N431 **CARE PLAN #1**

Isabella Leevey

Lakeview College of Nursing

N431: Adult Health II

Brittany Lawson

February 13, 2025

Demographics

Date of Admission	Client Initials	Age	Biological Gender
02/10/2025	P. D	49 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Hispanic	Unemployed	Divorced	No Known Allergies
Code Status	**Height**	**Weight**	
Full Code	5’3” or 160 cm	67.3 kg or 148.4 pounds	

Medical History

Past Medical History: This patient does not have a past medical history per patient.

Past Surgical History: This patient does not have a past surgical history per patient.

Family History: This patient was unaware of family medical history.

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

This patient does not use tobacco products, drinks alcohol, and does not use recreational drugs.

Education: This patient received a high school diploma.

Living Situation: This patient lives at home with his girlfriend and friend.

Assistive devices: This patient does not use assistive devices.

Admission History

Chief Complaint: Persistent heart palpitations

History of Present Illness (HPI)– OLD CARTS

The patient came to the Emergency Department on 02/10/2025 with complaints of persistent palpitations and cough that started 2 days prior coming to the emergency department. The location of this complaint was in the chest region where the patient could feel the heart palpitations with periods of chest tightness and shortness of breath that came and went throughout the day. This complaint happened two days prior to coming to the emergency department. The patient felt the palpitations and described them as feeling like there is a “flutter”

in his chest, along with the cough, chest tightness, and feeling short of breath at times. The patient stated that most of the symptoms occurred when he would do any type of activity. The patient sought out treatment from the emergency department. He did not try to do anything while he was at home for treatment. The patient stated that pain would “get worse when he walks”. This patient was then brought to the fourth floor for observation and Atrial Fibrillation treatment.

Admission Diagnosis

Primary Diagnosis: Atrial Fibrillation

Secondary Diagnosis (if applicable): Not applicable.

Pathophysiology

Atrial fibrillation is a very complex health problem that can lead to other comorbidities such as an ischemic stroke (Capriotti, p. 807, 2020). Instead of the atriums of the heart contracting fully, in atrial fibrillation, the atrium will quiver and not contract fully which causes the blood to pool at the bottom of the heart which can cause a blood clot to be ejected from the heart (Capriotti, p. 807, 2020). This is caused by the electrical and structural changes to the heart that will eventually cause a rhythmic issue in Atrial Fibrillation (Nesheiwat et al., 2023). Neisheiwat et al., (2023) states, "but the underlying pathophysiology is not well understood. Some research has shown evidence of genetic causes of atrial fibrillation involving chromosome 10 (10q22-q24) that consists of a mutation in the gene alpha-subunit of the cardiac Ik5, which is responsible for pore formation." A lot of cases of atrial fibrillation are not related to genetics and they are directly related to an underlying cardiovascular disease (Nesheiwat et al., 2023). A trigger will usually occur, and it will excite the atria where it is mostly seen in the pulmonary veins and results in unsynchronized firing of the electrical contractility of the heart (Nesheiwat et al., 2023).

Atrial Fibrillation has many signs and symptoms but a common symptom that people will report a quivering or fluttering of the heart (American Heart Association, 2023). There are many other signs and symptoms that include general fatigue, a rapid/irregular heart rate, fluttering or "thumping" in the chest, dizziness, shortness of breath, weakness, confusion, fatigue when exercising, and chest pain (American Heart Association, 2023). The patient experienced chest pain and shortness of breath when the patient moved around. The patient also felt as if his heart was fluttering or palpating prior to coming to the emergency department.

The primary diagnosis of the client was established in the emergency department when the patient was hooked to the EKG machine where they could read the telemetry strips, and this strip showed irregular PQRST formations and irregular beats per minute. This patient is prescribed Metoprolol to help lower the client's blood pressure and Metoprolol is also used for helping with dysthymias in atrial fibrillation.

The client's troponin level was highly elevated which is an indication of an acute stress response from atrial fibrillation. This is an indication of the heart not working the way it needs to be. The patients EKG results also showed and diagnosed this patient with atrial fibrillation and then was placed on telemetry for further monitoring. The patient's chest x-ray did not show any abnormalities, but the chest x-ray showed a 11 mm nodule on the right lower lobe of the lung.

Pathophysiology References (2) (APA):

American Heart Association. (2023 March 27). *Atrial Fibrillation.*
https://www.heart.org/en/health-topics/atrial-fibrillation/what-are-the-symptoms-of-atrial-fibrillation-afib-or-af

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

Nesheiwat Z, Goyal A, Jagtap M. Atrial Fibrillation. (Updated 2023 Apr 26).
https://www.ncbi.nlm.nih.gov/books/NBK526072/

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	103	Lab was	70-110mg/dL	The reason why this lab

		not repeated when student nurse was on the floor.	**(Pagana et al., 2023).**	**can be elevated is due to an acute stress response (Pagana et al., p. 453, 2023). This patient had an atrial fibrillation episode which causes stress on the heart muscle, which can cause the blood glucose level to be elevated (Pagana et al., p. 453, 2023)**
BUN/Creatinine Ratio	**25**	**Lab was not repeated while student nurse was on the floor.**	**10-20 mg/dL (Pagana et al., p. 150, 2023).**	**The reason why this lab value can be elevated for this patient is because the blood flow to the kidneys is impaired due to the heart not pumping the correct way because of atrial fibrillation (Pagana et al., p. 151, 2023).**
Troponin	**HIGH (this level**	**Lab was not**	**< 22 ng/L for men (Pagana**	**The reason why this patient has a high**

	was too high to be read)	**repeated while student nurse was on the floor.**	**et al., p. 874, 2023).**	**troponin level is due to the injury to the heart tissues and contractility of the heart due to atrial fibrillation (Pagana et al., p. 875, 2023).**

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Chest X-ray	**The client's signs and symptoms were chest tightness, shortness of breath, and palpitations.**	**The results of the chest x-ray showed an 11 mm nodule on the right lower lobe of the lung.**

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's diagnostic and laboratory test reference* (16th ed.). Mosby.

Active Orders

Active Orders	Rationale
Notify Physician of Ventricular Arrythmia	**The nursing staff will need to notify the physician promptly after these symptoms and EKG readings happen because ventricular arrythmias can be life threatening.**

Notify Physician of symptomatic bradycardia	**The nursing staff will want to notify the physician of symptomatic bradycardia because these symptoms can be life threatening.**
Telemetry	**Monitor heart rate and rhythm due to diagnosis of atrial fibrillation.**
Usage of Sequential Compression Stockings	**The patient is not being mobile in hospital room and these devices are used to prevent a DVT.**
CPR – Full code	**Provide life saving measures if patient codes during hospital care.**
Intake and Output per Unit policy	**Monitor kidney function due to BUN/creatinine ratio lab elevation.**
Admission weight	**Baseline weight needed.**
Vitals per unit protocol	**Check vitals per unit protocol and check blood pressure and pulse every 4 hours and as needed.**

Brand/Generic	**Acetaminophen (Tylenol)**	**Robitussin (Guaifenesin) (Multum, 2023).**	**Milk of Magnesia (Magnesium Hydroxide)**	**Calcium carbonate (TUMS)**	**Enoxaparin (Lovenox)**
Classification	**Pharmacologic: Non salicylate, para-aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic (NDH, p. 9, 2023)**	**Pharmacologic: Upper respiratory combinations (Multum, 2023).** **Therapeutic: Antitussives (Multum, 2023).**	**Pharmacologic: Mineral Therapeutic: electrolyte replacement**	**Pharmacologic: calcium salts** **Therapeutic: Antacid** **(NDH, 2023).**	**Pharmacologic: Low molecular weight heparin Therapeutic: anticoagulant (NDH, 2023).**
Reason Client Taking	**For mild or severe pain (PRN medication)**	**Congestion (PRN medication)**	**Constipation (PRN medication)**	**Heartburn/ Indigestion (PRN medication)**	**Reduce risk of blood clots**
List two teaching needs for the medication pertinent to the client	**Inform patient that tablets may be crushed or swallowed whole (NDH, p. 11, 2023).** **Caution the patient to not exceed to recommended dose in a 24-hour period (NDH, p. 12, 2023)**	**Drink extra fluids to help loosen the congestion so the patient will be able to use better coughing methods (Multum, 2023).** **If this medication causes high blood pressure or a severe headache, discontinue taking the medication and consult with the provider on alternative options (Multum, 2023).**	**Avoid taking other oral drugs within 2 hours of magnesium containing acid (NDH, p. 824, 2023).** **Shake oral solution and take with large amounts of water (NDH, p. 824, 2023).**	**Administer with meals (NDH, 2023).** **Avoid administering calcium within 2 hours of other drugs (NDH, 2023).**	**Emphasize the importance of complying with follow up appointments (NDH, 2023).** **Teach patients and family how to use enoxaparin at home if needed (NDH, 2023).**
Key nursing assessment(s) prior to administration	**Monitor renal function in this client due to labs being drawn on 02/10/2025 showing an impaired BUN/creatinine level (NDH, p. 10, 2023).**	**Consult with the pharmacist on duty on giving melatonin (which is prescribed PRN) alongside Robitussin because these drugs can**	**Frequently assess cardiac status of patient taking beta blockers (NDH, p. 824, 2023).**	**Monitor serum calcium levels closely while taking this medication (NDH, 2023).**	**Watch closely for bleeding (NDH, 2023).**

Medications

Home Medications (Must List ALL) PATIENT DOES NOT TAKE ANY AT HOME MEDICATIONS

Medication	Reason for taking
N/A	N/A
N/A	N/A

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Metoprolol (Lopressor) (NDH, p. 878, 2023).	This nursing student chose this medication because Metoprolol is not only an antihypertensive, but it is a beta blocker which can help treat Atrial Fibrillation (NDH, p. 878-881, 2023).	Arrhythmias (NDH, p.880, 2023). Palpitations (NDH, p. 880, 2023).
2. Enoxaparin (Lovenox)	This nursing student chose this medication to be a priority medication due to Enoxaparin preventing deep vein thrombosis in this	Atrial Fibrillation (NDH, p. 456, 2023). Peripheral edema (NDH, p. 456, 2023).

	patient due to being hospitalized and not being as mobile (NDH, p. 455, 2023). The nursing preceptor informed the student nurse as well that when a patient has atrial fibrillation, the heart does not contract all the way, it uses a quivering motion, to pump blood and if the blood pools at the bottom of the heart, this can be a risk for a blood clot to form and spread to the legs, lungs, or brain.	
3. Acetaminophen (Tylenol)	**This nursing student chose this medication to be a priority medication because acetaminophen is the only drug that the provider ordered for pain control, so this nursing student believes**	**Hypertension (NDH, p. 11, 2023).** **Dyspnea (NDH, p. 11, 2023).**

	that pain control is very important for this patient if he is having pain.	

Medications Reference (1) (APA)

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

Multum, Cerner. (2023, August 16). *Robitussin.* Drugs.com. https://www.drugs.com/mtm/robitussin-cold-and-cough.html#before-taking

Sinha, Sanjai. (2024 March 22). *Mira LAX. https://www.drugs.com/miralax.html#before-taking*

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	**This patient is Alert and Orientated x 4 upon assessment. Patient did not seem in any acute stress besides having a cough. This patient was well groomed and could do activities of daily living for himself. This patient did not have any infection control precautions put in place. The client complained of having a cough, the nurse preceptor and student nurse then administered cough medicine, Robitussin, to the client to help alleviate the symptoms of his cough.**
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	**Temperature: 97.6 degrees F or 36.4 degrees C** **Respiratory rate: 16 respirations in one minute.** **Pulse: 105 beats per minute.** **Blood Pressure: 136/78** **Oxygen saturation: 98% on room air** **Vital Signs were taken at 1611.**
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	**The pain assessment was conducted at 1611. The patient rated his pain on the numeric scale as a 3 out of 10. This patient complained of discomfort due to his cough so the location is unknown. The patient did not complain of chest tightness at this time. The nurse preceptor and student nurse helped the**

	patient reposition in bed and the patient stated that he felt more comfortable after he repositioned himself.
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:**	**This patient had a 20 gauge IV in the left antecubital. The IV was placed in the Emergency Department on 02/10/2025. IV is patent upon flush with 10 mL of 0.9% normal saline. There is not any signs of erythema or drainage upon assessment. IV dressing is clean, dry, and intact upon assessment. This patient is on a saline lock due to the patient not having any IV fluids running at this time.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**This patient's skin color was appropriate for ethnicity. When the patient had a coughing episode, the patient's face would turn red and then when the episode was done, skin color returned to normal. The patient's skin was warm and dry. Skin turgor is normal, there was not any tenting noted. The patient did not have any rashes, bruises, or wounds upon assessment. The patients Braden score is 22. The patient does not have any drains in place.**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**The patient's head and neck are symmetrical to midline of the patient's body. The patient's ears do not have any drainage, and the patient was able to hear the nurse preceptor and student nurse which indicates the patient is hearing clearly. The patient's eyes are free from redness, swelling, and drainage. The patient's nose is symmetrical and midline to the patient's face. The patient's teeth are well groomed and taken care of. The patient has all his original 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:**	**S1 and S2 noted. There were not any murmurs heard upon auscultation. When auscultating the heart sounds, it was difficult to find the patient's cardiac rhythm due to his atrial fibrillation. The rhythm was slightly tachycardic with a pulse of 105. The patient had 2+ peripheral pulses in the posterior tibial and popliteal pulse points. The patient does not have jugular vein distention. The patient had +1 (trace) pitting edema that was being treated with sequential compression stockings.**

	The patient has pitting edema in bilateral lower legs. The patient's capillary refill is less than 3 seconds on upper and lower bilateral extremities.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	The patient did not use accessory muscles to breathe upon assessment. Breath sounds were clear in upper and lower lobes of the lung bilaterally. The patient's oxygen saturation on room air is 98%.
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:**	The patient has a regular diet while he is at home. While in the hospital, he was put on a cardiac diet, but his girlfriend brought him fast food for dinner which is not a part of the cardiac diet. The patient is 5 foot 3 inches or 160 cm, and he is 67.3 kg. Upon auscultation, bowel sounds were hyperactive in all four quadrants. The patient reported that his last bowel movement was in the morning of 02/10/2025. When the student nurse was palpating the abdomen, the patient did not show signs of pain, but the abdomen was slightly firm. The abdomen is slightly distended with no incisions, scars, drains, or wounds noted. The patient does not have an ostomy, nasogastric tube, or a feeding tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**The patient's urine is a pale, yellow color. The urine is clear. While doing the original assessment, the patient voided 600 mL of urine into a urinal. At the end of the shift, the patient had voided 1,100 mL of urine in total. The patient reported that he had no pain while urinating and he is not on dialysis. The patient declined the student nurse to inspect his genitals. The patient did not have a catheter.**

Intake (in mLs) **Output (in mLs)**	**Intake: 960 mL of soda and water** **Output: 1100 mL** **600 mL during assessment at 1615.**
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**	The patient's neurovascular status is normal. ROM is equal in both upper and lower bilateral extremities. The patient does not use any assistive devices at home or in the hospital. The patient can perform ADLs without assistance. The patient is not a fall risk. The patient's fall risk score is a 3. The patient is independent in his room and throughout the hallway. The nurse preceptor and student nurse did not take the patient for a walk due to the patient wanting to rest.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	This patient can move all his extremities well. He was able to position himself (with little assistance from the nursing staff) in the bed where he felt more comfortable. PERLA is intact. Grip strength on bilateral hands is equal. Pedal pushers and pulls were equal on bilateral lower extremities. Patient is orientated to place, time, self, and situation. Patient speaks clearly and fluidly. Patient is bilingual, he speaks English as his primary language and Spanish as his secondary language. The patient's LOC is intact.
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):**	The patient reported that he likes to watch TV in his free time and spend time with his girlfriend. The patient did not report that he practiced a specific religion. The patient is divorced but does have a girlfriend that he lives with.

Discharge Planning

Discharge location: The patient will discharge to home with girlfriend and friend.

Home health needs: This patient does not have any home health needs currently besides picking up the Metoprolol prescription from the pharmacy of his choice.

Equipment needs: This patient does not require any equipment for when he discharges.

Follow up plan: Consult with a cardiologist after discharge**.**

Education needs: This patient needs to be educated on taking a blood pressure at home every day, following closely to the medication regimen to prevent another A-Fib attack that could lead to repeat hospitalization, and keeping doctor's appointments and routine lab work on schedule to what the provider thinks is best for this patient.

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**
Decreased cardiac output related to impaired contraction of the heart as evidenced by dysrhythmias (Phelps, 2023).	**This nursing diagnosis was chosen due to cardiac output being vital for the patient's heart health.**	**Patient will maintain adequate cardiac output (Phelps, p. 84, 2023).**	**Promptly treat life threatening arrythmias as ordered (Phelps, p. 85, 2023).** **Auscultate heart and breath sounds and report**	**Patients can describe the signs and symptoms of decreased cardiac output, such as dizziness, syncope, clammy skin, fatigue, and dyspnea**

			abnormal sounds as soon as they develop (Phelps, p. 85, 2023).	**(Phelps, p. 85, 2023).**
Imbalanced fluid volume related to kidney labs being elevated as evidenced by lower extremity edema on bilateral legs (Phelps, p. 242, 2023).	**This nursing student chose this diagnosis because there is evidence that the heart is not working and contracting as it needs to be due to the edema in the lower bilateral legs and the kidney labs not being within normal range.**	**Patient's BUN and creatinine levels will become within normal range (Phelps, p. 242, 2023).**	**Monitor bun and creatinine levels closely (Phelps, p. 243, 2023). Assess patient for edema every shift (Phelps, p. 243, 2023).**	**Patients' electrolyte levels will remain within normal limits (Phelps, p. 244, 2023).**
Risk for stroke related to increased risk for blood clots as evidenced by diagnosis of Atrial Fibrillation (Nesheiwat et al., 2023).	**This nursing student chose this nursing diagnosis due to atrial fibrillation increasing the risk for stroke and the patient is using prophylactic measures (Lovenox injection) to help prevent blood clots.**	**Patients will remain free of stroke symptoms and communicate if the patient experiences certain symptoms.**	**Teach patients how to self-inject Lovenox as prescribed by the provider. Assess patient for high blood pressure and document when blood pressure is outside of normal parameters.**	**Patient will be able to teach the nurse and student nurse how to administer Lovenox subcutaneously.**
Knowledge deficit related to insufficient knowledge of resources as evidenced by new diagnosis of atrial fibrillation (Phelps,	**This nursing student chose this nursing diagnosis because it is crucial for this patient to learn**	**Patients will communicate the need to gain knowledge and establish learning**	**Establish an environment of trust between nurse and client (Phelps, p. 349, 2023).**	**Patient states understanding of all that has been learned throughout the teaching (Phelps, p. 350,**

p. 348, 2023).	**about lifestyle modifications, medication therapy, and management for atrial fibrillation.**	**goals for the management of atrial fibrillation (Phelps, p. 348, 2023).**	**Assess the patient's level of knowledge to determine if the patient needs reinforcement of teachings or if they will need the basic information (Phelps, p. 349, 2023).**	**2023).**

Other References (APA):

Nesheiwat Z, Goyal A, Jagtap M. Atrial Fibrillation. (Updated 2023 Apr 26).

https://www.ncbi.nlm.nih.gov/books/NBK526072/

Phelps, L.L. (2023). ***Nursing Diagnosis Reference manual.*** **(12th ed.). Wolters Kluwer.**