

N311 Care Plan 4

Morgan Yoder

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Kristal Henry

11/07/2024

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. The patient saw a urologist on 10/25/2024. The patient describes her pain as dull and aching. The 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. The 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):

Congestive heart failure is a chronic condition where the heart is not able to pump enough blood to supply to the body. As a result of this, fluid can build up in your lungs called pulmonary edema. There are different types of heart failure, and they can each have a different impact on patients. The left side of the heart pumps oxygen rich blood to the rest of the body, so left sided heart failure affects the body and organ getting the oxygen rich blood they need (Cleveland Clinic, 2024). The right side of the heart takes the blood from the body back to the lungs, where the blood becomes oxygen rich. Right side heart failure can cause blood buildup in the veins, also causing fluid to build up in the legs and abdomen (Cleveland Clinic, 2024).

Congestive heart failure can present with many different symptoms, depending on each patient. The most common and most obvious signs and symptoms of heart failure are shortness of breath, chest pain, heart palpitations and fatigue on exertion. Some other less common symptoms include weight gain, dry hacking cough, and swelling in the legs and abdomen (Cleveland Clinic, 2024). There are risk factors that can make you more likely to develop congestive heart failure. Some of these include high blood pressure, heart attack, a high sodium diet, age over 65 and sedentary lifestyle. (Cleveland Clinic, 2024)

There are several tests that can diagnose congestive heart failure. Blood tests, chest x-rays, MRI's, EKG's and echocardiograms are all different ways that physicians can identify what is going on underneath the patients' symptoms (Capriotti, 2024). Congestive heart failure can

progressively get worse over time and most patients that are diagnosed are often given a shorter life expectancy. If it is caught early enough, most doctors will recommend lifestyle changes to see if there is any way to reduce symptoms or the effects of the disease on the patient.

Pathophysiology References (2) (APA):

Right-sided heart failure: Left-sided heart failure, symptoms. Cleveland Clinic. (2024).

<https://my.clevelandclinic.org/health/diseases/21494-right-sided-heart-failure>

Congestive heart failure: What does it mean? Cleveland Clinic. (2024).

<https://my.clevelandclinic.org/health/diseases/17069-heart-failure-understanding-heart-failure>

Capriotti, T. (2024a). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (3rd ed.). F.A. Davis Company.

[https://fadavisreader.vitalsource.com/reader/books/9781719650533/epubcfi/](https://fadavisreader.vitalsource.com/reader/books/9781719650533/epubcfi/6/2[%3Bvnd.vst.idref%3Dcvi]!/4/2/2/4%4051:1)

[6/2\[%3Bvnd.vst.idref%3Dcvi\]!/4/2/2/4%4051:1](https://fadavisreader.vitalsource.com/reader/books/9781719650533/epubcfi/6/2[%3Bvnd.vst.idref%3Dcvi]!/4/2/2/4%4051:1)

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</i> 2023).
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</i> 2023).
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	
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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): The patient had multiple diagnostic tests to better help her physicians with a diagnosis. A Chest X-Ray Single view was performed due to weakness and malaise. The results of this test per physician were “mild increase in the pulmonary vascular congestion. Borderline cardiomegaly right lower lobe atelectasis versus infiltrate in the medical aspects, versus prominent pulmonary arteries” (Epic). A CT pelvis without contrast soft tissue was ran to check for any injury to the pelvis or the cause of pelvic pain, and any abscesses or infections (*2024 NDH Nurse's Drug Handbook* 2024). A CT abdomen pelvis was also performed, and is similar to the CT pelvis, however, including the abdomen can show any trauma to the abdomen, calculi of the abdominal organs, bleeding or obstruction. (*2024 NDH Nurse's Drug Handbook* 2024).

Diagnostic Imaging Reference (1) (APA):

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

Epic. (2024). *OSF Sacred Heart Medical Center*

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	<i>Pharmacologic class:</i> Salicylate	<i>Pharmacologic class:</i> HMG-CoA reductase	<i>Pharmacologic class:</i> Loop Diuretic	<i>Pharmacologic class:</i> Selective	<i>Pharmacologic class:</i> Factor XA

	<i>Therapeutic class:</i> NSAID	inhibitor <i>Therapeutic class:</i> Antihyperlipidemic	<i>Therapeutic class:</i> Antihypertensive, diuretic	serotonin and norepinephrine reuptake inhibitor <i>Therapeutic class:</i> Antidepressant	inhibitor <i>Therapeutic class:</i> 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 Effects/Adverse Reactions (2)	Excessive internal bleeding Hyperventilation	Arrhythmias UTI	Thromboembolism Oliguria	Peripheral edema Urinary frequency	Depression Pulmonary hemorrhage

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 ☐ 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:	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 ☒ N ☐ Breath Sounds: Location, character	Patients' breath sound were clear bilaterally anteriorly and posteriorly. Respiratory rate and rhythm remained the same throughout. Slight accessory muscles are used to breathe.
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: 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 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.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
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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
• 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	• 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 to plan.
1. Excess fluid volume related to fluid/sodium intake and CHF, as evidenced by fatigue and patient tiring easily (Phelps, 2023).	Patient has CHF and was fatigued after being made to sit up on the side of the bed and dangle her legs.	1. Provide a calm environment. 2. Teach patient methods to conserve energy.	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.
2. Decreased cardiac output related to altered heart rate, as evidenced by orthopnea (Phelps,	Patient was unable to fully lay supine without having issues breathing.	1. Apply oxygen. 2. Educate on risk factors and lifestyle modifications.	1. Patient will develop improved oxygenation and circulation.	Patient was willing to try and modify her lifestyle and diet changes.

2023).				
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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
Hgb 10.3 g/dL
Hct 31.4%
Platelets 118 10(3)/mcL
Eosinophils 5.4%
Cl- 109 mmol/L
BUN 27 mg/dL
Creatine 1.04 mg/dL
Urine protein 1+
Urine WBC 21-50/hpf
Urine RBC packed

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.

