N321 CARE PLAN #1

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N321: Adult Health I

Prof. Henry

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Demographics

Date of Admission 2/17/25	Client Initials AH	Age 60	Biological Gender Male
Race/Ethnicity white	Occupation Federal Government	Marital Status Divorced	Allergies Tatanus-dipthena toxoids Td and cephalexin
Code Status Full	Height 5’ 6”	Weight 166 lbs 3.6 oz	

Medical History

Past Medical History: depression, diabetes, eczema, and hypertension

Past Surgical History: anterior cruciate ligament repair and left knee I&D

Family History: Patient denies any family history to be added

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

Smoker, past drinker, and marijuana use

Education: Graduated Highschool and some college

Living Situation: He lives at home with a roommate

Assistive devices: he uses a walker

Admission History

Chief Complaint: shortness of breath

History of Present Illness (HPI)– OLD CARTS- Patient presented to the ED on Saturday February 15th with shortness of breath and a runny nose. On the day of my assessment the duration of his symptoms had been going on for 10 days. He was experiencing trouble breathing with tightness and heavy feeling in his chest. Too much activity made it worse and resting and using his inhaler helped a little bit. He rated the severity a 9 out of 10 with the trouble breathing he was having.

Admission Diagnosis

Primary Diagnosis: CHF

Secondary Diagnosis (if applicable):

Pathophysiology

CHF is a heart condition where the heart does not perform at the function of peak performance. The result of a patient having CHF is that the blood supply to the body is significantly reduced. CHF happens from any heart condition that affects the ventricular filling of the heart or the ejection of blood to the systemic circulation.

My patient presented to their primary caregiver with the symptoms of fatigue, dyspnea, reduced exercise tolerance, and congestion. After running CT scans, EKG's, and other tests the patient was diagnosed with CHF.

CHF has no cure, but patients can be on different levels of medications that can bring up their quality of life and limit the number of hospitalizations that the patient must go through. My patient takes Carvedilol, Hydralazine HCL, and Pantoprazole to help control his CHF and give him a better, more satisfying life.

Patients often develop pleural effusion when in CHF. Pleural effusion is when fluid collects in the pleural cavity which pushes on the lung tissues and stops the lung from being able to inflate. My patient has a massive effusion over the left side of his lungs. While in the hospital he had a procedure done called thoracentesis to drain off some of the excess fluids from the effusion. When performing a thoracentesis you have to be careful not to take off too much of the fluid because it can cause too much pressure to build up and puncture the lung.

Pathophysiology References (2) (APA):

Malik A, Chhabra L. Congestive Heart Failure. [Updated 2023 Nov 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK430873/

Theresa, Capriotti. (2020). ***Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*** **(2nd ed.). F.A. Davis.**

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	**127 mmol/L**	**131 mmol/L**	**136-145 mmol/L**	**Due to patients CHF**
CO2	**16 mmol/L**	**22 mmol/L**	**22-30 mmol/L**	**Patient has diabetic ketoacidosis**
BUN	**37 mg/dL**	**43 mg/dL**	**8-26 mg/dL**	**Levels are high due to CHF**
Creatinine	**3.49 mg/dL**	**2.83 mg/dL**	**0.70-1.30 mg/dL**	**Reduced renal blood flow due to patients CHF.**
GFR	**19**	**25**	**>60**	**Patient was in renal failure**
BUN/creatinine ratio	**11**	**15**	**12-20 ratio**	**Patient was at risk for fluid overload.**

Glucose	**136 mg/dL**	**160 mg/dL**	**70-99 mg/dL**	**My patient was a diabetic.**
Calcium	**8.0 mg/dL**	**7.8 mg/dL**	**8.7-10.5 mg/dL**	**Patient was in the start of renal failure.**
Phosphorus	**-**	**2.1 mg/dL**	**2.5-4.5 mg/dL**	**Patient was a little malnourished.**
Total protein	**5.8 g/dL**	**5.0 g/dL**	**6.0-8.0 g/dL**	**Patient was in sepsis**
Albumin	**3.3 g/dL**	**2.6 g/dL**	**3.5-5.0 g/dL**	**Patient was in sepsis**
c-reactive protein	**18.33 mg/dL**	**-**	**<0.50 mg/dL**	**Patient was in sepsis**
GFR Est non-African	**18**	**23**	**>60**	**Patient was in renal failure**
GFR Est African	**22**	**28**	**>60**	**Patient was in renal failure**
POCT	**145 mg/dL**	**187 mg/dL**	**70-99 mg/dL**	**Patient is a diabetic.**
RBC	**4.17 mcl**	**3.93 mcl**	**4.40-5.80 mcl**	**Patient had surgery**
Hemoglobin	**11.2 g/dL**	**10.2 g/dL**	**13.0-16.5 g/dL**	**Patient had surgery**
Hematocrit	**33.1 %**	**30.4%**	**38.0-50.0 %**	**Patient had surgery**
MCV	**79.4 fL**	**77.3 fL**	**82.0-96.0 fL**	
Platelet count	**88 mcL**	**132 mcL**	**140-440 mcL**	**Patient had surgery**
RDW	**17.1 %**	**17.0 %**	**11.8-15.5 %**	**Patient had surgery**

Neutrophils	**93.3 %**	**82.2 %**	**40.0-68.0 %**	**Patient was in sepsis**
Lymphocytes	**2.2%**	**5.1%**	**19.0-49.0%**	**Patient was in sepsis**
Transferrin	**-**	**134 mg/dL**	**163-344 mg/dL**	**Patient had surgery**
ESR	**-**	**56 mm/h**	**<20 mm/h**	**Patient was in sepsis**

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
EKG scan	**Patient had shortness of breath**	**Patient had a massive pleural effusion around his left lung.**
EKG 12 lead	**Patient had shortness of breath**	**Patient had a massive pleural effusion around his left lung.**
Chest x-ray	**Patient had shortness of breath**	**Patient had a massive pleural effusion around his left lung.**
Chest CT w/o contrast	**Patient had shortness of breath**	**Patient had a massive pleural effusion around his left lung.**

EKG 12 lead	**Patient had shortness of breath**	**Patient had a massive pleural effusion around his left lung.**
Chest Xray	**Patient had shortness of breath**	**Patient had a massive pleural effusion around his left lung.**
Chest Xray 2 view	**Patient had shortness of breath**	**Patient had a massive pleural effusion around his left lung.**
Chest ct w/o contrast	**Patient had shortness of breath**	**Patient had a massive pleural effusion around his left lung.**
Xray at left knee	**Patient fell**	**Patient had a fracture.**
Xray lumbar spine	**Patient fell**	**Results were normal for age.**

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). ***Mosby's Diagnostic and Laboratory Test Reference*** **(16th ed.). Elsevier.**

Active Orders

Active Orders	Rationale
Cardiac diet	**To limit the amount of work the heart must do.**
Consult infectious diseases	**The patient has sepsis in his knee.**
Consult nephrology	**The patient has a possible AKI.**
Consult pulmonology	**The patient has a pleural effusion.**
Labs	**To check all of the patients lab values**
Occult blood test	**To check if the patient has any blood in his stool.**
Vancomycin levels	**To check how bad the sepsis in his knee is.**
Xray of left knee	**Patient was having knee pain.**
OT evaluate and treat	**To get the patient ambulation assistance.**
PT evaluate and treat	**To have an evaluation done.**
Aerosol Neb- subsequent	**To open and maintain patient's airway.**
MDI treatment rt- subsequent	**To open and maintain patient's airway.**
Pulse ox, continuous in the PACU	**To monitor the patient's oxygen levels.**
Pulse ox, spot	**Pick and spot to get the patient's oxygen level.**

Rt assessment for albuterol and ipratropium treatment plan	**To see what treatment plan will work for the patient.**
Admission weight	**To know what the patient's weight was when they arrived in the ED.**
Advance diet as tolerated	**To get the patient back to a normal diet.**
Ambulate patient	**To get patient moving.**
Cardiac monitoring	**Patient has CHF so they need to monitor for any changes.**
Change dressing daily	**To prevent the patient from getting an infection.**
Blood sugar of 70 mg/dL or less	**They need to make sure the patient's blood sugar does not drop too low.**
Insert/maintain peripheral IV	**They need to get the blood they need for panels and then have an open line for fluids or meds that may be needed.**
Intake/output	**Make sure the patient is taking in an adequate amount of fluid and putting out enough.**
Maintain IV while on telemetry	**In case the patient needs meds.**
May transfer from phase I to phase II WHEN CRITERIA MET	**Moving them up on the infusion rate.**
Notify physician	**For symptoms of bradycardia, ventricular arrhythmias, hemoglobin less than 9, pta**

	review has been completed, daily PT/INR results, and decreased limbs motor/sensory function
Nursing communication	**To verify current meds are correct.**
Nursing night calls	**To keep tabs on IV patency.**
Obtain a bilateral blood pressure	**To check for equal pressure and blood flow through the body.**
Perform POC blood sugar- AC&HS	**To monitor his blood sugar and make sure it doesn't go over 400 or under 70.**
Phase I and II- IV fusion rate	**Fixing their infusion rate.**
Place seq comp device	**To keep the blood flowing correctly and prevent blood clots**
Post hypoglycemia treatment and blood sugar	**To monitor for greater than or equal 80 mg/dL.**
Pulse ox	**To obtain a baseline pulse ox.**
Reason for no VTE prophylaxis	**Patient needs to be cleared procedure.**
Therapy assessment score	**To know what activities the patient should be able to tolerate.**
Saline lock IV	**To keep an open line on the patient in case they need fluids or IV meds.**
SCD	**To help prevent blood clots in the patient after surgery.**
Strict input and output	**To monitor that the patient in taking in**

	and putting out enough fluids.
Up as tolerated	**To keep the patient moving and keep blood flowing properly.**
Up with assistance	**Patient is a fall risk therefore he needs help with getting up and around.**
Verify discontinuation of anticoagulants and antiplatelets	**Patient has to have surgery.**
Verify informed consent	**Patient has to have an I&D procedure done.**
Vital signs	**To obtain a baseline and per unit routine.**
Vital signs Q5 minutes	**Patient had thoracentesis done to drain fluids and needed a constant watch.**

Medications

Home Medications (Must List ALL)

Medications	Reason for taking
Acetaminophen	**Patient takes this for pain.**
Albuterol sulfate	**This helps the patient breathe.**
Amlodipine besylate	**Patient takes this med to treat his**

	hypertension.
Aspirin	**Takes to help with pain.**
Benzonatate	**Patient takes this med to help with his cough.**
Bisacodyl	**Takes this med to help him use the restroom**
Carvedilol	**To treat his CHF**
Cetirizine hcl	**To treat allergies**
Cholecalciferol	**To maintain the lipid levels in the blood**
Clopidogrel bisulfate	**To reduce the chances of heart attack and stroke.**
Folic acid	**To help the production of healthy red blood cells**
Glipizide	**To treat his diabetes**
Hydralazine hcl	**To help manage his CHF**
Hydroxyzine hcl	**To help the patient fall asleep earlier**
Ipratropium Albuterol	**To help maintain his airways**
Ketoconazole	**To control his dandruff**
Melatonin	**Takes to help them fall asleep**
Multivitamins-minerals	**To maintain his health**
Oxycodone	**To control his pain**
Pantoprazole	**To help his heart due to CHF**
Polyethylene glycol 3350	**To help with constipation**

Rosuvastatin calcium	**To lower the harmful substances in the blood stream**
Sennosides	**To help the patient use the restroom**
Skin protectant	**To protect their skin**
Thiamine	**To help with his energy levels**
Tiotropium bromide monohydrate	**To help open his airways**
Trazodone	**Uses this med to treat his depression**

Hospital Medications (Must List ALL)

Brand/Generic						
Classification						
Reason Client Taking						
Key nursing assessment(s) prior to administration						
Brand/Generic						
Classification						
Reason Client Taking						
Key nursing assessment(s) prior to administration						

Brand/Generic						
Classification						
Reason Client Taking						
Key nursing assessment(s) prior to administration						

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1.		**1.** **2.**
2.		**1.** **2.**
3.		**1.** **2.**

Medications Reference (1) (APA)

Vallerand & Sanoski. (2023). ***Davis's drug guide for Nurses, 18th edition*** **(18th ed.). F.A. Davis.**

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alert **Alertness: Alert and responsive** **Orientation: person, place, time, situation** **Distress:no distress** **Overall appearance: appropriate and clothed** **Infection Control precautions:NA** **Client Complaints or Concerns: SOB and a runny nose**	
VITAL SIGNS: **Temp: 96.4 f** **Resp rate:20** **Pulse:66** **B/P:160/76** **Oxygen:99%** **Delivery Method:room air**	
PAIN ASSESSMENT: **Time: 0745** **Scale: 0-10** **Location:na** **Severity:0** **Characteristics:na** **Interventions:na**	
IV ASSESSMENT: **Size of IV:20** **Location of IV:left hand** **Date on IV:2/17/25** **Patency of IV: no signs of anything wrong** **Signs of erythema, drainage, etc.: NA** **IV dressing assessment:Dry, clean, and intact** **Fluid Type/Rate or Saline Lock: saline locked**	
INTEGUMENTARY: **Skin color: normal for race** **Character: dry and warm** **Temperature: warm** **Turgor: less than 2 seconds** **Rashes: na** **Bruises: one of both hips** **Wounds: left knee, surgical** **Braden Score: 19**	

Drains present: Y☐ N ☒ **Type:**	
HEENT: **Head/Neck: symmetrical, even hair, no bumps or lesions** **Ears: no drainage, or bumps** **Eyes: vision good, no bruising** **Nose: no deviation, no drainage** **Teeth: missing some teeth, gums moist, lips clear, no cracking present**	.
CARDIOVASCULAR: **Heart sounds: S1, S2, murmur heard** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: +3 bilaterally** **Capillary refill: less than 2 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character- left lobes wheezing and right lobes clear**	.
GASTROINTESTINAL: **Diet at home: normal** **Current Diet: cardiac** **Is Client Tolerating Diet? Yes** **Height: 5' 6"** **Weight: 166 lbs 3.6 oz** **Auscultation Bowel sounds: active in all quads** **Last BM: 2/24/25 at 0400** **Palpation: Pain, Mass etc.:** **Inspection: pain in upper right quad** **Distention: na** **Incisions:na** **Scars:na** **Drains: na** **Wounds:2 bruises** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒**	.

Type:	
GENITOURINARY: **Color: yellow/amber** **Character:clear** **Quantity of urine: about 75 mL per void** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
Intake (in mLs) **720 mL of water** **400 mL of cefepime** **Output (in mLs)** **1,175 mL of urine**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:active all but left leg** **Supportive devices: walker** **Strength: 5 in all but left leg** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 97** **Activity/Mobility Status: active with assistance** **Activity Tolerance: some with assistance** **Independent (up ad lib)- needs help getting up** **Needs assistance with equipment – walks with a walker** **Needs support to stand and walk- needs help up and uses a walker**	.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation: place, person, time, situation** **Mental Status: normal** **Speech: clear**	.

Sensory:all senses intact **LOC: alert**	
PSYCHOSOCIAL/CULTURAL: **Coping method(s):smoking** **Developmental level: formal operational, wisdom** **Religion & what it means to pt.: none** **Personal/Family Data (Think about home environment, family structure, and available family support): he has a roommate**	.

Discharge Planning

Discharge location: home

Home health needs: help with getting around

Equipment needs: walker

Follow up plan: follow up with pc and surgeon

Education needs: fall risk education

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 exchanged related to ineffective airway clearance as evidence by shortness of breath.	**Patient was admitted to the ED with shortness of breath.**	**Patient will have normal breath sounds**	**1.Assess and record pulmonary status every 4 hours.** **2.Change position every 2 hours to help move secretions.**	**Patient and family agreed on goals and outcomes**
2. Decreased activity tolerance related to imbalance between oxygen supply and demand as evidence by shortness of breath.	**Patient was having trouble getting enough air.**	**patient will perform self-care activities to tolerated level**	**1. identify activities that are important to patient** **2.Teach patient exercises that can improve tolerance.**	**Patient and family agreed on goals and outcomes**
3. Risk of adult falls related to impaired balance as evidence being a fall risk	**Patient was a fall risk on the unit**	**Patient will make a plan to ensure safety**	**1. Identify factors that can cause falls** **2. improve environmental safety factors**	**Patient and family agreed on goals and outcomes**

Other References (APA):

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