

N431 CARE PLAN #2

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Lakeview College of Nursing

N321: Adult Health II

Professor Lawson

11/14/2024

Demographics

Date of Admission 11/05/2024	Client Initials B.M.	Age 27 years old	Biological Gender Male
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Widowed	Allergies No known allergies
Code Status Full code	Height 5'6"	Weight 121 lbs.	

Medical History

Past Medical History: Seizure disorder secondary to alcohol and polysubstance abuse, anxiety.

Past Surgical History: No past surgical history.

Family History: No known family history. The patient was raised in the foster care system and does not have biological family apart from his cousin in his life.

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

Patient drinks 6+ alcoholic drinks per day, daily cocaine use, vapes daily for several years and buys a new vape every 3-4 days. Patient denies using smokeless tobacco.

Education: High school degree and trade school for roofing.

Living Situation: Lives in a house with his cousin.

Assistive devices: No utilized devices prior to hospitalization, will utilize a life vest during hospital stay and after discharge.

Admission History

Chief Complaint: Syncopal episode.

History of Present Illness (HPI)– OLD CARTS:

The syncopal episode occurred in the patient's kitchen at home around three a.m. the night prior to the patient coming into the hospital. The patient was pouring an alcoholic drink when he lost consciousness and woke up on the floor. The patient is unsure of exactly how long

he was unconscious for but can determine it was under an hour. This was determined in the interview conducted with the patient when he stated “It was still three something” when asked how long he was unconscious for. This was asked in the context of the patient stating that he lost consciousness “sometime around three a.m.”. The patient characterizes this episode as sudden with accompanying symptoms of nausea, dizziness, and shortness of breath. The patient claims relieving factors for his syncopal episodes to be abstaining from alcohol use. In turn he detects alcohol as the aggravating factor for his syncopal episodes and seizures. After regaining consciousness in the early morning hours, the patient did not use any form of treatment for himself before receiving medical care. In the patient’s syncopal episode, he lost consciousness and fell to the ground and was severe because it led him to go to the hospital.

Admission Diagnosis

Primary Diagnosis: Newly determined heart failure with reduced ejection fraction.

Secondary Diagnosis (if applicable): N/a

Pathophysiology

This patient was diagnosed with newly determined heart failure with reduced ejection fraction. Heart failure is a term referring to the insufficiency of the heart to fill up with enough blood or supply the body with the proper amount of blood. Ejection fraction is a measurement of what percent of the blood pooled in the heart is released out to the body tissues resulting from the heart contracting. This patient’s ejection fraction was determined to be 10-15% by a strain echocardiogram with contrast. Normal ejection fraction is within the range of 50-70% (Cleveland Clinic, 2022). The cardiac output is determined by the heart rate and the stroke volume. Cardiac output is typically decreased in heart failure due to a weakened left ventricle

which is responsible for ejecting blood from the heart. The left ventricle can be weakened as a result of damage to the heart vessels or coronary artery disease. In heart failure, preload may be increased due to fluid retention. However, in a failing heart, the ability to eject the excess blood in the heart is compromised (Hinkle et al., 2022). This results in decreased stroke volume and ejection fraction. Prevention of heart failure includes eating a healthy diet, maintaining healthy weight, abstaining from smoking, and regular exercise. A common harmful result of heart failure is pulmonary congestion. Pulmonary congestion results from heart failure when the process of blood being pumped out to the rest of the body fails. As a result of the failure of blood to exit the heart through the aorta, this residual blood may backflow through the pulmonary artery and into the lungs. Pulmonary congestion will most prominently cause shortness of breath, bloody sputum, and orthopnea due to impaired oxygen stores in the lungs due to fluid buildup in the lungs (Penn Medicine, 2021). This specific patient may very likely be experiencing pulmonary edema because of his heart failure. This is evidenced by his low ejection fraction meaning only 10-15% of the blood pooled is being pumped to the rest of the body leaving the residual blood to either remained pooled into the heart or backflow into the lungs. Additionally, the patient is reporting shortness of breath which can be a result of pulmonary congestion. Another piece of evidence suggesting the patient is experiencing pulmonary congestion is the result of the chest x-ray which detected prominent interstitial markings which may indicate pulmonary edema. Poor perfusion can occur in heart failure patients which is poor oxygenation to body parts away from the heart beginning with extremities. This occurs because blood carries oxygen to body tissues and blood output may be decreased in heart failure leading to less oxygenated blood in circulation. Cold extremities and reduced capillary refill are signs of poor perfusion. Tissue necrosis, organ damage, and death may result from this condition. Cognitive impairment may

also occur because of heart failure by way of mini strokes resulting from reduced blood flow (AHA, 2024). Chronic kidney disease is another way other body systems are affected due to heart failure. Kidney disease may occur as a result of impaired renal blood flow due to heart failure. Hypotension may also result from heart failure with reduced ejection fraction. This patient is experiencing hypotension as evidenced by a blood pressure of 86/63. Patients with lowered ejection fraction may experience lowered blood pressure due to blood pressure being dependent on left ventricular stroke volume and cardiac output (Bruss & Raja, 2022). The less blood is being pushed out from the heart and through the body, the less pressure there is on the arteries throughout the body. The patient's heart failure can also lead to physical injury due to causing low blood pressure which may result in a syncopal episode due to decreased blood flow to the brain. This patient experienced a syncopal episode in which he fell and lost consciousness which ultimately led him to seek medical care.

Heart failure has several possible causes such as cardiomyopathy, myocarditis, valvular heart disease, systemic or pulmonary hypertension, and kidney failure (Hinkle et al., 2022). Heart failure is most often caused by atherosclerosis or coronary artery disease. Atherosclerosis is a buildup of plaque in the arteries of the body which may be caused by smoking, high cholesterol, obesity, and diabetes. Coronary artery disease is buildup of plaque in the arteries which supply blood to the heart. This patient's heart failure is attested to little exercise, his excessive substance use of alcohol, cocaine, and vaping. Cocaine use can cause both coronary artery disease, myocarditis, and heart failure. Myocarditis is inflammation of the myocardium and can possibly spread to the pericardium. Myocarditis causes increased difficulty of the heart to pump out blood as a result of damage to the heart muscle (Mayo Clinic, 2024).

Common symptoms of heart failure include dyspnea, fatigue, and fluid retention (Hinkle, et al., 2022). Physical symptoms of heart failure experienced by this client include shortness of breath, chest pain, low blood pressure, and tachycardia. Diagnostics also indicated heart failure in this patient and were used to make a heart failure diagnosis in this patient. To diagnose his heart failure, a chest x-ray, stain echo with contract, ecg 12 lead, and a cardiac catheter were performed. These diagnostic tests each portrayed relevant data which assisted in making this diagnosis. Most prominently, the echocardiogram found the client has 10-15% ejection fraction. The client's chest x-ray detected prominent interstitial markings which may indicate pulmonary edema. As previously discussed, pulmonary edema may result from heart failure. The patient's twelve lead ekg detected possible enlargement of left atria, left axis deviation, possible anteroseptal infarct, possible lateral ischemia due to ST/T abnormal, prolonged QT, sinus tachycardia. A prolonged QT interval and abnormal ST are associated with drug use and cardiac abnormalities (Mayo clinic, 2022). Also used in diagnosis of this patient's heart failure was the blood test revealing his brain natriuretic peptide level to be 2,616 pg/mL when the normal range is 0.0 – 100.0 pg/mL. The diagnosis of heart failure is typically determined from utilizing chest x-ray, echocardiogram, and a 12 lead ecg (Hinkle, et al., 2022). Additionally, blood tests are used to reveal brain natriuretic peptide levels which if over 100 pg/mL indicates heart failure. Brain natriuretic peptide (BNP) indicates heart failure because the left ventricle which produces brain natriuretic peptide is responsible for pumping a large amount of the heart's blood out to the rest of the body. The left ventricle will secrete more BNP to unload the heart due to increasing blood amount causing stretching within the heart or increased stress on the heart (Cleveland Clinic, 2022).

The treatment ordered for the client's heart failure includes a cardiac diet to decrease sodium and fat intake which causes strain to the heart, utilizing a life vest in case of an emergent cardiac event, sobriety to qualify for the heart transplant recipient list and decrease stress to the heart, smoking cessation to cease creating plaque buildup to the arteries, spironolactone and lasix, losartan to relax blood vessels, and a heart transplant as the primary treatment. Typical treatment for heart failure includes drugs such as ace inhibitors, angiotensin receptor blockers, beta blockers, diuretics including potassium-sparing diuretics and digoxin as well as procedures such as coronary bypass surgery, heart valve repair, a heart transplant, and more (Mayo Clinic, 2023). Lifestyle modifications such partaking in moderate exercise regularly and decreasing sodium intake are also typically recommended because they are helpful in managing heart failure.

Pathophysiology References (2) (APA):

AHA. (2024). *Heart failure, atrial fibrillation & coronary heart disease linked to cognitive impairment*. American Heart Association.

<https://newsroom.heart.org/news/heart-failure-atrial-fibrillation-coronary-heart-disease-linked-to-cognitive-impairment#:~:text=A%20meta%2Danalysis%20of%20previous,severe%20types%20of%20heart%20failure>

Bruss, Z. S., & Raja, A. (2022, September 12). *Physiology, stroke volume - StatPearls - NCBI bookshelf*. National Center for Biotechnology Information.

<https://www.ncbi.nlm.nih.gov/books/NBK547686/>

Cleveland Clinic. (2022). *B-type Natriuretic Peptide (BNP) Test*.

<https://my.clevelandclinic.org/health/diagnostics/22629-b-type-natriuretic-peptide>

Cleveland Clinic. (2022). *Ejection fraction: What it is, types and normal range*.

<https://my.clevelandclinic.org/health/articles/16950-ejection-fraction>

Hinkle, J. L., Overbaugh, K. J., & Cheever, K. H. (2022). Brunner and Suddarth's textbook of medical-surgical nursing. Wolters Kluwer.

Mayo Clinic. (2023, April 20). *Heart failure*.

<https://www.mayoclinic.org/diseases-conditions/heart-failure/diagnosis-treatment/drc-20373148>

Mayo Clinic. (2024). *Myocarditis*.

<https://www.mayoclinic.org/diseases-conditions/myocarditis/symptoms-causes/syc-20352539#:~:text=Possible%20complications%20of%20myocarditis%20may,device%20or%20a%20heart%20transplant>

Penn Medicine. (2021). *Pulmonary Edema*.

[https://www.pennmedicine.org/for-patients-and-visitors/patient-information/conditions-treated-a-to-z/pulmonary-edema#:~:text=Pulmonary%20edema%20is%20often%20caused,\(alveoli\)%20in%20the%20lungs](https://www.pennmedicine.org/for-patients-and-visitors/patient-information/conditions-treated-a-to-z/pulmonary-edema#:~:text=Pulmonary%20edema%20is%20often%20caused,(alveoli)%20in%20the%20lungs)

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Urine appearance	None	Cloudy	Clear	The patient's excessive alcohol consumption would make his urine cloudy. Alcohol can lead to dehydration resulting in cloudy urine (Kumar, 2022).

Urine bilirubin	None	small	negative	Bilirubin detected in the urine indicates a liver issue. The patient likely has liver damage as a result of his excessive alcohol use (Pagana, et al., 2022).
Urine protein	None	30 mg/dL	negative	Protein in the urine can be due to the patient's decreased cardiac output and heart failure and in turn renal perfusion, causing proteinuria (Golla et al., 2022).
Urine specific gravity	None	1.040 arbitrary unit	1.003 – 1.035 arbitrary unit	Urine specific gravity may be elevated due to heart failure with decreased ejection fraction causing decreased renal perfusion and pooling of blood in the kidneys

				(UCSF Health, 2023).
Cannabinoids, Urine	None	positive	negative	Cannabinoids in the urine are positive when the patient has used cannabis recently (Pagana et al., 2022).
Opiate, Urine	None	positive	negative	Positive findings of opiates in urine is likely a result of the patient's daily cocaine use as cocaine is often laced with fentanyl (Cleveland Clinic, 2023).
Glucose	107 mg/dL	93 mg/dL	74-100 mg/dL	Glucose is lowered in this patient which can result from malnutrition as a result of this patient's drug and alcohol dependence. Malnutrition is a common result of substance abuse. (Pagana et al., 2022). As

				evidence of this, this patients BMI is 19.
Chloride	108 mmol/L	102 mmol/L	98 – 107 mmol/L	Chloride may be elevated due to kidney dysfunction as a result of this patient’s excessive alcohol use as chloride is regulated by the kidneys (Pagana et al., 2022).
CO2	19.0 mmol/L	27.0 mmol/L	22.0 – 29.0 mmol/L	Carbon dioxide can be decreased in metabolic acidosis which can be caused by ingestion of drugs or toxins which is the case in this client (Pagana et al., 2022).
Calcium	8.4 mg/dL	9.3 mg/dL	8.9 – 10.6 mg/dL	Calum is decreased due to hypoalbuminemia which results from excessive alcohol intake (Pagana et al., 2022).
Albumin	3.3 g/dL	N/a	3.5 – 5.0 g/dL	The patient’s albumin may be decreased due to

				<p>liver disease which may result from his alcohol and drug abuse which damage the liver (Pagana et al., 2022). Albumin is produced by the liver and this production is compromised in liver disease.</p>
Bilirubin, Total	2.1 mg/dL	N/a	0.2 – 1.3 mg/dL	<p>The patient's bilirubin is elevated which may be attested to extrahepatic bile duct scarring (Pagana et al., 2022). Scarring of the liver may result from prolonged alcohol abuse. This raises bilirubin levels because bilirubin is excreted after moving through the liver which may be prevented due to</p>

				bile duct damage.
Troponin, High Sensitivity	17 mg/dL	N/a	0 – 4 mg/dL	The patient has elevated troponin due to his recently diagnosed heart failure as troponin is increased in the blood as a result of myocardial damage (Pagana et al., 2022). The troponin is so elevated that this would cause further investigation and would lead the provider to order diagnostic tests such as an echocardiogram. Troponin was trending due to being continually elevated.
B-Naturetic Peptide	2,616.0 pg/mL	N/a	0.0 – 100.0 pg/mL	B-Naturetic Peptide is increased in this patient likely due to his heart failure (Pagana et al.,

				<p>2022). More precisely, elevated BNP reflects a pumping issue in the heart which is evidenced by this patient's ejection fraction of 10-15%. Normal ejection fraction is 50% or above. The left ventricle will secrete more BNP to unload the heart due to increasing blood amount within the heart and stretching of the heart (Cleveland Clinic, 2022).</p>
INR	1.2 ratio	N/a	0.9 – 1.1 ratio	<p>The patient's prolonged excessive alcohol intake would cause the INR to be increased due to damaging the liver. (Pagana et al., 2022). Decreased liver perfusion also results</p>

				from heart failure and INR is produced in the liver. The patient's INR was trending based on continued slightly elevated results.
RBC	4.09 10 ⁶ U/L	N/a	4.10 – 5.70 10 ⁶ U/L	The red blood cell count being lowered can be due to the patient's heart failure causing decreased oxygenated blood being pumped out to the body (Brewster, 2024). The patient's ejection fraction is 10-15%. Normal ejection fraction is 50% or above.
HCT	36.0 %	N/a	37.0 – 51.0 %	Hematocrit being lowered can be due to the patient's heart failure causing decreased oxygenated

				blood being pumped out to the body (Brewster, 2024). The patient's ejection fraction is 10-15%. Normal ejection fraction is 50% or above.
MPV	12.6 fL	N/a	9.0 – 12.0 fL	MPV may be increased due to a folate deficiency which the patient is taking folic acid for (Pagana et al., 2022).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Chest Xray	Shortness of Breath, tachycardia, elevated B-Naturetic Peptide and Troponin.	The result of the chest x-ray was interstitial markings. This is a sign of pulmonary edema.
ecg 12 Lead	Tachycardia, chest pain, and shortness of breath (Mayo Clinic, 2022).	The results of the ecg indicate the patient is having

	<p>sinus tachycardia which is a sign of heart failure. Other results include possibility of left atria enlargement, deviation from the left axis, and the detection of abnormal ST/T. A prolonged QT segment was also detected which can be a cause of syncope. Low potassium may cause his prolonged QT interval heart rhythm which is being prevented through administration of potassium chloride</p>
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		(Buttner & Burns, 2024).
Stain echo with contrast	Chest pain provides cause to order an echocardiogram. Troponin and B-Naturetic Peptide are very elevated, and this would cause the need for further investigation and would lead the provider to order an echocardiogram.	The stain echo with contrast results are that this patient's ejection fraction is 10-15%. Normal ejection fraction is 50-70% (Cleveland Clinic, 2022). These results are reflected in the patient's diagnosis of heart failure with reduced ejection fraction.
Cardiac Catheter	Chest pain is a symptom that provides reason for a cardiac catheter to be done. The troponin and B-Naturetic Peptide are very elevated, and this would also cause the need for further investigation and would lead the provider to order a cardiac catheter.	The cardiac catheter results were that there was no obstruction noted.

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Diagnostic Test Reference (1) (APA):

Buttner, R., & Burns, E. (2024, June 11). *Hypokalaemia*. Life in the Fast Lane • LITFL.

<https://litfl.com/hypokalaemia-ecg-library/>

Cleveland Clinic. (2022). *Electrocardiogram (EKG/ECG)*.

<https://my.clevelandclinic.org/health/diagnostics/16953-electrocardiogram-ekg>

Cleveland Clinic. (2022). *Ejection fraction: What it is, types and normal range*.

<https://my.clevelandclinic.org/health/articles/16950-ejection-fraction>

Active Orders

Active Orders	Rationale
Maintain IV access	IV access should be maintained for patient in case of an emergency case so that life-saving intravenous medications such as epinephrine may be timely administered.
Utilize SCDs	SCDs are not being utilized as the order directs. This order was placed to prevent deep vein thrombosis and pulmonary embolism as the patient was spending most of his time resting in bed.
Vital Signs every four hours	The patient's vital signs should be monitored every four hours to assess the patient's status and make changes to

	<p>ordered medications as needed. This is important because this patient's losartan was held due to the patient's blood pressure of 84/63 due to losartan lowering blood pressure.</p>
<p>Daily weight before breakfast</p>	<p>Daily weights are ordered to be recorded due to the patient's heart failure. A weight gain may indicate fluid retention and therefore increased heart failure. Fluid overload is seen in many patients with heart failure and increases heart damage. If daily weight has increased this indicates fluid overload and should be rectified.</p>
<p>Oxygen via nasal cannula keep O2 sat above 92%</p>	<p>Oxygenation for this patient via nasal cannula is indicated because heart failure may result in decreased oxygenation to the lungs. The patient also reports shortness of breath and smokes vapes daily.</p>
<p>Life Vest</p>	<p>The life vest is to be worn because this patient has heart failure which places him at high risk for cardiac arrest. If this occurs while he is wearing the life vest, the vest will detect the rhythm and defibrillate</p>

	<p>the patient's heart to correct the rhythm.</p> <p>This is often ordered for patients awaiting permanent treatment, as this patient will need to wait for a heart transplant (Cleveland Clinic, 2022).</p>
Continuous cardiac monitoring	<p>Continuous cardiac monitoring is ordered due to the patient being at high risk for a cardiac event due to heart failure. The monitoring will alert the healthcare team to any emergency situations involving the heart rate or rhythm.</p>
Cardiac diet until discontinued	<p>The patient is on a cardiac diet to reduce sodium and fats in order lessen the workload of his heart and prevent a heart attack.</p>
Intake and Output q6h	<p>Intake and output are being measured to indicate fluid balance. If fluid retention is being seen, diuretics may be initiated to relive pressure on the heart. Fluid retention is often seen in patients with heart failure.</p>
Increase activity as tolerated	<p>Activity puts strain on the heart by increasing oxygen and blood flow demand</p>

	<p>which are impaired in heart failure.</p> <p>However, remaining sedentary too long leads to a buildup of fat in the arteries which may lead to worsening heart failure.</p> <p>Therefore, activity as tolerated is necessary for this patient to avoid either extreme case.</p>
Pneumatic compression stockings	<p>Compression stockings are not being utilized as the order directs. This order was placed to prevent deep vein thrombosis and pulmonary embolism. This was due to the patient spending most of his time resting.</p>
Continuous pulse oximetry	<p>Heart failure may result in decreased oxygenation to the lungs. The patient also reports shortness of breath and smokes vapes daily indicating risk for poor oxygenation. Pulse oximetry monitoring will assess for potential decrease in oxygenation to indicate if oxygen needs to be supplied.</p>
Consult substance abuse navigator	<p>The patient experiences substance abuse disorder and has expressed desire to go to rehabilitation following discharge. A</p>

	<p>substance abuse navigator will be able to help the patient with their disorder while staying at the hospital.</p>
<p>CIWA</p>	<p>CIWA is ordered due to the patient's excessive consumption of alcohol daily. Alcohol withdrawal can be severe and determines the severity of withdrawal and therefore the treatment plan. CIWA was ordered to be discontinued on 11/7 due to the patient's heart failure and hypotension, discontinuing benzodiazepines. On 11/9 a different provider tried to recontinue CIWA, however CIWA is not being reimplemented well.</p>

Medications

Home Medications (Must List ALL)

Brand/ Generic	Levetiracetam (Keppra)					
Classification	Pharmacological class – Pyrrolidine derivative Therapeutic class – anticonvulsant (NDH, 2023).					
Reason Client Taking	To minimize seizures (NDH, 2023).					
List two teaching needs for the medication pertinent to the client	Advise patient to avoid partaking in harmful activities while taking Levetiracetam (NDH, 2023). Educate the patient that Levetiracetam may cause drowsiness and dizziness when					

	beginning the drug therapy (NDH, 2023).					
Key nursing assessment(s) prior to administration	Avoid abruptly stopping use of this drug to avoid increased seizure activity (NDH, 2023).					

Hospital Medications (Must List ALL)

Brand/ Generic	Acetaminophen (Tylenol)	Alprazolam (Xanax)	Aspirin chewable tablet (Acetylsalicylic acid, ASA)	Atorvastatin (Lipitor)	Bismuth subsalicylate (Pepto-Bismol)	Enoxaparin (Lovenox)
Classification	Pharmacological – analgesic, non-salicylate Therapeutic class – antipyretic, nonopioid analgesic (NDH, 2023).	Pharmacological class - benzodiazepine Therapeutic class – anti-anxiety, anti-panic (NDH, 2023).	Pharmacological class – antihyperlipidemic HMGCoA-reductase inhibitor, salicylate Therapeutic class - NSAID (NDH, 2023).	Pharmacological class – HMG-CoA reductase inhibitor Therapeutic class – antihyperlipidemic (NDH, 2023).	Pharmacological class – anti-inflammatory Therapeutic class – antidiarrheal (Multum, 2024).	Pharmacological class – Low-molecular-weight heparin Therapeutic class – Anticoagulant (NDH, 2023).
Reason Client	Prn pain rated 1-3	To relieve anxiety (NDH,	To relieve pain	To reduce risk for	Relieve abdominal	To prevent

Taking	(NDH, 2023).	2023).	(NDH, 2023).	cardiovascular events (NDH, 2023).	pain/diarrhea (Multum, 2024).	DVT (NDH, 2023).
List two teaching needs for the medication pertinent to the client	<p>“Teach patient to recognize signs of hepatotoxicity, such as bleeding, easy bruising, and malaise, which commonly occurs with chronic overdose (NDH, 2023, p. 12).”</p> <p>Instruct patient that overuse of this medication can cause liver damage.</p>	<p>Warn patient to refrain from taking opioids or consuming alcohol as it may cause respiratory depression when combined with alprazolam (NDH, 2023).</p> <p>“Advise patient to avoid driving and activities that require alertness until alprazolam’s effects are known” (NDH, 2023, p. 51)</p>	<p>“Advise patient taking aspirin not to also take ibuprofen or naproxen because these drugs may reduce cardioprotective and stroke preventive effects of aspirin”. (NDH, 2023, p. 107).</p> <p>Instruct the patient to take aspirin with food or soon after meals to avoid upset stomach (NDH, 2023).</p>	<p>Advise patient to report any unexplained muscle pain, tenderness, weakness, or fatigue (NDH, 2023).</p> <p>Educate patient that this drug should be taken at the same time daily (NDH, 2023).</p>	<p>Educate the patient that taking this medication may cause constipation and to report this side effect if it occurs (Multum, 2024).</p> <p>Instruct the patient to hydrate orally while taking bismuth subsalicylate (Multum, 2024).</p>	<p>“Advise patient to notify prescriber about adverse reactions, especially bleeding. Inform patients that taking aspirin or other NSAIDs may increase risk for bleeding and to use only if prescribed” (NDH, 2023, p. 457).</p> <p>“Instruct patient to seek immediate help for evidence of thromboembolism, such as</p>

						neurologic changes and severe shortness of breath. Also tell patient to report any unusual bleeding, bruising, or rash of dark red spots under the skin to prescriber” (NDH, 2023, p. 457).
Key nursing assessment(s) prior to administration	Use cautiously in patients with alcoholism, calculate total daily intake of acetaminophen and acetaminophen containing products to avoid	“Monitor patient with impaired respiratory function closely because severe pulmonary dysfunction may occur” (NDH, 2023, p. 50). Be aware that short term or long-term use may result in dependence and withdrawal	Aspirin therapy should be discontinued five to seven days before surgery to prevent bleeding (NDH, 2023).	“Notify prescriber immediately and expect to withhold atorvastatin therapy if patient develops an acute condition suggestive of myopathy or has a risk factor predisposing to the development	Monitor the patient’s bowel movements and stool consistency while taking this medication (Multum, 2024).	“Keep protamine sulfate nearby in case of accidental overdose” (NDH, 2023, p. 457). “Check serum potassium level for elevation, especially

	exceeding daily limit (NDH, 2023).	therefore the patient should be monitored closely (NDH, 2023).		nt of renal failure secondary to rhabdomyolysis, such as an acute severe infection; hypotension; major surgery; severe electrolyte, endocrine, or metabolic disorder; or uncontrolled seizures” (NDH, 2023, p. 118-119).		y in patients with renal impairment who are currently using potassium sparing diuretics” (NDH, 2023, p. 457).
Brand/ Generic	Folic acid tablet (Folvite)	Gabapentin (Neurontin)	Losartan (Cozaar)	Nicotine (Nicoderm CQ)	Furosemide (Lasix)	Spiroinolactone (Aldactone)
Classification	Pharmacological class - Vitamins (Drugs.com, 2024). Therapeutic class - Folic acid preparations	Pharmacological class – 1-amino-methylcyclohexaneacetic Therapeutic class – anticonvulsant (NDH, 2023).	Pharmacological class – Angiotensin II receptor blocker (ARB) Therapeutic class – Antihypertensive (NDH, 2023).	Pharmacological class- Nicotinic agonist Therapeutic class – Smoking cessation adjunct (NDH, 2023).	Pharmacological class – Loop diuretic Therapeutic class – Antihypertensive, diuretic (NDH, 2023).	Pharmacological class – Aldosterone receptor antagonists Therapeutic class – Potassium sparing diuretics (Drugs.com,

						2024).
Reason Client Taking	To treat folate deficiency (Drugs.com, 2024).	Treatment of alcohol withdrawal (Canver et al., 2023).	To treat heart failure (NDH, 2023).	To relieve nicotine withdrawal (NDH, 2023).	To treat heart failure (NDH, 2023).	To treat heart failure (Drugs.com, 2024).
List two teaching needs for the medication pertinent to the client	Some fruits such as oranges, papayas, and strawberries, and vegetables such as asparagus and Brussels sprouts can increase folate levels (Drugs.com, 2023). Instruct patient to take this medication with a glass of water (Drugs.com, 2023).	“Urge patient to seek immediate medical care if breathing problems, decreased awareness, and severe sleepiness occur. Tell him to inform all prescribers of the over-the-counter and prescribed drugs being taken, especially drugs that affect the central nervous systems (CNS depressants or opioids)” (NDH, 2023, p. 612). Inform patient not to stop taking gabapentin abruptly (NDH, 2023).	Instruct patient to avoid potassium salt substitutes to avoid hyperkalemia (NDH, 2023). Instruct patient to avoid drinking excessive amounts of alcohol (NDH, 2023).	Educate patient that he must stop smoking when nicotine patch is placed to avoid toxicity (NDH, 2023). Educate patients on smoking cessation programs (NDH, 2023).	Instruct patient to change positions slowly to minimize orthostatic hypotension (NDH, 2023). Educate the patient on decreasing sodium intake and weight and diet control (NDH, 2023).	Instruct the patient to report any lightheadedness or feeling like he will faint as this is a possible side effect of spironolactone and should also be considered due to the patient recent history of syncope (Drugs.com, 2024). Educate the patient to avoid taking potassium

						containing salt substitutes to avoid hyperkalemia (Drugs.com, 2024).
Key nursing assessment(s) prior to administration	Know the recommended dietary allowance of folic acid per day is 400 mcg in adults (Drugs.com, 2023).	“Know that to discontinue drug used to treat seizures or switch to a different anticonvulsant, expect to change gradually over at least 1 week, as prescribed, to avoid loss of seizure control. When gabapentin is discontinued after treating other indication, expect to reduce dosage, as ordered, over 1 week” (NDH, 2023, p.611).	“Be aware that patients who have renal artery stenosis or severe heart failure may experience acute renal failure from losartan therapy because losartan inhibits the angiotensin-aldosterone system, on which renal function depends” (NDH, 2023, p. 813).	Remove and replace the nicotine patch daily (NDH, 2023).	Weigh the patient periodically when administering furosemide treatment to monitor for fluid loss (NDH, 2023).	Monitor urine output as this drug may cause little urine output (Drugs.com, 2024).
Brand/ Generic	Potassium chloride	Thiamine (Vitamin B1)				

	(Potassium Sandoz)					
Classification	Pharmacological class – Electrolyte cation Therapeutic class – Electrolyte replacement (NDH, 2023).	Pharmalogical class - Vitamin B1 preparations Therapeutic class - water-soluble B vitamins (Brazier, 2023).				
Reason Client Taking	To prevent low potassium levels in consideration of the patient taking potassium wasting diuretic, furosemide. Low potassium may cause his prolonged QT interval heart rhythm which can cause syncope (Buttner & Burns,	Treatment of thiamine deficiency due to alcoholism and subsequent poor nutrition (Alcohol and Drug Foundation, 2021).				

	2024).					
List two teaching needs for the medication pertinent to the client	Instruct patient to monitor for black, red, or tarry stools while taking potassium chloride (NDH, 2023). Instruct patient to take potassium chloride with a half or full glass of water or juice (NDH, 2023).	Educate the patient on consuming a balanced, healthy diet as thiamine is not intended as a replacement (Multum, 2023). Educate the patient to assess for any black, red or tarry stools while taking thiamine (Multum, 2023).				
Key nursing assessment(s) prior to administration	Monitor the patient's creatinine level and urine output to monitor renal function which is necessary for potassium supplementation (NDH,	Ensure thiamine intended for use has been stored at room temperature away from heat and light (Multum, 2023).				

2023).					
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Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Furosemide (Lasix)	Lasix was chosen because it serves to treat the client's primary diagnosis of heart failure by removing excess fluid which alleviates stress on the heart by reducing preload (Medline Plus, 2023). By reducing preload and stress on the heart, the patient's heart failure is being treated. This medication treating heart failure was chosen above other medication to treat heart failure that were held on account of the patient's low blood pressure.	<ol style="list-style-type: none"> 1. Orthostatic hypotension (NDH, 2023). Orthostatic hypotension would be dangerous for this patient because his blood sugar is already 84/63. Any additional drop in this patient's blood pressure would be extremely concerning and may even cause shock. 2. Thromboembolism (NDH, 2023). Thromboembolisms are particularly dangerous to a patient with heart failure because the heart already struggles to pump blood to the body, and this could be exacerbated by a clot blocking blood flow to other organs from the heart. This can lead to organ damage and death.
2. Gabapentin	Gabapentin is a priority	1. Hypotension (NDH, 2023). Hypotension would

<p>(Neurontin)</p>	<p>medication for treating this client's alcohol withdrawal and preventing serious complications. This patient reports consuming over six alcoholic beverages daily. Alcohol withdrawal can be extremely severe physically and mentally and cause threatening physical events such as seizures and can even lead to death.</p>	<p>be dangerous for this patient because his blood sugar is already 84/63. Any additional drop in this patient's blood pressure would be extremely concerning and may even cause shock.</p> <p>2. Withdrawal precipitated seizure (NDH, 2023). This side effect listed for gabapentin offers that it is possible seizures may result from taking this drug instead of from the withdrawal itself. Seizures would be harmful to this patient due to the potential for injury resulting from seizures.</p>
<p>3. Atorvastatin (Lipitor)</p>	<p>Atorvastatin is prioritized due to preventing cardiac events for this patient with heart failure. Potential cardiac events such as cardiac arrest would almost certainly worsen this patient's fragile heart health as well as having the possibility of fatality.</p>	<p>1. 1. Orthostatic hypotension (NDH, 2023). Orthostatic hypotension would be dangerous for this patient because his blood sugar is already 84/63. Any additional drop in this patient's blood pressure would be extremely concerning and may even cause shock.</p> <p>2. Syncope (NDH, 2023). Atorvastatin placing this client at risk for syncope is dangerous due to the patient's already increased risk for syncope as evidenced by his low blood</p>

		pressure and recent syncopal episode. Syncope may cause injury to the patient due to falling.
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Medications Reference (1) (APA)

Alcohol and Drug Foundation. (2021, November 3). *Alcohol and thiamine*.

<https://adf.org.au/insights/alcohol-related-thiamine-deficiency/#:~:text=Up%20to%2080%25%20of%20people,to%20alcohol%20develop%20thiamine%20deficiency.&text=Heavy%20alcohol%20use%20causes%20inflammation,the%20body%20of%20essential%20vitamins>

Brazier, Y. (2023, November 13). *Vitamin B1 (Thiamin): Foods, benefits, and deficiency symptoms*. Medical and health information.

<https://www.medicalnewstoday.com/articles/219545>

Buttner, R., & Burns, E. (2024, June 11). *Hypokalaemia*. Life in the Fast Lane • LITFL.

<https://litfl.com/hypokalaemia-ecg-library/>

Durgs.com. (2023). *Aldactone*. Drugs.com. <https://www.drugs.com/aldactone.html>

Drugs.com. (2024). *Folic acid: Uses, benefits & side effects*. https://www.drugs.com/folic_acid.html

Canver, B. R., Newman, R. K., & Gomez, A. E. (2023, July 21). *Alcohol withdrawal -*

StatPearls

- *NCBI bookshelf*. National Center for Biotechnology Information.

<https://www.ncbi.nlm.nih.gov/books/NBK441882/>

MedlinePlus. (2020). *Gabapentin*.

<https://medlineplus.gov/druginfo/meds/a694007.html#:~:text=Gabapentin%20is%20in%20a%20class,way%20the%20body%20senses%20pain>

Medline Plus. (2023). *Heart failure - fluids and diuretics*. MedlinePlus - Health Information from the National Library of Medicine.

<https://medlineplus.gov/ency/patientinstructions/000112.htm>

Multum, C. (2024). *Bismuth subsalicylate*. Drugs.com.

<https://www.drugs.com/mtm/bismuth-subsalicylate.html>

Multum, C. (2023). *Thiamine uses, side effects & warnings*. Drugs.com.

<https://www.drugs.com/mtm/thiamine.html>

2023 Nurse's Drug Handbook. (2023). Jones & Bartlett Learning

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<p>GENERAL: Alertness: Patient is alert and oriented to person, place, time, and situation. Orientation: Patient is alert and oriented to person, place, time and situation. Distress: Patient is in no apparent distress. Overall appearance: Patient's appearance is appropriate for the situation. The patient is clean and dressed. Infection Control precautions: The patient is not on any infection precautions. Client Complaints or Concerns: The client is concerned about the news he just received concerning his health. The client was informed during my shift that he would need to receive a heart transplant. He is concerned about getting a placement in an in-patient rehab facility as well as being chosen to receive a heart transplant.</p>	
<p>VITAL SIGNS: Temp: 98.1 F</p>	<p>The patient was on room air when these vital signs were obtained. The patient requested</p>

<p>Resp rate: 16 Pulse: 98 B/P: 84/63 Oxygen: 97 % Delivery Method: Room air</p>	<p>oxygen via nasal cannula for shortness of breath after these vital signs were obtained. The nurse then placed him on 2 liters of oxygen being delivered via nasal cannula. Orders for this action were already in place from the provider.</p>
<p>PAIN ASSESSMENT: 8/10 Time: 10:00 am Scale: Numeric pain rating scale Location: Chest pain Severity: 8/10 Characteristics: Patient states: "It feels like someone is sitting on my chest" Interventions: No interventions were initiated at this time. The client did not request intervention. Pain medication was avoided likely due to low blood pressure.</p>	
<p>IV ASSESSMENT: Size of IV: 20 Gauge Location of IV: Lower left forearm Date on IV: 11/7 Patency of IV: IV is patent Signs of erythema, drainage, etc.: No noted signs or erythema, drainage, or signs of infection. IV dressing assessment: The dressing is clean, dry, and intact. Fluid Type/Rate or Saline Lock: There are no intravenous fluids running at this time.</p>	
<p>INTEGUMENTARY: Skin color: White Character: Normal Temperature: Warm Turgor: <2 second rebound; appropriate Rashes: None noted Bruises: None noted Wounds: Aside from IV site, none noted. The patient's chart states there is a wound from his cardiac catheter insertion site however this is no longer accurate. 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 proportional. No lesions or wounds noted. Ears: Hearing is appropriate, no bumps,</p>	.

<p>drainage, or lesions.</p> <p>Eyes: No drainage, sclera is white, pupils are equal, round and reactive to light, EOMS are intact, no glasses are utilized for this patient and no visual disturbances have been reported or noted.</p> <p>Nose: No redness, no drainage, septum is midline.</p> <p>Teeth: Teeth are present, no odor noted. Patient does not utilize dentures.</p>	
<p>CARDIOVASCULAR:</p> <p>Heart sounds: No bruits, gallop, or murmur noted upon auscultation. 98 bpm which is normal.</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable): No abnormalities found upon my assessment. The patient's ecg detected an abnormal ST and T wave and prolonged QT.</p> <p>Peripheral Pulses: Peripheral pulses present but diminished anteriorly and posteriorly. No bounding pulses. Pulse may be described as thready due to the diminished perceptibility and just below the fastest normal range of speed as 60-100 bpm is the normal and the patient's beating at 98 bpm.</p> <p>Capillary refill: < 3 seconds</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Location of Edema: N/a</p>	
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character: I did not note accessory muscle use upon my assessment. Breath sounds were auscultated anteriorly and posteriorly. Breath sounds were auscultated at six points of the lungs. These points being the apex of lungs, bilateral inferior lobes anteriorly and posteriorly, and bilateral superior lobes anteriorly and posteriorly. No abnormal character of lung sounds was detected. No crackles, wheezes, rales, or stridor was detected upon my assessment. The patient</p>	

<p>reported shortness of breath and intermittently utilizes oxygen via nasal cannula upon request. Oxygen was not being utilized at the time of my assessment. The patient has an active order for oxygen via nasal cannula keep O2 sat above 92%. The nurse placed the client on 2 liters of oxygen at the patient's request after my assessment.</p>	
<p>GASTROINTESTINAL: Diet at home: Regular diet. Current Diet: Cardiac diet. Is Client Tolerating Diet? Yes Height: 5'6" Weight: 121 lbs. Auscultation Bowel sounds: Bowel sounds were normal and active in all four quadrants. Last BM: "Yesterday morning around 9 a.m." - Referring to 11/10 as asked on 11/11. This information comes directly from a patient statement. Palpation: Pain, Mass etc.: No pain upon palpitation, no masses noted upon palpitation. Inspection: No appearance noted upon inspection. Distention: No distention noted. Incisions: No incisions noted. Scars: No scars noted. Drains: No drains present. Wounds: No wounds noted. Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: N/a Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/a</p>	<p>The purpose of a cardiac diet is to decrease sodium intake as well as fat intake. The client has an active order for a cardiac diet. The patient has no complaints concerning the cardiac diet and is tolerating it well. The patient's BMI is 19 which is within the normal range however it is on the low side. The patient has been prescribed Pepto-Bismol for upset stomach and diarrhea prevention and has been continuing to take this medication. The patient reports solid stools with no color abnormalities or pain upon defecation as well as no diarrhea.</p>
<p>GENITOURINARY: Color: Urine was not available for my firsthand assessment. Character: Urine was not available for my firsthand assessment. According to the client's chart, the urine was cloudy. Quantity of urine: 325 cc was voided on</p>	<p>Patient states that he has utilized the urinal once today. The patient reports hesitancy with urination. From questioning the patient, I deduced this finding. Patient states: "Not like pain but like having</p>

<p>11/11 – this was reported by the tech on the floor at this time. 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: Not conducted. Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/a Size: N/a</p>	<p>trouble... Me: “When you have to pee but can’t?” Patient: “Yeah, when I start”</p> <p>The patient reports no foul-smelling urine, no discolored urine, no pain with urination, and no abnormal discharge. I notified the nurse of these findings.</p>
<p>Intake (in mLs) 600 mL</p> <p>Output (in mLs) 325 mL x1 occurrence</p>	<p>Patient states that he has utilized the urinal once today. I was unable to measure the urine myself as the healthcare tech measured and disposed of it. This measurement is from the chart.</p>
<p>MUSCULOSKELETAL: Neurovascular status: Chest pain is 8/10, no pallor, no paresthesia. ROM: The patient has full range of motion. Supportive devices: The patient utilizes a gait belt and standby assist for toileting. The patient does not utilize any other supportive devices for musculoskeletal support. Strength: Strength is appropriate bilaterally in all extremities. ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Gait belt and standby assist when toileting. Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 40 Activity/Mobility Status: The patient is not very active due to being advised to rest due to his heart failure. The patient was able to walk around the unit and to the toilet with a standby assist. The gait belt was not utilized during the walk around the unit with his provider. Activity Tolerance: The patient tolerated mild activity well. Independent (up ad lib) Yes Needs assistance with equipment Needs support to stand and walk – the patient utilizes a gait belt and standby assist for ambulation.</p>	<p>.</p>
<p>NEUROLOGICAL:</p>	<p>.</p>

<p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: alert and oriented x4. Mental Status: The patient has no mental delays and appears appropriate for age. Speech: No speech abnormalities or difficulties are noted. Sensory: The patient's sensory skills have not been altered from expected normal. LOC: Normal. The patient has no change in level of consciousness.</p>	
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Music, drugs, and alcohol. Developmental level: Intimacy vs. isolation Religion & what it means to pt.: The patient reports not being religious. Personal/Family Data (Think about home environment, family structure, and available family support): The patient has recently lost his wife and child in an accident. The patient reports his support person to be his cousin who he lives with. The patient has no other family or friends involved in his life.</p>	<p>The patient was educated that substance abuse is an unhealthy coping mechanism.</p>

Discharge Planning

Discharge location: The patient has expressed his wish to be discharged to an in-patient rehab facility. If rehabilitation is not available for this patient, he would return to living in his home with his cousin.

Home health needs: Home health needs include various forms of therapy for grief, coping with his diagnosis, and substance abuse. The life vest is a home health need for this patient. A continuing prescription for Keppra as well as any additional medications prescribed is needed. A printed list of foods included in a cardiac diet would be advantageous for this patient to have at home.

Equipment needs: The patient is being discharged with a life vest. This equipment has been given to him due to his heart failure for which he may need defibrillation in the event of cardiac arrest.

Follow up plan: The patient should be recommended to attend alcoholics anonymous (AA) for his excessive alcohol consumption. The patient should make a follow up appointment with his provider in addition to attending rehabilitation to work towards being placed on the heart transplant list. The patient should see a grief counselor to develop coping mechanisms which do not include substance use.

Education needs: The patient should be educated on smoking cessation. The patient should be educated on how smoking negatively impacts heart health. The patient should be educated on healthy coping strategies. The patient should also be educated on AA and NA groups in his area. The patient should be educated on the minimum six months sobriety requirement for heart transplant recipients. The patient should receive education on how substance abuse leads to heart failure. The patient should be educated on the importance of wearing the life vest after he is discharged. The patient should be educated on the risk factors for seizures including alcohol and polysubstance abuse. The patient should be educated on foods included in a cardiac diet as well as the benefit of a cardiac diet for people with heart failure.

Nursing Process

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

Nursing Diagnosis • Include full nursing diagnosis with	Rationale • Explain why the nursing diagnosis	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions

<p>“related to” and “as evidenced by” components</p> <ul style="list-style-type: none"> Listed in order by priority – highest priority to lowest priority pertinent to this client 	<p>s was chosen</p>			
<p>1. Decreased cardiac output related to heart failure as evidenced by shortness of breath, chest pain, and 10-15% ejection fraction.</p>	<p>This nursing diagnosis was chosen because the patient’s decreased cardiac output is causing shortness of breath, chest pain, and tachycardia which are all harming the patient. 10-15% ejection fraction is dangerously low and results in inadequate blood supply to other organs.</p>	<p>Patient’s ejection fraction will improve.</p>	<p>1. Decrease sodium intake. 2. Educating patient on vaping cessation.</p>	<p>The patient’s sodium has been decreased due to the order for a cardiac diet. The patient’s ejection fraction has yet to be retested to determine if there has been an increase. The patient’s chest pain is at an 8/10 and the patient continues to report shortness of breath. The intervention has been successfully implemented and it is unknown whether or not the intervention will be successful in increasing ejection fraction. 2. The patient has not been vaping since being admitted to the unit.</p>

				<p>Vaping can lead to heart failure with reduced ejection fraction (NIH, 2022). The patient continues to utilize nicotine patches. The patient's ejection fraction has not been retested. The education on smoking effects on decreased ejection fraction and heart failure has been given. The intervention has been successfully implemented.</p>
<p>2. Ineffective coping related to grief as evidenced</p>	<p>This nursing diagnosis was chosen because the way in</p>	<p>Patient will stop using substances to cope and</p>	<p>1. Placement for patient in rehabilitation program.</p> <p>3. Patient</p>	<p>1. The healthcare team is working on finding placement</p>

<p>by substance abuse.</p>	<p>which the client is coping has led to his heart failure. The patient's substance abuse has put his life at risk and unless it is changed, treatment will likely be ineffective. Coping with his grief of his family recently passing by use of substances has compromised not only this patient's physical health, but also mental health.</p>	<p>develop healthier and more effective coping mechanisms.</p>	<p>referral to grief counselor.</p>	<p>for this patient in a rehabilitation program. The patient expressed his desire to attend rehabilitation. This intervention has not yet been successfully implemented.</p> <p>2. The patient has not been referred to a grief counselor therefore this intervention has not yet been successfully implemented. I would expect this intervention to be successful resulting from a discussion with the client</p>
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				because he presents as willing to change.
3. Alcohol withdrawal related to alcohol abuse of over six alcoholic drinks per day as evidenced by anxiety and gabapentin use.	This diagnosis was chosen because alcohol withdrawal can result in several unwanted symptoms and in some cases become life-threatening .	The patient will avoid severe symptoms of alcohol withdrawal.	<ol style="list-style-type: none"> 1. Perform Clinical Institute Withdrawal Assessment for Alcohol (CIWA). 2. Administration of gabapentin to relieve withdrawal symptoms. 	<ol style="list-style-type: none"> 1. The intervention of performing CIWA for this patient has been unsuccessful as these assessments are not being regularly performed . I would remedy this by completing a withdrawal assessment every four hours. I would expect this to be successful and for the client to be responsive to this intervention. 2. The intervention of administering gabapenti

				<p>n for alcohol withdrawal relief and avoidance of severe symptoms has been successful as the patient has been taking gabapentin.</p>
<p>4. Syncope related to low blood pressure of 84/63 as evidenced by recent loss of consciousness.</p>	<p>This nursing diagnosis was chosen because this patient's blood pressure is extremely low which has caused risk to the patient due to loss of consciousness. Syncope can result in serious injury to the patient. Moreover, maintaining this blood pressure compromises the patient's tolerance of medications which would help</p>	<p>Patient will raise blood pressure and experience no injury from syncopal episodes.</p>	<ol style="list-style-type: none"> 1. Standing up slowly when rising from a sitting or lying position. 2. Perform standby assistance for the patient while ambulating for safety. 	<ol style="list-style-type: none"> 1. The patient has been rising slowly when transferring from sitting to standing. Therefore, the intervention has been successful. 2. A standby assist was successfully implemented and carried out for the patient while ambulating for safety. The intervention was successful

	<p>treat his heart failure. This patient's low blood pressure has resulted in holding losartan which would otherwise allow the heart to eject more blood by making it easier for the heart to pump.</p>			<p>in preventing any potential injury due to syncope</p>
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Other References (APA):

Brewster, C. (2024). *The Association Between Anemia and Heart Failure*. verywellhealth.

[https://www.verywellhealth.com/anemia-and-heart-failure-5199398#:~:text=Anemia%20is%20a%20condition%20in,CHF\)%20patients%20also%20have%20anemia](https://www.verywellhealth.com/anemia-and-heart-failure-5199398#:~:text=Anemia%20is%20a%20condition%20in,CHF)%20patients%20also%20have%20anemia)

Cleveland Clinic. (2022). *LifeVest for sudden cardiac arrest*.

<https://my.clevelandclinic.org/health/treatments/17173-lifevest>

Cleveland Clinic. (2023). *Opioid testing: MedlinePlus medical test*. MedlinePlus - Health Information from the National Library of

Medicine. <https://medlineplus.gov/lab-tests/opioid-testing/>

Golla, M. S., Hajouli, S., & Ludhwani, D. (2022, December 23). *Heart failure and ejection fraction – StatPearls - NCBI bookshelf*. National Center for Biotechnology

Information. <https://www.ncbi.nlm.nih.gov/books/NBK553115/>

- Kumar, K. (2022, July 11). *8 foods and drinks that may cause cloudy urine*. MedicineNet.
https://www.medicinenet.com/8_foods_and_drinks_that_may_cause_cloudy_urine/article.htm
- Makic, M. B., & Marina Reyna Martinez-Kratz, C. (2022). *Ackley and Ladwig's nursing diagnosis handbook: An evidence-based guide to planning care* (13th ed.). Mosby.
- Mayo Clinic. (2022, May 14). *Low blood pressure (hypotension) - Diagnosis and treatment*. Top-ranked Hospital in the Nation – Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/low-blood-pressure/diagnosis-treatment/drc-20355470>
- NIH. (2023). *Don't go vaping my heart: A case of vaping-associated cardiomyopathy and lung injury*. PMC Home. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10466449/>
- Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2022). *Mosby's® diagnostic and laboratory test reference: Mosby's® diagnostic and laboratory test reference* (6th ed.). Elsevier Health Sciences.
- UCSF Health. (2023). *Urine specific gravity*. ucsfhealth.org.
<https://www.ucsfhealth.org/medical-tests/urine-specific-gravity-test>
- Wagner, M. (2023, March 23). *Heart failure (CHF): Nursing diagnoses, care plans, assessment & interventions*. NurseTogether.
<https://www.nursetogether.com/heart-failure-nursing-diagnosis-care-plan/>

