, (Jones & Bartlett, 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
<p>1. Heparin drip</p>	<p>The patient had an elevated troponin level upon admission and noticeable swelling in lower extremities. This was chose to avoid possible DVT's as well help</p>	<p>1. Chest pain or fast heart rate 2. Sudden weakness or numbness to one side of the body</p>

	with the NSTEMI.	
2. Insulin	At home, the patient admits to not taking his insulin regularly. His blood sugar was low upon admission and hypoglycemia needs to be prevented.	1. Shortness of breath 2. Peripheral edema
3. Lasix	The patient suffers from heart failure and this medication helps treat fluid retention which he has been experiencing.	1. Changes in electrolytes and blood sugar 2. Hypotension

Medications Reference (1) (APA)

Jones & Bartlett Learning. (2023). *Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Alert and orientated x4 Orientation: Alert and orientated x4 Distress: None Overall appearance: Well groomed Infection Control precautions: None Client Complaints or Concerns: Shortness of breath and bilateral leg swelling	
VITAL SIGNS: Temp: 97.9 F Resp rate: 18 Pulse: 72 B/P: 123/66	

<p>Oxygen: 100 % Delivery Method: Room air</p>	
<p>PAIN ASSESSMENT: Time: 0838 Scale: Numeric; rates 0/10 Location: N/A Severity: N/A Characteristics: N/A Interventions: None</p>	
<p>IV ASSESSMENT: Size of IV: 18 G & 20 G Location of IV: 18G Anterior; left antecubital. 20 G Anterior; lower proximal right forearm Date on IV: 11/1/24 & 11/2/24 Patency of IV: Patent x2 Signs of erythema, drainage, etc.: None x2 IV dressing assessment: Clean, dry, and intact x2 Fluid Type/Rate or Saline Lock: Saline locked, flushed</p>	
<p>INTEGUMENTARY: Skin color: Pale Character: Dry Temperature: Warm upon palpation Turgor: Normal Rashes: None Bruises: None Wounds: Cut (scab) open to air left knee. Braden Score: 20 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A</p>	
<p>HEENT: Head/Neck: Head and neck are symmetrical. Trachea is midline, no deviation. Thyroid is non palpable with no nodules noted. No lymphadenopathy noted. Bilateral palpable carotid pulses 3+. Ears: No visible drainage and bilateral auricles with no visible injury. Eyes: Bilateral sclera white and bilateral cornea clear. No visible drainage present. Bilateral conjunctiva pink. EOMS and PERRLA intact. Nose: Septum is midline and turbinates are</p>	

<p>pink and moist bilaterally. No visible polyps or bleeding noted.</p> <p>Teeth: Several teeth missing; patient has dentures but were not wearing them</p>	
<p>CARDIOVASCULAR:</p> <p>Heart sounds: Normal rate and rhythm. S1 & S2 clear with no gallops or rubs.</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable): Normal</p> <p>Peripheral Pulses: Bilaterally 3+</p> <p>Capillary refill: At 3 seconds finger and toes bilaterally</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Location of Edema: Edema present 1+ in lower left ankle/foot and right residual limb.</p>	
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p> <p>Clear unlabored lung sounds throughout bilaterally anterior/posterior.</p>	
<p>GASTROINTESTINAL:</p> <p>Diet at home: Regular</p> <p>Current Diet: Cardiac</p> <p>Is Client Tolerating Diet? Yes</p> <p>Height: 6'4</p> <p>Weight: 218 lbs.</p> <p>Auscultation Bowel sounds: Normoactive and present in all four quadrants.</p> <p>Last BM: 11/2/24</p> <p>Palpation: Pain, Mass etc.: Abdomen is soft, tender to palpation. Trace abdominal wall edema.</p> <p>Inspection:</p> <p>Distention: Yes</p> <p>Incisions: No</p> <p>Scars: No</p> <p>Drains: No</p> <p>Wounds: No</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Size: N/A</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	

Type: N/A	
GENITOURINARY: Color: Yellow Character: Clear Quantity of urine: 200 CC @ 1130 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: N/A Size: N/A	
Intake (in mLs) 1258.13 mL Output (in mLs) 1000 mL	
MUSCULOSKELETAL: Neurovascular status: A&Ox4 ROM: WFL Supportive devices: Prosthetic leg and crutches Strength: Equal strength in hand grips and pedal push 4 in left leg. ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 13 Activity/Mobility Status: Activity Tolerance: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	.
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 type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: A&Ox4 Mental Status: A&Ox4 Speech: Clear Sensory: Felt light touch LOC: Full	.
PSYCHOSOCIAL/CULTURAL:	.

<p>Coping method(s): Talking to friends, social media, and watching television</p> <p>Developmental level: Adult</p> <p>Religion & what it means to pt.: Pt stated he is not religious.</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support): Patient lives at home with his niece. Although independent, his niece helps him with meals and some daily activities.</p>	
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Discharge Planning

Discharge location: Patient's home shared with niece

Home health needs: None

Equipment needs: None

Follow up plan: A follow up with the care team and nutritionist should be scheduled.

Patient should still have Hgb and Hematocrit levels monitored due to heparin therapy.

Education needs: Patient needs to be educated on the importance of maintain a cardiac diet and taking his insulin regularly. A follow up with the care team and nutritionist should be scheduled.

Nursing Process

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

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions

priority to lowest priority pertinent to this client				
1. Risk for ineffective peripheral tissue perfusion related to chest pain and dyspnea as evidenced by low hemoglobin (Phelps, 2020).	Patient has a history of cardiac issues, and he was displaying common signs of infective perfusion. This is a systemic issue that requires immediate correction or it can further damage the heart.	Patient will maintain adequate vital signs, smoking cessation, and be free of chest pain.	1. Reevaluate peripheral and cardiopulmonary assessment. Check pulses, vitals, cap refill, lung sounds, etc (Phelps, 2020). 2. Provide patient with smoking cessation resources and treatment options.	Patient agreed to wear a nicotine patch and articulated the importance of quitting. Patient reported no pain and all vitals were WDL except his diastolic blood pressure. It was a little low.
2. Risk for unstable blood glucose levels related to poor adherence to diabetes management as evidenced by low blood sugar upon admission.	Patient admitted to not taking his insulin when he is at home.	To have patient adhere to insulin regimen and monitor his blood sugar regularly.	1. Educate the patient on medication management and its importance to have it within a normal range to improve glycemic control. 2. Promote healthier lifestyle choices and the importance of following a proper diet when discharged.	Patient stated he will do his best to remember to take his insulin and monitor his blood sugar. He also stated he will try to stick with the cardiac diet and try the dietary food choices the nutritionist provided.
3. Risk for injury related to impaired mobility as evidenced by patient not being able to	Patient still has swelling to his residual limb and cannot use his prosthetic leg. Patient also had a painful	To encourage patient not to feel “embarrassed” about using the call light when he needs	1. Place the call light within reach (wrap it around the arm of the bed) because it kept falling out of the	Patient expressed he felt embarrassed pressing the call light, especially

<p>fit his prosthetic leg.</p>	<p>recent fall while using his crutches and not wearing his prosthetic. Patient improperly uses his assistive devices.</p>	<p>assistance.</p>	<p>bed and making it difficult for him to get to.</p> <p>2 Place a bed alarm to assist with frequent monitoring of the patient and keep the bed low.</p>	<p>when female staff would respond. He was encouraged that he should not feel that way, that we are all there to help him. The importance of his safety and preventing further injury was re-explained to him. Patient stated he will call for help when needed.</p>
<p>4. Risk for pressure ulcer related to activity restriction as evidenced by limited range of motion.</p>	<p>Patient has a right knee amputation and cannot fit his prosthetic. Hence, it is hard for him to move around even in bed and he likes to sit on the chair for hours to watch tv. He started to develop a small pressure wound during his stay.</p>	<p>Patient's pressure sore did not progress in size and depth. It appeared as if it was in its beginning healing stages.</p>	<p>1. Patient was given Q2 turns.</p> <p>2. Promote moderate activity.</p>	<p>Patient compromised on going back and forth to bed and chair instead of one for hours on end. He also would press the call light if he wanted to be turned sooner than schedule time. The more he moved, the more it promoted better circulation.</p>
<p>5. Risk for ineffective coping related to lack of sufficient coping</p>	<p>Patient has a long history of alcohol abuse and reports he quit in 2018. Patient arrived</p>	<p>Patient will demonstrate alternative effective strategies to deal with</p>	<p>1. Provide therapeutic communication and environment to encourage patient to</p>	<p>Patient openly states he wants to get help because he feels like he might revert to</p>

<p>behaviors as evidenced by the use of alcohol blood level.</p>	<p>to the ED with a blood alcohol level of 24.7%, which is considered legally intoxicated. Patient stated he only had one drink to help with the pain. The usage of alcohol for coping mechanisms can lead him back to addiction.</p>	<p>stressors.</p>	<p>verbalize his feelings and thoughts.</p> <p>2. Recommend relaxation techniques and resources to reduce stress.</p>	<p>alcohol abuse. Patient states he has been sober for a long time and does not want to live the same previous life.</p>
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Other References (APA):

Phelps, L. (2020). *Nursing diagnosis reference manual* (11th ed.). Lippincott Williams & Wilkins.

