N431 CARE PLAN 1

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Lakeview College of Nursing

N431: Adult Health II

Professor Lawson

2/4/2025

Demographics

Date of Admission **2/4/2025**	**Client Initials** **M.E.**	**Age** **75 years old**	**Biological Gender** **Female**
Race/Ethnicity **White**	**Occupation** **N/A**	**Marital Status** **Married**	**Allergies** **Tylenol**
Code Status **Full**	**Height** **5'2**	**Weight** **193lb 9oz**	

Medical History

Past Medical History: Coronary Artery Disease, Hypertension, and Hyperlipidemia

Past Surgical History: Right hip surgery (2 procedures in October)

Family History: Not on file, patient unable to give information

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Reports that she has never smoked. Never used smokeless tobacco. She states she does not drink and does not use drugs.

Education: Highest level of education is high school

Living Situation: Lives at home with husband and has to help take care of him.

Assistive devices: Glasses and Gait belt with ambulation

Admission History

Chief Complaint: Shortness of breath

History of Present Illness (HPI)– OLD CARTS

Patient came in with a sudden onset of shortness of breath and pressure in the chest. This feeling was non-stop and continuous since 2 am this morning Patient stated movement made it worse and sitting down would relieve it slightly, patient rated her pain a 1/10 due to it being more of a struggle to breathe than pain.

Admission Diagnosis

Primary Diagnosis: Congestive Heart Failure

Secondary Diagnosis (if applicable): None

Pathophysiology

A chronic condition known as congestive heart failure, or heart failure, occurs when your heart is unable to pump blood effectively enough to satisfy your body's needs (Capriotti., 2020). Additional water often lowers the serum sodium levels, causing dilutional hyponatremia. Because of the ongoing renin-angiotensin-aldosterone system (RAAS) cycle in heart failure, aldosterone also causes the kidneys to excrete more potassium, which can lead to hypokalemia. Repetitive stimulation of the RAAS increases the risk of hypokalemia (Capriotti., 2020). The imbalances in serum electrolytes, particularly potassium, can be harmful to heart health. Heart failure causes the ventricle to contract due to an increase in blood volume, which causes the myocardium to release the natural diuretic BNP. This peptide, which is secreted by the heart, helps the body improve water loss from the kidneys, which reduces blood volume (Capriotti., 2020). This then goes into a deeper level because this condition will cause electrolytes to be off, which can then cause further issues. However, blood accumulates in other areas of your body because it is unable to manage the volume of blood it needs. For example, the fluid was all in the patients' feet.

Some of the signs and symptoms that this patient has was shortness of breath when waking up in the middle of the night (Cleveland Clinic., 2023). This patient also experiences swelling in the ankles and a dry hacking cough. Some of the possible causes of this condition and signs and symptoms are hypertension and a high BMI. These two relate to my patient specifically because they have many issues with keeping their blood pressure down and had a high BMI.

I was unable to find an exact way they diagnosed this patient with Congestive Heart Failure. Most of the time they will do blood tests and an ECG to assess the heart rate and rhythm.

The treatment that this patient had was medications for the edema from their CHF. They also were getting electrolyte supplements due to their potassium and magnesium being off. Some of the relevant data that correlates to this patient is the fact that they have hypertension, that is very common in patients with CHF. Another thing is that they have electrolytes that were off, which could have been due to the diuretics they were on.

References

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company: ISBN 9780803694118

Cleveland Clinic. (2023). *Congestive heart failure: What does it mean?* https://my.clevelandclinic.org/health/diseases/17069-heart-failure-understanding-heart-failure

Pathophysiology References (2) (APA):

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	**146**	**N/A (admission was today)**	**136-145**	**The reason for the high sodium level is because the body is not getting enough water to flush out the sodium (Pagana et al., 2021).**
Potassium	**3.2**		**3.5-5.1**	**This could be low due to the diuretics flushing everything out and causing them to lose potassium (Pagana et al., 2021).**
Chloride	**108**		**98-107**	**The reason for this could be due to dehydration (Pagana et al., 2021).**
Creatinine	**1.05**		**0.60-1.00**	**This could be high due to decreased blood flow (Pagana et al., 2021).**
GFR	**55**		**>60**	**This could be low due to the heart disease and the effects of blood circulation (Pagana et al., 2021).**
Glucose	**117**		**70-99**	**This could be high due to stress or the steroid the patient is on (Pagana et al., 2021).**
Calcium	**8.5**		**8.7-10.5**	**This could be low due to all of the medications this patient is taking such as albuterol, diuretics, corticosteroid, and magnesium (Pagana et al., 2021).**
Albumin	**3.3**		**3.5-5.0**	**This could be due to the lack of protein in the diet (Pagana et al., 2021).**

Troponin 1	**35**		**<14**	**This could be due to stress and indicate that there is heart failure (Pagana et al., 2021).**
BNP	**1,088**		**<100**	**This is the main diagnosis of heart failure and could be due to the heart not pumping effectively (Pagana et al., 2021).**
D-Dimer	**1,101**		**0-622**	**This could be elevated due to the heart disease and could have blood clots (Pagana et al., 2021).**
RBC	**3.79**		**3.80-5.30**	**This could be low due to the medication the patient is on (Pagana et al., 2021).**
Hemoglobin	**10.2**		**12-15.8**	**This could be low due to the lack of iron in the diet (Pagana et al., 2021).**
Hematocrit	**31.3**		**36.0-47.0**	**This may be low due to the lack of vitamins in the diet (Pagana et al., 2021).**
RDW	**16.4**		**11.8-15.5**	**This could be due to the lack of iron along with the heart issues (Pagana et al., 2021).**
MPV	**8.0**		**9.7-12.4**	**This could be due to the patient's body not producing enough new platelets (Pagana et al., 2021).**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Chest X-ray	**This client ended up having pressure in the chest and shortness**	**Infiltrate lower right lobe**

	of breath.	
EKG	**This patient was having chest pressure, so they wanted to make sure there wasn't anything wrong with the heart.**	**Normal Sinus Rhythm. No abnormal**

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

Active Orders

Active Orders	Rationale
Diet General	**This is ordered just as a normal diet for the patient.**
US Bilateral Duplex Lower Extremity Veins	**The reason for this is due to the elevated D-Dimer level to evaluate for DVT**
Intake and Output	**This is to measure the amount the patient is eating and drinking and her voids and stools.**
Telemetry Monitoring	**This is due to the patient going into V-tach, so they need to have continuous monitoring**
Transfer Patient	**Patient is transferring to the ICU**

Up as Tolerated	**This is to make sure the patient is up as much as they can and ambulate.**

Medications

Home Medications (Must List ALL)

Medication	Reason for taking
amlodipine (Norvasc) 2.5mg tablet **HOSPITAL**	**(On hospital meds)**
Atorvastatin (Lipitor) 40mg tablet	**(On hospital meds)**

HOSPTITAL	
Clopidogrel (Plavix) 75mg tablet **HOSPITAL**	**(On hospital meds)**
Gabapentin (Neurontin) 100mg tablet **HOSPITAL**	**(On hospital meds)**
hydrochlorothiazide 50mg tablet **HOSPITAL**	**(On hospital meds)**
Losartan (Cozaar) 100mg tablet **HOSPITAL**	**(On hospital meds)**
Metoprolol tartrate (Lopressor) 25mg tablet **HOSPITAL**	**(On hospital meds)**
Pantoprazole (Protonix) 40mg tablet **HOSPITAL**	**(On hospital meds)**

Hospital Medications (Must List ALL)

Brand/ Generic	**amlodipine (Norvasc) 2.5mg tablet**	**Calcium carbonate (TUMS) 1,000mg tablet**	**Clopidogrel (Plavix) 75mg tablet**	**Gabapentin (Neurontin) 100mg tablet**	**Heparin (porcine) injection 5,000 Units**	
Classificati	**Pharmacologi**	**Pharm:**	**Pharm:**	**Pharm: 1-**	**Pharm &**	

on	**c: Calcium channel blocker Therapeutic: Antianginal, antihypertensive** (Jones & Bartlett., 2023).	**Calcium salts Thera: Antacid** (Jones & Bartlett., 2023).	**P2Y12 platelet inhibitor Thera: Platelet aggregation inhibitor** (Jones & Bartlett., 2023).	**amino-methyl cyclohexane acetic acid Thera: Anticonvulsant** (Jones & Bartlett., 2023).	**Thera: anticoagulant** (Jones & Bartlett., 2023).	
Reason Client Taking	**To control hypertension**	**To help with indigestion**	**Reduce the risk of MI**	**To manage neuralgia**	**To prevent blood clots**	
List two teaching needs for the medication pertinent to the client	**Take missed dose as soon as patient remembers and shake before measuring dose** (Jones & Bartlett., 2023).	**Drink glass of water after and avoid any tobacco products** (Jones & Bartlett., 2023).	**Take without food and take with water** (Jones & Bartlett., 2023).	**Don't drive after taking and take with full glass of water** (Jones & Bartlett., 2023).	**Monitor for any bleeding and report any pain** (Jones & Bartlett., 2023).	
Key nursing assessment(s) prior to administration	**Check BP before and check after**	**Calcium level and any allergies**	**Monitor chest pain level and labs**	**Review med interactions and BP**	**Assess injection site and bleeding**	
Brand/ Generic	**Hydrochloro-thiazide 50mg tablet**	**Ipratropium-albuterol (DUO-NEB) 0.5-2.5mg**	**Losartan (Cozaar) 100mg tablet**	**Magnesium hydroxide 400mg/5ml and Magnesium sulfate premix 2g**		
Classification	**Pharm: Thiazide diuretic Thera: Diuretic**	**Pharm: Anticholinergic Thera: Bronchodilator** (Jones &	**Pharm: Angiotensin II receptor blocker Thera:**	**Pharm: Mineral Thera: electrolyte replacement**		

	(Jones & Bartlett., 2023).	Bartlett., 2023).	**Antihypertensive** (Jones & Bartlett., 2023).	(Jones & Bartlett., 2023).		
Reason Client Taking	**To manage hypertension**	**To help with the patient's shortness of breath**	**To manage hypertension**	**Electrolyte imbalance**		
List two teaching needs for the medication pertinent to the client	**Take in the morning and change position slowly**	**Education on use and rinse mouth after use**	**Avoid potassium and avoid drinking alcohol**	**Take antacid between meals and bedtime and how to prevent constipation**		
Key nursing assessment(s) prior to administration	**Assess vital signs and monitor electrolytes**	**Assess respiratory status and mouth assessment**	**Blood pressure and renal function**	**Assess electrolytes and cardiac function**		

Brand/ Generic	**Metoprolol tartrate (Lopressor) 25mg tablet**	**Pantoprazole (Protonix) 40mg tablet**	**Atorvastatin (Lipitor) 40mg tablet**	**Albuterol (Proventil, Ventolin) 2.5mg**	**Furosemide (Lasix) 40mg**	
Classification	**Pharm: Beta1-adrenergic blocker Thera: Antihypertensive Magnesium sulfate premix 2g**	**Pharm: PPI Thera: Antiulcer** (Jones & Bartlett., 2023).	**Pharm: HMG-CoA reductase inhibitor Thera: Antihypertensive** (Jones & Bartlett., 2023).	**Pharm: Adrenergic Thera: Bronchodilator** (Jones & Bartlett., 2023).	**Pharm: Loop diuretic Thera: diuretic** (Jones & Bartlett., 2023).	
Reason Client Taking	**To help control BP**	**To treat GERD**	**To control lipid levels**	**To prevent bronchospasm**	**To reduce edema**	
List two	**Take after**	**Do not chew**	**Take at the**	**How to use**	**Change**	

teaching needs for the medication pertinent to the client	**same meal every day and must be swallowed**	**tablet and take 30 mins before meal**	**same time every day and take missed dose as soon as possible**	**the inhaler and report s/s such as allergic reaction**	**position slowly and avoid drugs that increase BP**	
Key nursing assessment(s) prior to administration	**Blood pressure and heart rate**	**Assess electrolytes and for bleeding**	**Assess labs and vital signs**	**Check potassium level and check for drug tolerance**	**Assess allergies for sulfonamides and monitor for hypokalemia**	

Brand/Generic	**Potassium Chloride 20 mEq tablet**	**Doxycycline hyclate (Vibramycin) 100mg**	**methylprednisolone 125mg injection**			
Classification	**Pharm: electrolyte cation Thera: Electrolyte replacement** (Jones & Bartlett., 2023).	**Pharm: Tetracycline Thera: Antibiotic** (Jones & Bartlett., 2023).	**Pharm: Glucocorticoid Thera: Corticosteroid** (Jones & Bartlett., 2023).			
Reason Client Taking	**Patients' potassium was low**	**To treat inhalation anthrax**	**To treat inflammation**			
List two teaching needs for the medication pertinent to the client	**Foods to increase potassium and keep up with lab appointments**	**Do not take before bed and Avoid sun exposure** (Jones & Bartlett., 2023).	**Take with food or mil and exercise regularly**			
Key nursing assessment(s) prior to administration	**Assess potassium level and for medical history**	**Liver function tests and make sure there is no candidiasis**	**Assess for redness and swelling and Us caution for MI**			

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Albuterol (Proventil, Ventolin) 2.5mg	I chose this medication because this patient came in with SOB. This is going to help relieve that and help them breathe.	1. Cough 2. Nervousness
2. Metoprolol tartrate (Lopressor) 25mg tablet	I chose this because this patient had hypertension and it is important to keep that controlled.	1. Headache 2. Edema
Hydrochlorothiazide 50mg tablet	I chose this medication because this patient had edema and a low potassium level and that is am important electrolyte. This diuretic is a potassium sparing diuretic compared to the furosemide.	1. Dizziness 2. Nausea

Medications Reference (1) (APA)

Jones & Bartlett Learning. (2023). 2021 *Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	**Patient was alert and responsive and A & O x4. Prior to this assessment, patient was dealing with SOB but currently not. Appearance is appropriate. No complains/concerns.**
VITAL SIGNS: **Temp: 98.8** **Resp rate: 18** **Pulse: 72** **B/P: 146/67** **Oxygen: 100%** **Delivery Method: Room Air**	**Patients temp. was 98.8 F, resp. rate was 18, Pules was 72bpm, Bp was 146/67, and O2 sat was 100% on room air.**
PAIN ASSESSMENT: **Time: 0126** **Scale: Numerical** **Location: right foot, no chest pain anymore** **Severity: 2/10** **Characteristics: Cramping** **Interventions: Medication, rest**	**Patient rated pain a 2/10 on the numerical scale. Location was in the patient's right foot. They describe a cramping feeling and said that medication and rest relieves their pain.**
IV ASSESSMENT: **Size of IV: 20G** **Location of IV: Right forearm** **Date on IV: 2/4/25** **Patency of IV: No redness or swelling** **Signs of erythema, drainage, etc.: None** **IV dressing assessment: Clean, dry, and intact** **Fluid Type/Rate or Saline Lock: Flushed and saline locked. Blood drawback.**	**Patients IV was a 20G in the right forearm, the date was 2/4/25 with no redness or swelling. The site was clean dry and intake. Flushed and saline locked, blood drawback.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:**	**Patients skin color was olive and usual for ethnicity. Patient skin was dry and warm. Turgor was normal and <2 seconds. No rashes or wounds, few purple/blue bruises noted on left forearm. Braden score was 13, no drains**

Rashes: **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type: N/A**	**present.**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head/face is round and symmetrical. Normal neck movement. PERRLA was intact. Mouth was normal color, moist. Normal nasal drainage.** .
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:**	**S 1, S2 present, normal rate and rhythm. Pulses were normal and a 3+, capillary refill was <3 seconds. No neck vein distention. Slight edema in ankles (+2)**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No accessory muscle use, breath sounds were clear and unlabored bilaterally. Pattern was normal.
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 ☒**	Patient states they are on a normal diet at home, currently on a normal diet still and is tolerating it well. Patient was 5'2 and 193.9lbs. Bowel sounds were active and no pain upon palpation. Last BM was yesterday (2/3/25). No distention, incisions, scars, drains, or wounds. No ostomy, NG, or feeding tubes.

Type:	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Patients' urine was a clear yellow and normal for this patient. No pain with urination, no dialysis or catheter. No inspection of genitals, patient denied.**
Intake (in mLs) **Breakfast- 100%** **Lunch- 50%** **Output (in mLs)** **N/a patient did no urinate and nothing found in the chart.**	**Patient stated they ate 100% of their breakfast and 50% of lunch. Unable to get the output of this patient.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 90** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	Nailbeds were intact and normal color. ROM was a 5. Patient did not use any devices; gait belt was used when ambulating. Good strength, no ADL assistance, patient is a fall risk due to recent falls. Fall score 90, patient is independent.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient moved all extremities well, Pupils were equal, round, reactive to lite, and accommodated. Patients' strength was good and equal in arms and legs. Patient was oriented, normal mental status and speech. Normal LOC.
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Television, playing games**	This patient liked to wat television and play games on her phone to cope. Developmental level was normal for age. Patient stated they are

Developmental level: **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	not very religious. Patient lives at home with her husband who she has to take care of. She stated she does have a daughter who she talks to. Her cleaning lady was in to visit her.

Discharge Planning

Discharge location: Home with husband, no rehab needed.

Home health needs: Oral antibiotics

Equipment needs: No equipment needed

Follow up plan: Follow up with outpatient cardiology

Education needs: Fall prevention, medications

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 anxiety as evidenced by reports of being short of breath	**I chose this nursing diagnosis because this patient came in with shortness of breath and**	**This patient will be able to breathe normally by the end of shift.**	**1.Assess ABC's** 2. **Make sure airway is clear.**	**This patient was feeling a little better and was able to breath much better.**

(Phelps., 2023).	**struggled to breath. This one is first because the airway is important.**			
2. Decreased cardiac output related to altered heart rate as evidenced by shortness of breath (Phelps., 2023).	**I chose this because the patient is having cardiac issues related to their medical diagnosis of CHF.**	**This patient will have normal respirations by the end of the day.**	**1. Administer medications** **2. Education on lifestyle modifications**	**Patient understood teaching and is wanting to work to stay healthy.**
3. Excess fluid volume related to increased sodium level as evidenced by edema in extremities (Phelps., 2023).	**I chose this because this patient had edema in her ankles.**	**This patient will have reduced edema by the end of her stay.**	**1. Ambulate in the hall as much as possible** **2 Elevate the legs multiple times a day**	**Patient got up to walk around and elevated legs to help with edema.**
4. Ineffective health maintenance related to poor lifestyle choices as evidenced by lack of knowledge (Phelps., 2023).	**I chose this because this patient did not seem educated on their lifestyle choices and understanding the importance.**	**This patient will make healthier food decisions while in the hospital.**	**1. Educate** **2. Recommend food options**	**This patient was picking out healthier foods and wanting to have a better diet.**

Other References (APA):

Phelps, L.L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.