N311 Care Plan 4

Shelby Powell

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Henry

11/7/24

Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
10/31/24	R.M.	45	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Black/ African American	Unemployed	Single	None
Code Status	**Height**	**Weight**	
Full	177.8cm/ 5’10”	85.7kg/ 189 lbs.	

Medical History (5 Points)

Past Medical History: Congestive Heart Failure.

Past Surgical History: None on file

Family History: Not on file

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

Patient states he has never smoked, used smokeless tobacco, or abuses alcohol. Patient states he uses cocaine 3.00 times per week.

Admission Assessment

Chief Complaint (2 points): Drug Overdose

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

Patient states he has pain in his buttocks and lower back. He stated that the pain started two days ago on 11/ 02/24. Patient stated the pain comes and goes, and it is a sharp/ stabbing pain. Aggravating factors include moving too much. Relieving factors include laying down and the Tylenol prescribed. Severity he rated his pain as a 4.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute on Chronic Heart Failure.

Secondary Diagnosis (if applicable): Unspecific heart failure type, Acute Kidney injury, Chronic diastolic congestive heart failure.

Pathophysiology

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

There are several ways to develop congestive heart failure. It can be caused by a previous disease such as diabetes, or kidney disease. It can also be caused by hypertension, a previous heart attack, an arrythmia, or even being overweight (Cleavland Clinic, 2023). Alcohol use and smoking can also be attributed to congestive heart failure (Cleavland Clinic, 2023). There are more specific types of congestive heart failure as well, such as: left sided heart failure, right sided heart failure, and the rarest type, high-output heart failure (Cleavland Clinic, 2023).

According to Capriotti, left sided heart failure is caused by the left side of the heart becoming weak. This causes blood and the pressure of the blood to increase. The increase in pressure then begins to affect the pulmonary veins and pulmonary arteries, which can then lead to pulmonary edema (Capriotti,2020). Capriotti also states that because there is an increase in pulmonary pressure, this will lead to right sided heart failure because the right chambers will become stiffen. As a result of the right chamber no longer working, blood pressure becomes decreased, and then the kidneys activate the renin-angiotensin-aldosterone- system (RAAS) (Capriotti,2020). The RAAS reabsorbs water and sodium in an attempt to increase blood pressure, however, it only gets retained resulting in edema (Capriotti,2020).

Right-sided heart failure is typically caused by left-sided heart failure (Cleavland Clinic, 2023). Anyone can get heart failure at any point in their lives. However, how someone takes care of their body can greatly affect their chances of getting congestive heart failure. The use of tobacco, alcohol, and cocaine increases your risk for getting heart failure (Cleavland Clinic,

2023). Other risk factors include having a high salty and fatty diet, having a previous heart attack, hypertension, having congestive heart failure in your immediate family history, or even as simple as being over the age 65, or living a sedimentary lifestyle (Cleavland Clinic, 2023). Symptoms of congestive heart failure include shortness of breath, waking up short of breath at night, chest pain or palpitations, tiredness when active, gaining weight, swelling in lower extremities and abdomen, loss of appetite or nausea, a dry hacking cough, and a bloated or hard stomach (Cleavland Clinic, 2023).

There are multiple diagnostic tests that can be completed to diagnose congestive heart failure. These tests include blood work, x-rays, electrocardiograms, echocardiograms, ejection fraction, stress tests, CT scanning, MRI scanning, a coronary angiography, and a myocardial biopsy (Mayo Clinic, 2023).

Pathophysiology References (2) (APA):

Congestive heart failure: What does it mean?. Cleveland Clinic. (2024a, May 1). https://my.clevelandclinic.org/health/diseases/17069-heart-failure-understanding heart-failure

Mayo Foundation for Medical Education and Research. (2023, April 20). *Heart failure*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/heart-failure/diagnosis-treatment/drc-20373148

Capriotti, T. (2020). Pathophysiology: Introductory Concepts and Clinical Perspectives. F.A. Davis.

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	4.40-5.80 mcL	4.79mcL	3.97 mcL	His blood cell count could be low due to his acute kidney injury. (Pagana, 49).
Hgb	13.0- 16.5 g/dL	14.8 g/dL	12.2 g/dL	Hemoglobin is low because red blood cells are low indicating anemia (Pagana, 479).
Hct	38.0-50.0 %	46.0%	36.7%	Hematocrit is low because hemoglobin and red blood cell count is low. (Pagana, 476).
Platelets	140-440 mcL	227mcL	240 mcL	
WBC	4.00-12.00mcL	15.00mcL	10.60mcL	White blood cell count could be elevated due to the acute kidney injury, and the inflammation (Pagana, 946).
Neutrophils	40.0-68.0%	72.4%	70.4%	Neutrophils could be elevated due to White Blood cell count being elevated (Pagana, 627)
Lymphocytes	19.0-49.0%	16.2%	20.2%	**Lymphocytes could be low due to**
Monocytes	3.0-13.0%	10.9%	8.3%	
Eosinophils	0.0-8.0%	0.1%	0.7%	
Bands	0.0-3.0	N/A	NA	

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-	136-145mmol/L	142mmol/L	138mmol/L	
K+	3.5-5.1 mmol/L	5.2mmol/L	4.0mmol/L	K+ can be elevated due to patients enlarged heart (Pagana, 2023).
Cl-	98-107mmol/L	109mmol/L	108mmol/L	Could be elevated due to saline infusion (Pagana, 2023).
CO2	22-30mmol/L	17mmol/L	20mmol/L	CO2 could be low because of acute kidney injury (Pagana,2023)

Glucose	70-99mg/dL	96mg/dL	95mg/dL	
BUN	9-21mg/dL	25mg/dL	9mg/dL	BUN could be elevated due to acute kidney injury.
Creatinine	0.70-1.30mg/dL	3.61mg/dL	0.75mg/dL	Creatinine could be elevated due to acute kidney injury**.**
Albumin	3.5-5.0g/dL	4.7b/dL	3.3g/dL	
Calcium	8.7-10.5mg/dL	8.8mg/dL	8.9mg/dL	
Mag	1.6-2.6mg/dL	N/A	1.7mg/dL	
Phosphate	2.5-4.5mg/dL	6.2mg/dL	3.4mg/dL	Phosphate could be elevated due to acute kidney injury and not being able to excrete phosphate (Pagana, 2023)
Bilirubin	0.2-1.2mg/dL	0.4mg/dL	0.7mg/dL	
Alk Phos	40-150u/L	93 u/L	58 u/L	

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	**Yellow/clear**	**Turbid/ Dark Yellow**	**N/A**	
pH	**5.0-9.0**	**5.0**	**N/A**	
Specific Gravity	**1.003-1.030**	**1.019**	**N/A**	
Glucose	**Negative**	**Negative**	**N/A**	
Protein	**Negative**	**2+**	**N/A**	Protein can be elevated due to acute kidney injury (Pagana,2023).
Ketones	**Negative**	**1+**	**N/A**	Increase in Ketones could be caused by uncontrolled diabetes (Pagana, 2023)
WBC	**Negative 0-5**	**0-5**	**N/A**	
RBC	**Negative 0-2**	**3-5**	**N/A**	Elevation due to infection.

Leukoesterase	**Negative**	**Trace**	**N/A**	Elevation due to infection (Pagana, 2023).

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, K. D., Pagana, T. N., & Pagana, T. J. (2023). *Mosby's Diagnostic and Laboratory Test Reference: Kathleen Deska Pagana, Timothy J. Pagana, Theresa Noel Pagana*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

- XR Chest Single view Portable- Impression: No acute cardiopulmonary findings.
    - Used to see tumors, lung inflammation, lung air accumulation, fractures, heart size, IV access devices (Pagana, 2023).
- ECHO:
    - Lungs- EKG leads are in place; pulmonary vasculature is within normal limits. No acute infiltrates or consolidation or congestion.
    - Heart- Borderline Cardiac size aorta appears unmarkable.

    - Mediastinum- The mediastinum is within normal limits
    - Bones- Normal
    - No other findings noted
        - Ultrasound used for evaluation of structural soundness and functional use of heart (Pagana, 2023).
- EKG 12 lead
    - Ventricular rate: 107bpm
    - Atrial rate: 107bpm
    - P-R interval:146ms
    - QRS Duration: 82ms
    - Q-T Duration: 368ms
    - QTC Calculation: 491ms
    - P-axis: 58 degrees
    - R-axis: 42 degrees
    - T- axis: 99 degrees
- Impression: Sinus tachycardia. ST&T wave abnormality. Consider Lateral ischemia Abnormal ECG
        - Used to track electrical impulses of the heart (Pagana, 2023).
- US Duplex
    - A US Duplex is used for testing the blood flow of the upper and lower extremities' major arteries.

Diagnostic Imaging Reference (1) (APA):

Pagana, K. D., Pagana, T. N., & Pagana, T. J. (2023). *Mosby's Diagnostic and Laboratory Test*

Reference: Kathleen Deska Pagana, Timothy J. Pagana, Theresa Noel Pagana. Elsevier.

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

5 different medications must be completed

Medications (5 required)

Brand/ Generic	**Acetaminophen/ Tylenol**	**Calcium Carbonate/ Tums**	**Lorazepam/ Ativan**	**Polyethylene glycol/ MiraLAX**	**Empagliflozin/ Jardiance**
Dose	**650mg**	**1000 mg**	**1mg**	**17g**	**10mg**
Frequency	**Every 4 hours**	**Every 8 hours**	**Every 6 hours**	**2x daily**	**Daily**
Route	**Oral**	**Oral**	**Intravenous**	**Oral**	**Oral**
Classification	**Therapeutic: Antipyretics (Sanoski, 2023).** **Pharmacologic: N/A**	**Therapeutic: mineral/ electrolyte supplements (Sanoski, 2023). Pharmacologic: antacid (Sanoski, 2023).**	**Therapeutic: Antianxiety (Sanoski, 2023).** **Pharmacologic: benzodiazepines (Sanoski, 2023).**	**Therapeutic: laxative (Sanoski, 2023).** **Pharmacologic: osmotics (Sanoski, 2023).**	**Therapeutic: antidiabetics (Sanoski, 2023).** **Pharmacologic: sodium-glucose co-transporter 2 (SGLT2) inhibitors (Sanoski, 2023).**
Mechanism of Action	**Inhibits synthesis of prostaglandins which can be used as a mediator or pain and fever in the central nervous**	**Replacement of calcium in deficient states (Sanoski, 2023).**	**Depresses the central nervous system (Sanoski, 2023).**	**Draws water into it GI tract (Sanoski, 2023).**	**Inhibits reabsorption od glucose (Sanoski, 2023).**

	system (Sanoski, 2023).				
Reason Client Taking	**Mild/Severe pain**	**Heartburn/ indigestion**	**Anxiety/ Withdrawal**	**Constipation**	**Monitoring glucose**
Contraindications (2)	**Severe hepatic impairment and acute liver disease (Sanoski, 2023).**	**Renal calculi and hypercalcemia (Sanoski, 2023).**	**Severe hypotension and seizures (Sanoski, 2023).**	**GI obstruction and Bowel perforation (Sanoski, 2023).**	**Severe renal impairment and diabetic ketoacidosis(Sanoski, 2023).**
Side Effects/Adverse Reactions (2)	**Hypertension and constipation (Sanoski, 2023).**	**Bradycardia and constipation**	**Constipation and dizziness (Sanoski, 2023).**	**Abdominal bloating and cramping (Sanoski, 2023).**	**Acute Kidney Injury and hypoglycemia (Sanoski, 2023).**

Medications Reference (1) (APA):

Vallerand, A. H., & Sanoski, C. A. (2023). *Davis's drug guide for Nurses*. F.A. Davis.

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:**	**Alertness:** Alert and responsive to verbal stimuli. Orientation: Oriented to person, place, situation, and date. Distress: Pain in lower back and buttocks. Overall appearance: Patient was well groomed and dressed appropriately overall.
INTEGUMENTARY:	

Skin color: **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 18** **Drains present: Y☐ N ☐** **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 ☐ N ☒ Edema Y ☐ N ☒** **Location of Edema:**	Cardiovascular: clear S1 and S2 without murmurs gallops or rubs. PMI Palpable at 5th intercostal space at MCL. Normal rate and rhythm. Peripheral Pulses: Pulses 2+ throughout bilaterally. Capillary refill: Less than 3 seconds in fingers and toes bilaterally.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Respiratory: Normal rate and pattern of respiration. Respirations were symmetrical and non-labored. Lung sounds clear throughout anterior/ posterior bilaterally. No wheezes,

	crackles, or rhonchi was noted.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐**	

Type: **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score: 6** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **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**	Coping methods: Patient stated he has healthy coping methods by praying to God. Developmental level: Concrete Operational, Autonomy vs. Shame/Doubt Religion & what it means to Patient: Patient stated he was a Christian and religion was very important to

environment, family structure, and available family support):	him. Personal/Family Data (Think about home environment, family structure, and available family support): Patient stated he has a great family and friend support system at home.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
15:25	**80**	**130/87**	**18**	**98.3**	**100**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
16:40	**0-10**	**Buttocks**	**4**	**throbbing**	**Tylenol**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
420	**Urinary-x1**

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications

pertinent to this client				to plan.
1.	Patient has abnormal labs that can be attributed to poor nutrition and patient as severely dehydrated upon admission.	**1.** Administration of intravenous fluids as indicated (Phelps, 2023). 2. Provide encouragement and support for cooperation with prescribed treatment regimen (Phelps, 2023)	**1.** Patient will maintain adequate urine output (Phelps, 2023).	Patient's urine output was equivalent to fluid intake for clinical shift.
2. Hopelessness related to uncontrolled severe disease symptoms as evidence by being homeless and unemployed with lack of income to afford medications (Phelps, 2023)	This Nursing diagnosis was chosen because of patient stating he was unemployed and homeless, and he was admitted due to drug overdose.	**1.** Refer patient to dietary, social services, and rehab. (Phelps, 2023) **2.** Encourage positive thinking to promote self confidence. (Phelps, 2023) 3.	**1.** Patient will begin to develop feelings of hope (Phelps, 2023)	Goal wasn't achieved during clinical experience.

Other References (APA):

Phelps, Linda. (n.d.). In *Nursing diagnosis reference manual* (12th ed., pp. 270 and pp. 322-323. essay.

Concept Map (23 Points):

Subjective Data

Coping methods: Patient stated he has healthy coping methods by praying to God.

Developmental level: Concrete Operational, Autonomy vs. Shame/Doubt

Religion & what it means to Patient: Patient stated he was a Christian and religion was very important to him.

Personal/Family Data (Think about home environment, family structure, and available family support): Patient stated he has a great family and friend support system at home.

Patient states pain is a 4/10 on the face scale. Patient had trouble getting comfortable in bed due to pain. Stated Tylenol helped reduce pain effectively.

Nursing Diagnosis/Outcomes

1.) Hopelessness related to uncontrolled severe disease symptoms as evidence by being homeless and unemployed with lack of income to afford medications (Phelps)
   a. **1.** Patient will begin to develop feelings of hope (Phelps

2.) Risk for imbalanced fluid volume. Related to difficulty accessing water and malnutrition as evidenced by difficulty to resources due to homelessness and lack of income (Phelps).
   a. Patient will maintain adequate urine output (Phelps).

Objective Data

- XR Chest Single view Portable- Impression: No acute cardiopulmonary findings.
  - Used to see tumors, lung inflammation, lung air accumulation, fractures, heart size, IV access devices (Pagana, 2023).
- ECO:
  - Lungs- EKG leads are in place; pulmonary vasculature is within normal limits. No acute infiltrates or consolidation or congestion.
  - Heart- Borderline Cardiac size aorta appears unmarkable.
  - Mediastinum- The mediastinum is within normal limits
  - Bones- Normal
  - No other findings noted
- EKG 12 lead
  - Ventricular rate: 107bpm
  - Atrial rate: 107bpm
  - P-R interval:146ms
  - QRS Duration: 82ms
  - Q-T Duration: 368ms
  - QTC Calculation: 491ms
  - P-axis: 58 degrees
  - R-axis: 42 degrees
  - T- axis: 99 degrees
- Impression: Sinus tachycardia. ST&T wave abnormality. Consider Lateral ischemia Abnormal ECG.
- US Duplex
- Labs
  - RBC-Low * BP- high
  - Hgb- low
  - Hct- Low
  - WBC-High
  - Neutrophils- High
  - Lymphocytes- low
  - K+- High
  - Cl- - high
  - CO2- low
  - BUN- high
  - Creatinine- high
  - Phosphate- High
- Urinary
  - Protein- 2+
  - Ketones- 1+
  - RBC-3-5

Client Information

Patient is a 45-year-old African American man. Patient was admitted on 10/31/24 as results from a drug overdose. Patient is currently being treated for Congestive Heart Failure, acute kidney injury, Chronic diastolic congestive heart failure, and dehydration.

Patient has complaints of lower lumbar pain and buttock pain rated at a 4/10 on the faces scale.

Client tested positive for amphetamines, opiates. Cannabinoid, and cocaine metabolite. Patient denies use of alcohol use and use of smokeless tobacco as well as cigarettes.

No family or surgical history documented.

Nursing Interventions

1. Refer patient to dietary, social services, and rehab. (Phelps)

2. Encourage positive thinking to promote self-confidence. (Phelps)

1. Administration of intravenous fluids as indicated (Phelps).

2. Provide encouragement and support for cooperation with prescribed treatment regimen (Phelps)