

N311 Care Plan 4

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 10/31/2024	Client Initials T. P.	Age 62 y/o	Gender F
Race/Ethnicity White/Caucasian	Occupation Unknown	Marital Status Unknown	Allergies Iodine, Sulfamethoxazole
Code Status Full	Height 5'2"	Weight 208lbs	

Medical History (5 Points)

Past Medical History: Obstructive sleep apnea, major depressive disorder, stroke, GERD, DVT, hypertension

Past Surgical History: No surgical history was on file.

Family History: No family history was on file.

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

No social history was on file.

Admission Assessment

Chief Complaint (2 points): Hematuria, weakness, UTI

History of Present Illness – OLD CARTS (10 points):

Patient was admitted to the Emergency Department following hematuria that has been going on intermittently for a couple of months. Patient states the location of her pain has been mostly in her chest and abdomen, but no pain was noted at the current time. Patient's symptoms have been going on for the past 2-3 months. Patient saw a urologist on 10/25/2024. The patient describes her pain as dull and aching. Patient was unable to communicate any alleviating factors for her pain but stated that the pain radiates down her legs and feet. Treatment before coming to the hospital was not attempted. Patient rates the severity of her pain as a 9 out of 10.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Congestive Heart Failure

Secondary Diagnosis (if applicable): N/A

Pathophysiology

Pathophysiology of the Disease, APA format (20 points):

Pathophysiology References (2) (APA):

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.8-5.3 10(6)/mcL	3.72 10(6)/mcL	3.88 10(6)/mcL	Patient has congenital heart disease
Hgb	12.0-15.8 g/dL	9.8 g/dL	10.3 g/dL	Patient has congestive heart failure
Hct	36-47%	30.0%	31.4%	Patient has congenital heart disease
Platelets	140-440 10(3)/mcL	118 10(3)/mcL	118 10(3)/mcL	Related to the medications the patient is taking for her CHF.
WBC	4-12 10(3)/mcL	3.10 10(3)/mcL	4.0 10(3)/mcL	Patient is currently taking a diuretic, which could be related to low WBC count (<i>Mosby's Diagnostic and Laboratory Test Reference</i> 2023).
Neutrophils	47-73%	47.3%	54.9%	
Lymphocytes	18-42%	34.2%	27.2%	
Monocytes	4-12%	10.5%	11.4%	
Eosinophils	0.0-5.0%	6.7%	5.4%	Related to patients heart failure.
Bands	0-3%	N/A	N/A	

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145 mmol/L	140 mmol/L	N/A	

K+	3.5-5.1 mmol/L	3.9 mmol/L	N/A	
Cl-	98-107 mmol/L	109 mmol/L	N/A	Patient is currently taking an NSAID which could be related to increased chloride levels (<i>Mosby's Diagnostic and Laboratory Test Reference 2023</i>).
CO2	22-30 mmol/L	22 mmol/L	N/A	
Glucose	70-99 mg/dL	86 mg/dL	N/A	
BUN	10-20 mg/dL	27 mg/dL	N/A	Patient has congestive heart failure
Creatinine	0.6-1.0 mg/dL	1.04 mg/dL	N/A	Reduced renal blood flow related to congestive heart failure (<i>Mosby's Diagnostic and Laboratory Test Reference 2023</i>).
Albumin	3.5-5.0 g/dL	3.5 g/dL	N/A	
Calcium	8.7-10.5 mg/dL	9.5 mg/dL	N/A	
Mag	1.8-2.6 mg/dL	N/A	N/A	
Phosphate	2.5-4.5 mg/dL	N/A	N/A	
Bilirubin	0.2-1.2 mg/dL	0.4 mg/dL	N/A	
Alk Phos	40-150 U/L	63 U/L	N/A	

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Pale yellow/clear	Cloudy and yellow	N/A	
pH	5.0-9.0	5.5	N/A	
Specific Gravity	1.003-1.030	1.018	N/A	
Glucose	Negative	Negative	N/A	

Protein	Negative	1+	N/A	Patient has congestive heart failure and UTI
Ketones	Negative	Negative	N/A	
WBC	Neg 0-5/hpf	21-50/hpf	N/A	Bacterial infection in urinary tract
RBC	Neg 0-2/hpf	Packed	N/A	Patient has a urinary tract infection
Leukoesterase	Negative	N/A	N/A	

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Pagana. (2023). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Diagnostic Imaging Reference (1) (APA):

Pagana. (2023). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Current Medications (10 points, 2 points per completed med)

5 different medications must be completed

Medications (5 required)

Brand/ Generic	Aspirin	Atorvastatin (Lipitor)	Furosemide (Lasix)	Duloxetine (Cymbalta)	Rivaroxaban (Xarelto)
Dose	81 mg	40 mg	40 mg	20 mg	20 mg
Frequency	Daily	Nightly	Daily	TID	BID
Route	Oral	Oral	IV	Oral	Oral
Classification	NSAID	HMG-CoA reductase inhibitor	Loop Diuretic	Selective serotonin and norepinephrine reuptake inhibitor	Anticoagulant
Mechanism of Action	Blocks the activity of cyclooxygenase (2024 NDH Nurse's Drug Handbook 2024).	Reduce plasma cholesterol and lipoprotein levels (2024 NDH Nurse's Drug Handbook 2024).	Inhibits sodium and water absorption in the loop of Henle and increases urine formation (2024 NDH Nurse's Drug Handbook 2024).	Inhibits dopamine, neuronal serotonin and norepinephrine reuptake to potentiate noradrenergic and serotonergic activity in the CNS (2024 NDH Nurse's Drug Handbook 2024).	Blocks the active site of factor Xa selectively, which plays a central role in the cascade of blood coagulation (2024 NDH Nurse's Drug Handbook 2024).
Reason Client Taking	Prevent MI/excessive damage to the heart	To prevent hyperlipidemia	To prevent fluid volume overload	To treat her major depressive disorder	To prevent another DVT
Contraindications (2)	Coagulation disorders Ulcers	Acute liver failure Decompensated cirrhosis	Anuria Hepatic ascites	Severe renal impairment Use of linezolid	Active pathological bleeding Coagulopathy
Side	Excessive	Arrhythmias	Thromboembol	Peripheral	Depression

Effects/Adverse Reactions (2)	internal bleeding Hyperventilation	UTI	ism Oliguria	edema Urinary frequency	Pulmonary hemorrhage
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Medications Reference (1) (APA):

2024 NDH Nurse's Drug Handbook. (2024). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points) – **HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**

General, Psychosocial/Cultural, and TWO focused assessment specific to the client.

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Patient is A/O x4. No signs of distress other than some shortness of breath. Patients fall risk score is 93.21 (very high), and her Braden score is 16.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:	
HEENT: Head/Neck:	

Ears: Eyes: Nose: Teeth:	
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:	No jugular vein distention. S1 and S2 were heard clearly with no murmurs or rubs heard. Capillary refill less than 3 seconds in fingers and toes. Peripheral pulses 2+ throughout.
RESPIRATORY: Accessory muscle use: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character	Patients breath sound were clear bilaterally anteriorly and posteriorly. Respiratory rate and rhythm remained the same throughout. Slight accessory muscle use to breathe.
GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions:	.

<p>Scars:</p> <p>Drains:</p> <p>Wounds:</p> <p>Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Type:</p>	
<p>GENITOURINARY:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Type:</p> <p>Size:</p>	
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib) <input type="checkbox"/></p>	

Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	
NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> 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):	Patient states she use to smoke marijuana with a friend to help with her pain, but has not smoked since she moved to Illinois. Patient is Christian but does not associate with a religion. Patient also states she lives with her daughter and she doesn't talk to her siblings often. Patient's developmental level is fully operational

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1510	71bpm	114/62mmHg	20	97.8F	100

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1655	1-10	Bottom, feet and legs	9	Throbbing	Patient was given 2 tylenol by the nurse for

					pain.
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Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480mL	N/A

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 			<ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> • Client response, status of goals and outcomes, modifications to plan.
<ol style="list-style-type: none"> 1. Excess fluid volume related to fluid/sodium intake and CHF, as evidenced by fatigue and patient tiring easily. 	Patient has CHF and was fatigued after being made to sit up on the side of the bed and dangle her legs.	<ol style="list-style-type: none"> 1. Provide a calm environment. 2. Teach patient methods to conserve energy. 	<ol style="list-style-type: none"> 1. Patient will be able to stand at the side of the bed without becoming fatigued. 	Patient was made aware of her need to ambulate more, and wants to be able to get up and walk without tiring easily.
<ol style="list-style-type: none"> 2. Decreased cardiac output related to altered heart rate, as evidenced 	Patient was unable to fully lay supine without having issues	<ol style="list-style-type: none"> 1. Apply oxygen. 2. Educate on risk factors and lifestyle modifications. 	<ol style="list-style-type: none"> 1. Patient will develop improved oxygenation and circulation. 	Patient was willing to try and modify her lifestyle and diet changes.

by orthopnea.	breathing.			
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Other References (APA):

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

Concept Map (23 Points):

Subjective Data

When asked about pain, patient stated "Yes I am in a lot of pain."

Patient rated her pain as 9 out of 10.

Patient stated that she has trouble ambulating to the bathroom at home.

Patient stated that she lives with her daughter currently.

Nursing Diagnosis/Outcomes

1. **Excess fluid volume related to fluid/sodium intake and CHF, as evidenced by fatigue and patient tiring easily.**
 - ➔ Patient will be able to stand at the side of the bed without becoming fatigued.
2. **Decreased cardiac output related to altered heart rate, as evidenced by orthopnea.**
 - ➔ Patient will develop improved oxygenation and circulation.

Objective Data

Temp 97.8F
O2 100
Bp 114/62
Pulse 71
Resp rate 20

Client Information

Patient is a 62 y/o caucasian that presented to the emergency department on 10/31/2024 with hematuria and weakness. Patient has been having issues with a UTI intermittently for the past couple of months.

Nursing Interventions

1. Provide a calm environment.
 2. Teach patient methods to conserve energy.
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1. Apply oxygen.
 2. Educate on risk factors and lifestyle modifications.

