N321 CARE PLAN #1

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Lakeview College of Nursing

N321: Adult Health I

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Demographics

Date of Admission	**Client Initials**	**Age**	**Biological Gender**
January 23, 2025	WE	92 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Retired	Married	No known allergies
Code Status	**Height**	**Weight**	
Full code	6 feet 1 inch	190 pounds	

Medical History

Past Medical History: William has an extensive medical history of acute decompensated heart failure, anxiety, chronic recurrent major depressive disorder, insomnia due to anxiety and fear, keratosis, male erectile dysfunction, seizure disorder, weight loss, neck pain, and numbness in right foot.

Past Surgical History: Patient has had a colonoscopy and left hip surgery.

Family History: His mom died from jaw cancer when she was eighty-eight. His dad died from old age at eighty-four. His sister died from an infection. The patient and daughter did not know how his grandparents had died.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient used to be a smoker. While he did say he “seldomly smoked,” he did say that he smoked for forty-five years. He was not able to communicate how many cigarettes he smoked throughout a day or week. Patient did drink alcohol. He has not drunk for twenty-five to thirty years. He did say that he drank “half a beer per week.” Patient was not able to communicate how many years he drank alcohol when he did. He did not use drugs.

Education: He got a high school diploma but did not go to college. He enrolled in the military soon after high school.

Living Situation: Up until his hip surgery, he lived at home with his wife. However, he moved to Hawthorne to rehab there.

Assistive devices: Before he was admitted to the hospital, he used a walker. At the hospital, he also uses a gait belt. Because of the open wounds on his heels, he is pretty much bedbound.

Admission History

Chief Complaint: Patient presented to the emergency room due to shortness of breath.

History of Present Illness (HPI)– OLD CARTS

Patient stated that his shortness of breath started on the 21st of January. He felt intense pressure on his chest. He was finally taken to the emergency room on the 23rd. He was able to describe his pain as "sharp." Patient was not able to verbalize what made it worse as he could not form words. He was though able to say that nothing was making it better. He felt that he couldn't breathe during those few days. It was a constant thing. When asked what the severity level was, he said it was a six.

Admission Diagnosis

Primary Diagnosis: Acute Decompensated Heart Failure (CHF)

Secondary Diagnosis (if applicable): Bacterial pneumonia

Pathophysiology

Heart failure, in most cases, is not a sudden event. Most of the time, things like hypertension, myocardial infarctions, and dysrhythmia contribute to the heart failing. Over time, the heart muscles get worn down. On a pathophysiological level, the right atrium gets filled with an increase in blood; however, when the heart pumps, the walls are too weak to fully eject the

blood into the right ventricle. The process continues. The atria and ventricle pool with blood. Thus, the heart gets worn down, which leads to heart failure (Capriotti, 2024, pg. 402-403).

Because the heart is not pumping out enough blood, this means that the body is not getting enough blood or oxygen. This means that the circulatory system, the cardiovascular system, the lymphatic system, and the kidneys are going to be effected.

The patient experienced the common symptoms such as crackles in the lungs, atrial fibrillation, shortness of breath, and edema (Njoroge and Teerlink, 2021, 1469).

He was diagnosed because of some of his lab values such as Brain Natriuretic Peptide. His lab value was incredibly higher than the normal range. It was also confirmed through a chest x-ray.

The patient was put on different medications like metoprolol and apixaban. He also was put on a cardiac diet. He needed to make sure he was not eating too much salt or cholesterol.

References

Capriotti, T. (2024). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* F.A. Davis.

Njoroge, J., and Teerlink, J. (2021). *Pathophysiology and Therapeutic Approaches to Acute Decompensated Heart Failure.* Circulation Research, 128, pg. 1468-1486. https://doi.org/10.1161/CIRCRESAHA.121.318186.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	131 mEq/L	143 mEq/L	136-145	Having a low sodium is

			mEq/L (Epic, 2025)	indicative of congestive heart failure, in which the patient has (Pagana et al., 2023, pg. 806).
Chloride	97 mEq/L	109 mEq/L	98-107 mEq/L (Epic, 2025)	Having a low chloride is indicative of congestive heart failure, in which the patient has (Pagana et al., 2023, pg. 220.) His levels were elevated because he was dehydrated. They gave him Lasix to get all the extra water off. This was further proven by his skin turgor (Pagana et al., 2023, pg. 220.)
CO_2	21 mEq/L	26 mEq/L	22-30 mEq/L (Epic, 2025)	He was experiencing metabolic acidosis, which can be caused by elevated lactic acid levels (*Metabolic Acidosis,* 2022).

BUN	65 mg/dL	28 mg/dL	8-26 mg/dL (Epic, 2025)	BUN levels were increased because congestive heart failure can cause this (Pagana et al., 2023, pg. 220).
GFR	57 mL/min	>60 mL/min	>60 mL/min (Epic, 2025)	GFR was low because the kidneys were not getting enough blood flow which is cause by his CHF and pneumonia (Capriotti, 2024, pg. 537).
BUN/Creatinine Ratio	55 mg/dL	36 mg/dL	12-20 mg/dL (Epic, 2025)	A BUN/Creatinine ratio will be high if a patient has CHF, which he does (Spandana, 2024).
Glucose	119 mg/dL	88 mg/dL	70-99 mg/dL (Epic, 2025)	Because the patient has taken furosemide, even before he went to the hospital, this can increase one's sugar (Pagana et al., 2023, pg. 220).

Albumin	2.7 g/dL	N/A	3.5-5.0 g/dL (Epic, 2025)	Albumin levels will lower with acute infections, which is what the patient is experiencing (Pagana et al., 2023, pg. 730).
A/G Ration	0.7 g/dL	N/A	1.0-2.2 g/dL (Epic, 2025)	The A/G ratio lowers when albumin levels lower, which is evident by those results (Nunez, 2023).
Total Bilirubin	1.3 mg/dL	N/A	0.2-1.2 mg/dL (Epic, 2025)	Increased levels can indicate sepsis, which the patient is on the road to (Pagana et al., 2023, pg. 137).
SGOT (AST)	133 units/L	N/A	6-42 units/L (Epic, 2025)	Taking acetaminophen for long periods of time can cause AST levels to rise (Jones and Bartlett Learning, 2024, pg. 12).
SGPT (ALT)	70 units/L	N/A	6-55 units/L (Epic, 2025)	Taking acetaminophen for long periods of time

				can cause ALT levels to rise (Jones and Bartlett Learning, 2024, pg. 12).
GFR est. Nonafrican	57 mL/min	>60 mL/min	>60 mL/min (Epic, 2025)	GFR was low because the kidneys were not getting enough blood flow which is cause by his CHF and pneumonia (Capriotti, 2024, pg. 537).
B Type Natriuretic Peptide	1428 pg/mL	N/A	<100 pg/mL (Pagana et al., 2023, pg. 624)	An increase in this level is the indicator with someone who has CHF, which the patient does (Pagana et al., 2023, pg. 625).
White Blood Cells	14.60 10^3/uL	16.20 10^3/uL	4.00-12.00 10^3/uL (Epic, 2025)	The patient has bacterial pneumonia which explains why he has elevated white blood cells (Pagana et al., 2023, pg. 949).
Red Blood Cells	3.61	3.78	4.40-5.80	A low red blood cell

	10^6/uL	10^6/uL	10^6/uL (Epic, 2025)	count can be a result from dietary deficiencies. Given that his electrolytes were off and he drinks protein supplements, this would explain that (Pagana et al., 2023, pg. 750).
Hemoglobin	9.8 g/dL	10.3 g/dL	13.0-16.5 g/dL (Epic, 2025)	Hemoglobin levels will decrease with nutritional deficiencies (Pagana et al., 2023, pg. 480).
Hematocrit	30.5%	32.3%	38.0-50% (Epic, 2025)	Hematocrit levels will decrease in dietary deficiencies (Pagana et al., 2023, pg. 478).
Platelet count	620 million/mm³	712 million/mm³	140-440 million/mm³ (Pagana et al., 2023, pg. 688)	Platelet counts will increase when there is an infection (Pagana et al., 2023, pg. 688).
MPV	7.2 fL	7.3 fL	8.0-12.6 fL (Epic, 2025)	According to the diagnostic book and the

				internet, there are not very many reasons why a MPV would be low. The only thing that would make potential sense would be some sort of anemia. This could be a real possibility as a lot of his other abnormal lab values also point to anemia (Pagana et al., 2023, pg. 694).
Neutrophils	76.7%	75.5%	40.0-68.0% (Epic, 2025)	Neutrophils are the first responder to infections, which is why it is elevated (Pagana et al., 2023, pg. 947).
Lymphocytes	7.5%	9.3%	19.0-49.0% (Epic, 2025)	Low lymphocyte levels indicate sepsis (Pagana et al., 2023, pg. 950).
Monocytes	15.7%	13.8%	3.0-13.0% (Epic, 2025)	Monocytes also help fight off bacteria, which

				is why this level is high (Pagana et al., 2023, pg. 947).
Absolute Neutrophils	11.20 10^3/uL	12.20 10^3/uL	1.40-5.30 10^3/uL (Epic, 2025)	An increase in absolute neutrophils can mean that there is a bacterial infection, which is true (Pagana et al., 2023, pg. 950).
Absolute Monocytes	2.30 10^3/uL	2.20 10^3/uL	0.10-0.90 (Epic, 2025) 10^3/uL	Levels can increase with infection (Roland, 2024).
Procalcitonin	0.43 ng/mL	N/A	<0.25 ng/mL (Epic, 2025)	The patient had bacteremia, which is bacteria in the blood. This causes an increase in procalcitonin (Pagana et al., 2023, pg. 718).
Lactic Acid	2.9 ng/mL	N/A	0.7-2.0 ng/mL (Epic, 2025)	An increase in lactic acid can be caused by sepsis (Pagana et al., 2023, pg. 546).

References

Metabolic Acidosis. (23 November 2022). Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/24492-metabolic-acidosis.

Nunez, Kirsten. (24 February 2023). *What Does a High A/G Ratio Test Result Mean?.* Healthline. https://www.healthline.com/health/a-g-ratio-high.

Pagana et al. (2023). *Mosby's Diagnostic & Laboratory Test Reference: 16th Edition.* Elsevier.

Roland, J. (9 February 2024). *Absolute (ABS) Monocytes Explained in Simple Terms.* Healthline. https://www.healthline.com/health/absolute-monocytes

Spandana, K. (30 May 2024). *What Causes a High BUN Creatinine Ratio?.* MedicineNet. https://www.medicinenet.com/what_causes_a_high_bun_creatinine_ratio/article.htm.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Chest X-Ray due to his shortness of breath	The signs and symptoms he presented were shortness of breath.	The tissue in the lungs was thickening. The fluid in the pleural space was building up. While these results showed that there was an issue, a lot of the common respiratory illnesses show up with the same findings (Pagana et

		al., 2023, pg. 579).
CT chest without contrast due to the evident respiratory illness	He presented with shortness of breath.	The results showed that he had emphysema in both sets of his upper lungs. It showed again how his tissue was thickening and how the pneumonia was in the left lower lobes of his lungs. It showed that there was fluid build up in his lungs. It also showed that he had nodules in his lungs. According to the Mayo Clinic, these nodules, for the most part, are noncancerous. It is just dense tissue in that specific area. The

		do not necessarily cause symptoms (Mayo Clinic, 2023).
CT of Abdomen and pelvis with contrast this was due to sepsis	He had an episode of confusion. He was not aware of who he was or who his family was.	These results were very similar to his previous CT. One of the new results showed that he may have necrotizing pneumonia. It showed he had an enlarged prostate, which is not surprising as he had incontinence issues. It showed his bladder was distended and showed he had granules in his spleen.
CT of head and brain without contrast due to an episode of confusion	Patient had hallucinations and was confused.	His CT came back normal. It did shows signs of aging, which

		is normal for his age. Parts of his brain were darker than the other parts.

References

Pagana et al. (2023). *Mosby's Diagnostic & Laboratory Test Reference: 16th Edition.* Elsevier.

Understanding lung nodules: Determining risks and diagnosing. (25 May 2023). Mayo Clinic. https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/understanding-lung-nodules.

Active Orders

Active Orders	Rationale
Contact Precautions	MRSA
Diet dysphagia II: cardiac	He has CHF, so he needs to eat a diet that will help his heart, and he has trouble swallowing.
Diet supplement for breakfast and dinner	Because of his dysphagia and that fact that he is older, he is not getting enough nutrients. Therefore, he gets supplements.
Consult to Dietician	Same reasons as before. He is not getting enough nutrients.
IP consult to infectious disease	He has bacteremia, which is bacteria in the blood.
IP consult to telemetry	There was worry that he had necrotizing

	pneumonia, which is what led to this order.
CBC with differential	His blood count is being heavily monitored because most of his labs were abnormal, which is not good.
OT evaluate and treat	They are seeing him for his weakness.
PT evaluate and treat	They are seeing him for his weakness.
SLP evaluate and treat	They are seeing him because of his difficulty eating and swallowing.
Aerosol nebulizer- subsequent	He is getting these treatments to help him breathe because it is a struggle when bed bound and with the pneumonia.
Incentive spirometer RT-initial	Incentive spirometers force patients to take deep breaths in, which helps exercise their lungs and help prevent mucus from just sitting in their lungs.
Oxygen therapy	His oxygen, on the 28th, got down to 88%, so he needs oxygen to get his levels back up.
Pulse ox continuous	This is done to make sure the oxygen is working, so he does not get too much or too little oxygen.
Admission weight	This was done, so they can keep track of his weight and see if he lost or gained any from last time and see if he loses or gains at the

	hospital.
Cardiac monitoring	He is on the monitor because of his CHF and because of his pneumonia.
Insert and maintain indwelling urinary catheter	This was done to get rid of the urinary retention and help with the urinary obstruction.
Insert and maintain IV's	This is important because it allows him to get hydrated and allows him to get medicine. Maintaining it is vital so that there are no complications such as phlebitis or infiltrations.
Intake and output	This allows the healthcare team to see if he has water retention or experiencing dehydration.
Notify Physician	Notify if pulse every goes below fifty or above 120. Notify is respiratory rates go below ten or above thirty. Notify is temperature is greater than 101.5℉. Notify provider if pulse ox goes below 90%. Notify if urinary output is less than 240 mL/8 hours. Notify is systolic blood pressure is below eighty-five or above 180. Notify is diastolic blood pressure is below fifty or above 105.

	Notify if there is symptomatic bradycardia or ventricular arrythmias. (Epic, 2025).
Nursing night calls	Check IV. If it expires before the morning, but it is fine, leave it in place and handle it in the morning. Notify the doctor about labs in the morning unless it is urgent (Epic, 2025).
Place Seq Compression Device	This is used on his feet to help keep them off the bed and to prevent foot drop.
Saline lock IV	This allows for immediate release of medications and easy access to give them.
Straight Catheterization	This was done frequently before the foley was placed because he had so much fluid retention.
Up with assistance	If people are not there to help him, he will fall and get hurt, which becomes a much bigger issue.
Vital signs	Vital signs are often the first indicators that something is wrong. It is important that these are constantly monitored.

Medications

Home Medications (Must List ALL)

Medications	Reason for taking
Oxycodone	He was given this for pain management after

	his hip surgery. However, his chart stated that he did not take them.
Acetaminophen (Tylenol)	He took acetaminophen for his pain (Jones and Bartlett Learning, 2024, pg. 9).
Aluminum and magnesium hydroxide simethicone (Mylanta Maximum Strength)	He took this medication for his heartburn (Jones and Bartlett Learning, 2024, pg. 56).
Buspirone HCl	He took this medication for his anxiety (Jones and Bartlett Learning, 2024, pg. 184).
Ipratropium albuterol (DUO-NEB)	He was taking this inhaler for his emphysema, which was evident based off of his CT scan (Multum, 2024).
Apixaban (Eliquis)	He is taking this medication because it helps reduce the risk of a stroke (Jones and Bartlett Learning, 2024, pg. 88).
Sertraline (Zoloft)	He takes this to help with his depression and anxiety.
Lactobacillus Rhamnosus GG (Culturelle PO)	This probiotic may have been taken to help with his gut health, as this probiotic helps with the microbiome and immune system. This would also make sense that he was taking it as he had a lot of GI issues (Whitten, 2024).
Aripiprazole (Abilify)	This medication can be taken along with

	another antidepressant, such as Zoloft (Jones and Bartlett Learning, 2024, pg. 99)
Sodium hypochlorite (Dakins ½ strength ex)	This medication was being used for his heels, as he has two pressure sores that have formed on them. This solution helps to treat and prevent infections (Multum, 2024).
Metoprolol tartrate (Lopressor)	This medication is taken to help with his heart failure (Jones and Bartlett Learning, 2024, pg. 883).
Guaifenesin (Mucinex)	Before he was admitted, he experienced the effects of pneumonia. He was taking this to thin out the mucus (MedlinePlus, 2022).
Menthol zinc oxide	This medication is used to help with any irritation on the skin. This could either be from diarrhea, urine, or wounds (Mayo Clinic, 2024). In his case, his bottom was where this was applied.
Infant food (protein fortifier) liquid	This was taken as supplements to make sure he was getting the nutrition, like proteins and fats, that he needed.
Furosemide (Lasix)	This medication is taken for those who might have chronic heart failure because it gets rid of the excess fluid the body holds onto

	because of this condition (Jones and Bartlett Learning, 2024, pg. 612)
Hydrochlorothiazide	This medication is both a diuretic and can help with heart swelling (Jones and Bartlett Learning, 2024, pg. 658).
Polyethylene glycol (glycolax)	This medication was being taken for constipation (Dabaja et al., 2023).
Potassium chloride SA (Klorcon)	This was being taken to raise and maintain his potassium levels (Sinha, 2024).
Multiple vitamins-minerals (multicomplex) capsule	It is evident that the patient was having nutritional issues, so this was given to help give him more vitamins and minerals.
Cholecalciferol (vitamin D)	This was given to him to make sure he had enough vitamin D, which helps with bones.

References

Dabaja et al. (8 May 2023). *Polyethylene Glycol.* National Library of Medicine.

Jones and Bartlett Learning. (2024). *NDH: Nurse's Drug Handbook.* Ascend Learning Company.

MedlinePlus. (2022, January 15). *Guaifenesin.* National Library of Medicine. https://medlineplus.gov/druginfo/meds/a682494.html.

Menthol and zinc oxide (topical application route). (2024, January 31). Mayo Clinic. https://www.mayoclinic.org/drugs-supplements/menthol-and-zinc-oxide-topical-application-route/description/drg-20127685.

Multum, C. (2024, September 25). *Albuterol and ipratropium (inhalation).* Drugs.com. https://www.drugs.com/mtm/albuterol-and-ipratropium-inhalation.html.

Multum, C. (2024, June 17). *Dakins Full strength Solution.* Drugs.com. https://www.drugs.com/mtm/dakins-full-strength-solution.html.

Sinha, S. (6 May 2024). *Klor-Con.* Drugs.com. https://www.dugs.com/klor-con.html.

Whitten, C. (2024, February 20). *What to Know About Lactobacillus Rhamnosus (LGG) Probiotic.* WebMD. https://www.webmd.com/digestive-disorders/what-to-know-about-lgg-probiotic.

Hospital Medications. (Must List ALL)

Brand/ Generic	acetaminophen (Tylenol)	ampicillin-sulbactam (Unasyn)	apixaban (Eliquis)	aripiprazole (Abilify)	benzonatate (Tessalon)	buspirone (Buspar)
Classification	Pharmacologic: Nonsalicylate, paraminophenol derivative Therapeutic: nonopioid analgesic (Jones and Bartlett	Pharmacologic: Aminopenicillin Therapeutic: Antibiotic (Jones and Bartlett Learning, 2024, pg. 81)	Pharmacologic: Factor Xa inhibitor Therapeutic: Anticoagulant (Jones and Bartlett Learning, 2024, pg.	Pharmacologic: Antitypical antipsychotic Therapeutic: Antipsychotic (Jones and Bartlett	Pharmacological: Therapeutic: antitussive (Thornton, 2023)	Pharmacologic: Aminoketone Therapeutic: Antidepressant (Jones and Bartlett Learning, 2024, pg. 181)

	Learning, 2024, pg. 9)		88)	Learning, 2024, pg. 97)		
Reason Client Taking	He is taking this for his pain that he is experiencing from his hip surgery (Jones and Bartlett Learning, 2024, 9).	He is taking this for his bacterial pneumonia and bacteremia (Jones and Bartlett Learning, 2024, pg. 81).	He is taking this medication for his atrial fibrillation (Jones and Bartlett Learning, 2024, pg. 88).	He is taking this along with another antidepressant to help with his depression and anxiety (Jones and Bartlett Learning, 2024, pg. 99).	He is taking this because it is a cough suppressant (Memon, 2024).	He is taking this medication to help treat his depression (Jones and Bartlett Learning, 2024, pg. 181)
Key nursing assessment(s) prior to administration	Given that his bilirubin, AST, and ALT levels were high, this means that these levels need to be checked frequently (Jones and Bartlett Learning, 2024, pg. 12).	Before and after each dose, monitor the patient heavily for an anaphalactic shock, as this is increased with those who have respiratory issues (Jones and Bartlett Learning, 2024, pg. 83).	Assess the patient for any bleeding or random bruising that is found on the body (Jones and Bartlett Learning, 2024, pg. 90).	Because the patient was excessively tired and had difficulty swallowing, he needs to be continuously monitored, so he does not aspirate (Jones and Bartlett Learning, 2024, pg. 103)	This medicine is given as needed. Assess before given and see if he has an active cough.	Assess the patient's blood pressure because this medication can cause hypertension (Jones and Bartlett Learning, 2024, pg. 183).
Brand/ Generic	calcium carbonate (Tums)	guaifenesin (Mucinex)	guaifenesin-dextromethorphan	ipratropium-albuterol (DUO-	magnesium hydroxide (Milk of Magnesia)	melatonin

			(Robitussin)	NEB)		
Classification	Pharmacologic: calcium salts Therapeutic: Antacid	Pharmacological: expectorant Therapeutic: N/A (Lexidrug, 2025)	Pharmacologic: antitussive Therapeutic: N/A (LexiDrug, 2025)	Pharmacologic: Anticholinergic Therapeutic: bronchodilator (Jones and Bartlett Learning, 2024, pg. 200)	Pharmacologic: Mineral Therapeutic: Electrolyte replacement (Jones and Bartlett Learning, 2024, pg. 831)	Pharmacological: hormone Therapeutic: N/A
Reason Client Taking	He is taking this for his heartburn.	He is taking this because it thins his mucus, so he can cough it up.	It helps loosen the mucus, so he can cough it up (Drugs.com, 2024).	He is taking this as a nebulizer treatment because of his breathing issues due to pneumonia.	He is taking this as a stool softener.	He is taking this as a sleep aid.
Key nursing assessment(s) prior to administration	Make sure to frequently assess their calcium levels (Jones and Bartlett Learning, 2024, pg. 200)	Assess and see if he is coughing or having a hard time expelling the phlegm.	This medication can interact with over the counter vitamins, which he takes a lot of (Drugs.com, 2024)	This needs to be cautiously given to those who have incontinence issues because it can cause them to retain anyways (Jones and Bartlett Learning, 2024, pg. 714).	A prior assessment would be to look at their previous bowel movements. Do not give this if he has had diarrhea.	People who are on blood thinners need to be cautious when taking this (Drugs.com, 2024).

Brand/ Generic	metoprolol tartrate (Lopressor)	nicotine (NicoDerm CQ)	ondansetron (Zofran-ODT)	polyethylene glycol (Glycolax, MiraLAX)	senna (Senokat)	sertraline (Zoloft)
Classification	Pharmacologic: Beta 1-adrenergic blocker Therapeutic: Antianginal	Pharmacological: Nicotine agonist Therapeutic: Smoking cessation adjunct (Jones and Bartlett Learning, 2024, pg. 969)	Pharmacologic: Selective serotonin receptor antagonist Therapeutic: Antiemetic (Jones and Bartlett Learning, 2024, pg. 1020)	Pharmacologic: osmotic laxative Therapeutic: N/A (LexiDrug, 2025)	Pharmacologic: stimulant laxative Therapeutic: N/A (LexiDrug, 2025)	Pharmacologic: Selective serotonin reuptake inhibitor (SSRI) Therapeutic: Antianxiety, antidepressant (Jones and Bartlett Learning, 2024, pg. 1230)
Reason Client Taking	He is taking this to help with his heart failure (Jones and Bartlett Learning, 2024, pg. 882).	He is taking this for nicotine withdrawal.	He is taking this as needed for when he feels nauseous.	He is taking this for constipation.	He is taking this for constipation.	He is taking this to treat his anxiety and depression.
Key nursing assessment(s) prior to administration	It is important to monitors vital signs, like blood pressure and heart rate, as these can tank (Jones and Bartlett Learning, 2024, pg. 885).	This prescription is used as needed, so an assessment would be seeing if he wants it or not.	Potassium and Magnesium levels need to be monitored, especially with those who have congestive heart failure (Jones and Bartlett Learning, 2024, pg.	Assess their previous bowel movement, as this medication should not be given if they have diarrhea.	Assess their previous bowel movement, as this medication should not be given if they have diarrhea.	Assess their BUN and creatinine levels as well as magnesium and potassium levels (Jones and Bartlett Learning, 2024, pg. 1232).

			1022).			
Brand/ Generic	sodium hypochlorite (Dakins half strength)	cholecalciterol (Vitamin D)				
Classification	Pharmacological: disinfectant antibacterial topical	N/A				
Reason Client Taking	He is taking this for the open wounds on his heels and the open wound on his gluteal area.	He is taking this for vitamin D deficiency (Epic, 2025).				
Key nursing assessment(s) prior to administration	Assess the wound and see if it needs the wound cleaner.	N/A				

References

Anderson, L. (24 October 2024). *Melatonin.* Drugs.com. https://www.drugs.com/melatonin.html.

Drugs.com. (4 June 2024). *Robitussin.* Drugs.com. https://www.drugs.com/robitussin.html.

Jones and Bartlett Learning. (2024). *NDH: Nurse's Drug Handbook.* Ascend Learning Company.

Lexi-Drugs. UpToDate Lexidrug. UpToDate Inc. https://online.lexi.com. Accessed January 30, 2025.

Memon, Nazneen. (1 April 2024). *Benzonatate (Tessalon, Tessalon Perles) - Uses, Side Effects, and More. Web*MD. https://www.webmd.com/drugs/2/drug-14257/benzonatate-oral/details.

Thornton, P. (2023 April 14). *Benzonatate.* Drugs.com. https://www.drugs.com/benzonatate.html.

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. ampicillin-sulbactam (Unasyn)	This medication was chosen for first priority because airway is the most important. His breathing is not great because of the pneumonia, so the antibiotics come first.	1. Edema is a potential side effect. This correlates because he already retains enough fluids (Jones and Bartlett Learning, 2024, pg. 82). 2. Urinary retention is another side effect. With his prostate being enlarged and him having a foley, this relates to him (Jones and Bartlett Learning, 2024, pg. 82).
2. apixaban (Eliquis)	This medication was chosen for second priority due to the fact that it reduces the risk of	1. His risk of excessive bleeding heightens (Jones and Bartlett Learning, 2024, pg. 89). 2. Since he takes metoprolol, and that already decreases his

	stroke and an embolism.	blood pressure, this medication can cause further hypotension (Jones and Bartlett Learning, 2024, pg. 89).
3. metoprolol tartrate (Lopressor)	This medication was chosen as third priority to help with his CHF.	1. Interestingly, while this medication helps with heart failure, it could also worsen his heart failure (Jones and Bartlett Learning, 2024, pg. 884). 2. This medication can cause bronchospasms, which he is already experiencing due to the bacterial pneumonia (Jones and Bartlett Learning, 2024, pg. 884).

References

Jones and Bartlett Learning. (2024). *NDH: Nurse's Drug Handbook.* Ascend Learning Company.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	Patient was alert and oriented to person. He was not able to identify the year or where he was. He was not in active distress. As far as overall. He was well groomed. He was on contact precautions. His chief complaint was shortness of breath.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:**	His temperature was 97.2℉, which was taken temporally. His respiratory rate was eighteen. His pulses was ninety-three. His blood pressure was 107/79, which was taken in the right upper arm. His oxygen was 95%. He was on two liters of air,

Oxygen: **Delivery Method:**	which was given through the nasal cannula.
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	At 1600, when asked what he would rate his pain on a scale of zero to ten with ten being the worst, he rated it a seven. When asked where his pain was located, he said in his legs. When asked to describe the pain, he was only able to tell me constant. He tried to communicate further; however, he was not able to. As far as interventions, he had an order for acetaminophen, which could help with this problem.
IV ASSESSMENT: **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	Patient has an IV on the top of his right hand. It was a 20 gauge. The IV was inserted on January 23, 2025. The IV was able to be flushed. His IV site looked clear. However, it did feel warm. I did tell the nurse. He had no fluids running at the time, so it was saline locked.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☒ N ☐** **Type:**	Patient had an olive/tan color. He had lots of veins and bruises that were prominent. His skin was warm and dry upon palpation. Skin turgor took more than two seconds to return back to normal. There were no rashes. There were bruises on top of his hands. They almost looked like IV bruises. He had quite a few wounds. He had two on his heels, one on his left hip, and one on his gluteus. His Braden score was a ten. As far as drains, he did have a Foley bag which drained the urine. Normal quantity, distribution, and texture of hair. Nails were not clubbed or cyanotic. Capillary refill was less than three seconds on his fingers. There was no access to his toes.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck were symmetrical. Trachea was midline with no deviation. Thyroid was not palpable with no noted nodules. Bilateral carotid pulses were palpable and 1+. No lymphadenopathy were noted in the head or neck. Bilateral sclera white. Cornea and conjunctiva were not able to be check closely as he had a hard time opening his eyes. There was visible drainage that had crusted onto his eyes. Bilateral lids were moist and pink. PERRLA bilaterally. EOMs intact bilaterally. He did wear glasses. Bilateral auricles had no visible or palpable deformities, lumps, or lesions. Bilateral canals were clear. He

	did have lots of hair growing out of his ears. Septum was midline. Turbinates were pink but dry. No visible bleeding or polyps. Bilateral frontal sinuses were nontender to palpation. Dentition was poor. He was missing teeth. Chart did say that he uses dentures. However, with his onset of dysphasia, he cannot wear them. Tongue was crackles and rough looking. .
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:**	Clear S1 and S2 without murmurs, gallops, or rubs. Normal rate and rhythm. CT scan did show that his heart has gotten bigger. Peripheral pulses were felt but weak. Carotids were 1+. Radial pulses were 2+. Pedal pulses were not felt due to his boots and wrap he had to wear. Capillary refill was less than 3 seconds. Neck veins were not distended. There was slight edema on the sides of his legs, definitely a 1+.
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	His breathing was poor. While his respirations were normal as far as respiratory rate, he had to use his accessory muscles to breathe. His lungs sounded clear in all four quadrants bilaterally. However, his lungs did not sound clear anteriorly. They were wet and crackled. No wheezes or rhonchi noted.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating 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:**	He was not able to communicate his diet, as it was very difficult to understand what he was saying. His current diet is a dysphagia II cardiac diet. He is not tolerating it at all. He aspirated his food. He is six foot one inch. He weighs 190 pounds. Bowel sounds were normoactive in all four quadrants. His last bowel movements was that day. It was soft and loose. Upon palpation of his abdomen, it was soft and nontender. No organomegaly or masses noted in all four quadrants. He reported no pain upon palpation. His abdomen was not distended. There were no incisions, scars, drains, or wounds noted on his abdomen. He did not have an ostomy, nasogastric tube, or feeding tube.

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** **Size:**	His urine color bounced back and forth between bright red, pink, and yellow. It was cloudy. His output was 1,250 mL of urine. He did not complain of pain upon urination. He is not on dialysis. His genitals were normal. He did have a foley catheter. It was a size sixteen French.
Intake (in mLs) **Output (in mLs)**	He did not drink much. He drank 60 mL of water. He drank 20 mL of soda before he aspirated. He was on an IV that morning of 500 mL. His output was 1,250 mL. He did have one bowel movement.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	His chart said his right food goes numb. As far as that, he did not report any numbness or tingles. He skin was olive throughout his body. He was not cyanotic. His strength for hand pulls was 2+. His strength to push was 1+. His pedal pushes and pulls were 1+. His hand grips were 2+. He has to use a gait belt and a walker. ROM was not necessarily able to be tested as he would fall asleep multiple times throughout the attempts. He does need help with his ADL's, like eating. He is a fall risk and scored a ninety seven on it. He is not active, as he is bed bound. He is not independent. His chart did say he was two person assist.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW intact bilaterally. PERRLA intact bilaterally. As stated previously, his strength was not equal in his hands, feet, or grips. He was only oriented to self. As far as his mental status, he was mostly aware. He was able to tell about his family and his personal life. He was not able though to tell much about his personal situation. His speech was unclear. He was not able to form words appropriately. In regards to his sensory, he was mostly aware when the staff was in his room- whether that be feeding him or changing his bandages. He did go in and out of sleeping a lot though.

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):**	He has a great support system. His daughter, son, and grandson went and visited with him. His daughter showed a picture of him and one of the other ladies at the facility with him. He seems to have a good social life. He is in the integrity vs. despair part of his life. When he was able to tell me about his past, he was able to express how much he enjoyed the life he lived. He was not able to communicate his religion and what it means to him. He has a great support system.

Discharge Planning

Discharge location: He is going to a skilled nursing facility at Hawthorne.

Home health needs: He would need someone to assist him with his ADLs. He will need help with medication management. He will need things to keep his wounds clean. He may need someone to feed him.

Equipment needs: He will need a walker, boots to keep his feet elevated, transportation, gait belt, incentive spirometer, and bath chair.

Follow up plan: He would need to go to his provider to check on his lungs and have them check on his heart. He would need his incision checked. He will need to meet with occupational therapists and physical therapists. He will need to see a wound clinic for his wounds and a dietician.

Education needs: He needs to be taught how to exercise his lungs. He needs to be encouraged to try and do his ADL's. He needs to make sure he follows the diet the dietician gives him. He needs to make sure he takes his medications, even his antibiotic. He needs to learn for signs of infection with his wounds. He needs to learn to keep his bed sores dry and clean.

Nursing Process

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

Nursing Diagnosis • 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	**Rationale** • Explain why the nursing diagnosis was chosen	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Impaired gas exchange related to retained secretions as evidence by his low oxygen saturation (Phelps, 2023, pg. 20).	One of the first things nurses are taught is the "ABC's." His airway is top priority. It is important that he is able to breathe.	Patient will be able to fully inhale and cough up the mucus (Phelps, 2023, pg. 21).	1.For one thing, he needs to continue to use the incentive spirometer. 2.Make sure he is being moved and turned so the mucus is not just pooling in his lungs.	Patient was using his incentive spirometer and was turned regularly to ensure the mucus was not pooling.
1. Adult pressure injury related to pressure over bony prominences as evidenced by open sores on his heels (Phelps, 2023, pg. 510).	This was placed second because of the condition of his pressure sores. Since they are stage II, there is an increased risk for infection.	Patient and family will be able to restate back the instructions of care for the pressure injuries (Phelps, 2023, pg. 512).	1. He needs to continue wearing the boots to keep his feet floating and off the bed. 2. The bandages need to be regularly changed and maintained.	He did continue to wear the boots, and his bandages were being changed daily.
1. Acute pain related to surgical incision	Pain is never comfortable for anyone. No one	Patient will be able to rate his	1. He has been prescribed acetaminophen.	He asked for acetaminophen when it was

as evidenced by verbal pain scale as a seven (Phelps, 2023, pg. 463).	enjoys being in pain. He cannot rest and recover if he is laying there in distress.	pain as a two or three in the next twelve hours.	He needs to take that every six hours. 2. Make sure the patient is placed in a comfortable position each time he is being turned.	needed and was placed in a comfortable spot to ensure no pain.

References

Phelps, L. (2023). *Nursing Diagnosis Reference Manual: Twelfth Edition.* Wolters Kluwer