

N321 CARE PLAN #1

Shelby Powell

Lakeview College of Nursing

N321: Adult Health I

Professor Henry

02/28/25

Demographics

Date of Admission 02/21/25	Client Initials L.S.	Age 52	Biological Gender Female
Race/Ethnicity White/ Caucasian	Occupation Packer	Marital Status Divorced	Allergies Iodine, Latex, Latuda (Lurasidone HCl)
Code Status Full	Height 5'4"	Weight 231lbs	

Medical History

Past Medical History:

Patient has a past medical history of asthma, bipolar 1 disorder, congestive heart failure, COPD, depression, hypertension, hypothyroidism, kidney stones, migraines, mitral valve stenosis, restless leg syndrome, seizures, and sleep apnea.

Past Surgical History:

Patient's past surgical history includes hysterectomy, cholecystectomy, tonsillectomy, cardiac catheterization, and a mitral valve replacement.

Family History:

Patient's family history includes paternal grandma with cancer and hypertension, and diabetes. Paternal grandfather with diabetes, heart attack, and hypertension. Mother with congestive heart failure, hypertension, and stroke. Sister with high cholesterol and hypertension. Aunt with osteoarthritis, rheumatoid arthritis, and hypertension.

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

Patient stated to have never smoked cigarettes or use smokeless tobacco. Patient said she is not a current drinker but has in the past and has a past use history of marijuana but does not use marijuana anymore.

Education:

Patient stated her highest level of education was her GED.

Living Situation:

Patient stated she lives with her nephew.

Assistive devices:

Patient stated that she wears glasses and uses a CPAP machine at night. She also stated that she isn't on supplemental oxygen at home other than using the CPAP at nighttime.

Admission History

Chief Complaint: The patient's chief complaint is shortness of breath.

History of Present Illness (HPI)– OLD CARTS

Patient stated her shortness of breath began on August 26, 2024, and she has been in and out of the hospital since then. The location is her lungs. Characteristics of her shortness of breath include a heavy chest and wheezing. Aggravating factors include standing or walking too far. Relieving factors include sitting or laying down. Her at home treatments include using her nebulizer treatments and sleeping with her CPAP machine. She rated her severity of the flare ups as a 7/10 on the numeric scale.

Admission Diagnosis

Primary Diagnosis: The primary diagnosis is congestive heart failure exacerbation.

Secondary Diagnosis (if applicable):

The patient's secondary diagnosis includes vitamin B12 deficit, anxiety, chronic fatigue, excessive day time sleepiness, shortness of breath, bilateral sacroiliitis, hypothyroidism due to Hashimoto's thyroiditis, multiple thyroid nodules, Bipolar 1 disorder, depression, chest pain at rest, elevated troponin, mitral valve replacement, Influenza A, and restrictive lung disease.

Pathophysiology

There are over six million cases of congestive heart failure in the United States, most hospitalizations that occur in patients over the age of 65 are from people with CHF (Cleveland, 2023). Congestive heart failure, more commonly known as CHF, is a long-term heart condition that decreases the perfusion of the heart (Cleveland, 2023). This condition makes your heart work overtime to compensate for the low blood volume it is putting out. Congestive heart failure is when your heart has a more difficult time trying to contract and is sending lower amounts of blood and oxygen to the rest of the body (Blumenthal and Jones, 2022). CHF is commonly caused by long term effects of hypertension (Cleveland, 2023). However, there are several other causes such as diabetes, kidney disease, and obesity being a few (Cleveland, 2023). There are four stages of congestive heart failure, stages A, B, C, and D (Cleveland, 2023). At stage A, you don't have CHF yet, but your likelihood of developing it is high. Stages B and C are a moderate case and can be treated. Stage D is the most severe case of congestive heart failure (Cleveland, 2023). Congestive heart failure leads to other issues such as decreased kidney and liver functions.

Signs and symptoms of congestive heart failure include shortness of breath, heart palpitations, being awoken at night due to shortness of breath, chest pain, dry coughing or hacking, edema in extremities, and chronic fatigue (Cleveland, 2023). My patient specifically showed shortness of breath, back pain, and heaviness in her chest. Laboratory tests can be ran to check the perfusion of the heart as well as other organs or systems have been affected by low blood and oxygen perfusion to the rest of the body.

Treatments for CHF include lifestyle changes such as getting your weight checked every morning before breakfast to monitor fluid levels (Blumenthal and Jones, 2022). Also by changing your diet to a cardiac friendly diet to help lower sodium and cholesterol levels (Blumenthal and Jones, 2022). While on a sodium restrictive diet, avoid salt substitutes because they contain potassium and too much potassium can cause more heart complications such as a heart attack. Patients should also be on a strict fluid input and output restriction to monitor that what is going in is coming back out and not being retained as excess fluid (Blumenthal and Jones, 2022). Patients with CHF are also placed on medications that include diuretics to pull extra fluid off, beta blockers to help the heart to function longer, and anticoagulants to make sure a blood clot doesn't form (Blumenthal and Jones, 2022).

Pathophysiology References (2) (APA):

***Congestive heart failure: Prevention, treatment and research.* Johns Hopkins Medicine. (2022, April 8).**

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/congestive-heart-failure-prevention-treatment-and-research>

Congestive heart failure: What does it mean?. Cleveland Clinic. (2023, February 18).

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

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
BUN	32 mg/dl	19 mg/dl	10-20 mg/dl	An increase in BUN levels can be caused by Congestive heart failure (Pagana, et al., 2024).
Blood Creatinine	1.26 mg/dl	0.87 mg/dl	0.60- 1.00 mg/dl	Creatinine, blood levels can be elevated due to reduced renal blood flow caused by congestive heart failure (Pagana et, al.,

				2024).
GFR, Estimated	51 ml/min/1.75sqm	>60 mL/min/1.75sqm	>/=60 mL/min/ 1.75sqm	GFR can be decreased because of decreased kidney function.
Bun/ Creatinine Ratio	25 ratio	22 ratio	12-20 ratio	BUN/ Creatinine ratio can be elevated due to poor renal profusion.
Glucose	110 mg/dl	250 mg/dl	70-99 mg/dl	Increased glucose levels can be the result of diuretic therapy or an acute stress response (Pagana et, al., 2024).

% Saturation Iron	8%	N/A	35-62%	This can be caused due to iron deficiency anemia (Pagana et, al., 2024).
Haptoglobin	16mg/dl	N/A	35—250 mg/dl	Low haptoglobin can be a result of prosthetic heart valves or a type of anemia (Pagana et, al., 2024).
GFR, Non-African	45	>/=60	>/=60	
GFR, African	54	>/=60	>/=60	
INR	1.9sec	2.3 sec	0.8-1.1sec	INR can be elevated due to Warfarin being an anticoagulant.

Protein Patient	21.6sec	26.7sec	10.1-13.1 sec	This can be elevated due to decreased kidney function from the congestive heart failure.
WBC	7.10 10(3)/mcl	12.50 10(3)/mcl	4.00-12.00 10(3)/mcl	White blood cells can be elevated due to stress, inflammation or beginning of an infection (Pagana et, al., 2024).
RBC	3.74 10(6)mcl	4.15 10(6)mcl	3.80-5.30 10(6)mcl	Red blood cell count can be low due to anemia (Pagana et, al., 2024).
Hemoglobin	9.8 g/dl	10.3 g/dl	12.0-15.8 g/dl	Hemoglobin

				can be low due to anemia (Pagana et, al., 2024).
Hematocrit	30.6 %	33.7%	36.0-47.0%	Low hematocrit levels can be caused by anemia or rheumatoid arthritis (Pagana et, al., 2024).
MCV	81.9fL	81.3fL	82-96fL	Decrease in MCV levels can be caused by iron deficiency anemia (Pagana et, al., 2024).
MCH	26.2pg	24.8pg	26-36pg	MCH levels can be low due

				to hypochromic or microcytic anemia (Pagana et, al., 2024).
MCHC	32.0g/dl	30.5 g/dl	31.0-36.0 g/dl	MCHC can be low due to iron deficiency anemia (Pagana et, al., 2024).
RDW	18.1%	18.4%	11.8-15.5%	RDW can be elevated due to Iron deficiency anemia (Pagana et, al., 2024).
MPV	8.9 fL	8.4 fL	9.7-12.4 fL	MPV can be low due to aplastic anemia (Pagana et, al.,

				2024).
Neutrophils	57.4%	81.7%	47-73%	Neutrophils can be elevated due to infection (Pagana et, al., 2024).
Lymphocytes	28.3%	9.9%	18-42%	Lymphocytes can be low due to infection.
Basophils	1.2%	0.3%	0.0-1.0%	Basophils can be elevated due to inflammation.
Absolute Neutrophils	4.1 10(3)mcl	10.20 10(3)mcl	1.60-7.70 10(3)mcl	Absolute Neutrophils can be elevated due to infection.
Absolute Lymphocytes	2.00 10(3)mcl	1.20 10(3)mcl	1.30-3.20 10(3)mcl	Absolute lymphocytes can be low due to infection.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
<p>XR Chest Single View</p> <p>This test is used to locate any abnormalities or obstructions in the chest cavity (Pagana et, al., 2024).</p>	<p>The patient was showing signs of shortness of breath.</p>	<p>Chest x-ray showed clear lungs bilaterally, no pulmonary nodules, no signs of pleural effusion or thickening. Chest x-ray also showed cardiomegaly with bilateral prominent broncho vascular markings that suggest acute pulmonary changes. No mediastinal widening or masses. No hilar or mediastinal lymphadenopathy noted.</p>
<p>CT Chest without contrast</p>	<p>The patient was showing signs of</p>	<p>Areas of abnormal</p>

<p>This test is used to locate any abnormalities or obstructions in the chest cavity (Pagana et, al., 2024).</p>	<p>shortness of breath.</p>	<p>ground glass looking spots were found in the lower lobes of the lungs bilaterally. There is a calcific nodule located in the left lower lobe measuring 9.5mm. No other abnormalities in her lungs were found. Cardiomegaly with de novo sternotomy stitches and mitral valve prosthesis are reported. Hilar structures are normal with no signs of enlargement or abnormalities. Trachea and main bronchi have no signs or obstruction</p>
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		<p>or abnormalities.</p> <p>Still showing fatty hepatomegaly, cholecystectomy surgical clips, scattered splenic calcifications.</p> <p>Kidneys are still measuring at different sizes with the left kidney measuring smaller than the right.</p>
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Diagnostic Test Reference (1) (APA):

Pagana, K. D. (2024). *Mosby's(R) diagnostic and laboratory test reference*. Mosby.

Active Orders

Active Orders	Rationale
Admission weight	Admission weight is the baseline to measure any changes regarding fluid retention due to congestive heart failure. It is also used to give appropriate medication

	doses.
Already on antithrombotic medication reason for no VTE prophylaxis	The antithrombotic medication is used to help prevent blood clots from forming do to the heart being affected from congestive heart failure.
Ambulate the patient	Getting the patient up and moving is really important to help decrease their likelihood of getting pressure sores and getting a deep vein thrombosis (blood clot).
Insert and maintain peripheral IV x2	By inserting and maintaining a peripheral IV, medications can be injected as needed. As well as in case of urgency, blood samples can be collected and emergency medication can be administered.
Monitor input and output	Maintaining input and output is vital for making sure fluids are being cycled through and for maintaining hydration status. Also for monitoring bowel movements to make sure a secondary constipation issue doesn't occur.
Notify the physician	Notifying the physician of physical changes in the patient.
Notify the physician prior to	Notify the physician prior to

administration medication review	administration medication review for verification of dosages and continuation of meds.
Nursing night calls.	Night shift nursing calls are in place for IV's that are blocked and no longer patent on the night shift.
Patient may take a shower.	Patient is able to shower as tolerable to stay clean and healthy and promote mental well-being.
Strict input and output monitoring.	Maintaining input and output is vital for making sure fluids are being cycled through and for maintaining hydration status. Also for monitoring bowel movements to make sure a secondary constipation issue doesn't occur.
Patient may ambulate as tolerable.	Ambulating patient to keep blood flowing, bowels moving, decrease pressure ulcer risk, and staying mobile.
Take and record vital signs.	Vital signs are important to monitor, especially with congestive heart failure. Her hypertension is also important to monitor the blood pressure and pulse. And since her main concern that brought her in

	<p>is shortness of breath and she has COPD, monitoring her oxygen levels and respirations is important as well</p>
<p>Diet for cardiac restrictions.</p>	<p>Placing her on a cardiac friendly diet will help reduce sodium intake which will reduce fluid retention. A Cardiac friendly diet will also reduce cholesterol intake as well.</p>
<p>IP consult to pulmonology.</p>	<p>The Pulmonology consultation is for breathing treatments for her CPAP machine and her COPD.</p>
<p>Collect sample to check Prothrombin Time.</p>	<p>The prothrombin time test is because she is taking Warfarin and it's a blood thinner so it's to make sure that she still has a normal blood clotting time.</p>
<p>Give patient an initial aerosol nebulizer once daily.</p>	<p>The initial nebulizer treatment is to help open her alveoli so she can breathe easier.</p>
<p>Give subsequent nebulizer 4x's daily.</p>	<p>The additional nebulizers throughout the day help to maintain open alveoli so she can breathe easier.</p>
<p>Give an initial MDI Treatment one time.</p>	<p>An MDI treatment is another form of inhaler. They are used to help treat COPD.</p>
<p>Give subsequent MDI Treatment BID.</p>	<p>An MDI treatment is another form of</p>

	inhaler. They are used to help treat COPD.
Do oxygen therapy with CPAP at night.	Sleeping with the CPAP machine ensures that she is getting enough oxygen at night.
Check Pulse oximetry according to hospital policy.	By checking the pulse oximetry according to the hospital policy, we can monitor how well she is breathing on her own and if she needs supplemental oxygen.

Medications

Home Medications (Must List ALL)

Medications	Reason for taking
Hydrocodone- acetaminophen	Patient is taking for pain management.
Tramadol (Ultram)	Patient is taking for pain management.
Acetaminophen (Tylenol)	Patient is taking for pain management.
Aspirin	Patient is taking for pain management.
Ketorolac (Toradol)	Used for short term management of acute moderate to severe pain (Jones & Bartlett, 2024).
Alprazolam (Xanax)	Used to treat generalized anxiety disorder (Jones & Bartlett, 2024).

Buspirone (Buspar)	Used to manage anxiety (Jones & Bartlett, 2024).
Hydroxyzine (Atarax)	Used to relieve anxiety (Jones & Bartlett, 2024).
Albuterol 108 (90 Base) mcg/ACT Aerosol solution	Used as a bronchodilator to open alveoli in the lungs (Jones & Bartlett, 2024).
Breo Ellipta 200-25 mcg/ACT Aerosol powder (Breath activated)	A nebulizer powder used to help open airways.
Ipratropium-albuterol (Duo-NEB) 0.5-2.5 (3)mg/3ml solution	A bronchodilator used to treat chronic obstructive pulmonary disease (Jones & Bartlett, 2024).
Warfarin (Coumadin) 5mg tablets	An anticoagulant used to treat or prevent a thromboembolic complications from cardiac valve replacement (Jones & Bartlett, 2024).
Warfarin (Coumadin) 6mg tablets	An anticoagulant used to treat or prevent a thromboembolic complications from cardiac valve replacement (Jones & Bartlett, 2024).
Warfarin (Coumadin) 7.5mg tablets	An anticoagulant used to treat or prevent a thromboembolic complications from cardiac valve replacement (Jones & Bartlett, 2024).

Gabapentin (Neurontin)	Gabapentin can be used to treat epileptic seizures (Jones & Bartlett, 2024).
Lamotrigine (Lamictal)	Lamotrigine is a anticonvulsant used to treat seizures (Jones & Bartlett, 2024).
Bupropion (Wellbutrin XL)	Bupropion is used to treat depression (Jones & Bartlett, 2024).
Duloxetine (Cymbalta)	Duloxetine is used to treat major depressive disorder (Jones & Bartlett, 2024).
Ondansetron (Zofran)	Ondansetron is an antiemetic used to prevent nausea and vomiting (Jones & Bartlett, 2024).
Atorvastatin (Lipitor)	Atorvastatin is a antihyperlipidemic used to control lipid levels and reduce chances of angina (Jones & Bartlett, 2024).
Vraylar (cariprazine)	Vraylar is used to treat bipolar 1 disorder (Jones & Bartlett, 2024).
Metoprolol tartrate (Lopressor)	Metoprolol is used to treat hypertension (Jones & Bartlett, 2024).
Prednisone (Deltasone)	Prednisone is used to treat inflammatory disorders (Jones & Bartlett, 2024).
Fluticasone (Flonase)	Fluticasone is used to prevent asthma attacks (Jones & Bartlett, 2024).

Mupirocin (Bactroban)	A topical ointment used to treat a bacterial infection.
Furosemide (Lasix)	Furosemide is a diuretic used to help get rid of excessive fluid caused by congestive heart failure in this case (Jones & Bartlett, 2024).
Tamsulosin HCL (Flomax PO)	Tamsulosin is used to treat benign prostatic hyperplasia agent (Jones & Bartlett, 2024).
Tizanidine (Zanaflex)	It is used to manage acute and intermittent increase muscle tone in relation to renal insufficiency (Jones & Bartlett, 2024).
Levothyroxine (Synthroid)	Levothyroxine is used to treat hypothyroidism (Jones & Bartlett, 2024).
Dicyclomine (Bentyl)	Dicyclomine is an antispasmodic used to treat irritable bowel syndrome (Jones & Bartlett, 2024).
Omeprazole (Prilosec)	Omeprazole is an antiulcer used to treat symptoms of gastroesophageal reflux disease (GERD) (Jones & Bartlett, 2024).

Hospital Medications (Must List ALL)

Brand/Generic Dose/rout	Aspirin chewable 81mg/ daily oral	Atorvastatin (Lipitor) 40mg tablet oral taken nightly	Budesonide- formoterol fumarate (Symbicort) 160-4.5mcg/ACT inhaler AERO 1 puff BID
Classification	Pharmacologic- Salicylate Therapeutic- NSAID (Jones &Bartlett, 2024).	Pharmacologic- HMG-CoA reductase inhibitor Therapeutic- Antihyperlipidemic (Jones &Bartlett, 2024).	Pharmacologic- Corticosteroid Therapeutic- Antiasthmatic, anti- inflammatory (Jones &Bartlett, 2024).
Reason Client Taking	Patient is taking for pain management and used as a blood thinner (Jones &Bartlett,	Patient is taking to help control lipid levels and reduce chances of getting angina(Jones &Bartlett, 2024)..	To help maintain asthma (Jones &Bartlett, 2024).

	2024). .		
Key nursing assessment(s) prior to administration	Make sure patient isn't showing signs of intestinal bleeding (Jones & Bartlett, 2024).	Monitor liver function and check for jaundice before administering medication (Jones & Bartlett, 2024).	Monitor blood pressure because budesonide can cause adverse effects to hypertension (Jones & Bartlett, 2024).
Brand/Generic	Bupropion (Wellbutrin SR) 150mg tablet oral BID	Buspirone (Buspar) 15mg tablet oral BID	Duloxetine (Cymbalta) 60mg capsule oral daily
Classification	Pharmacologic- Aminoketone Therapeutic- Antidepressant, smoking cessation adjunct (Jones & Bartlett, 2024).	Pharmacologic- Azapirone Therapeutic- Anxiolytic (Jones & Bartlett, 2024).	Pharmacologic- Selective serotonin and norepinephrine reuptake inhibitor Therapeutic- Antidepressant,

			neuropathic and musculoskeletal pain reliever (Jones & Bartlett, 2024).
Reason Client Taking	Patient is taking as an antidepressant (Jones & Bartlett, 2024).	Patient is taking to manage anxiety (Jones & Bartlett, 2024).	Patient is taking as an antidepressant (Jones & Bartlett, 2024).
Key nursing assessment(s) prior to administration	This medication shouldn't be used in patients with hepatic or renal impairment. Monitor kidney and liver function before administration (Jones & Bartlett, 2024).	Monitor hepatic and renal functionality before administration (Jones & Bartlett, 2024).	This drug can possibly cause activation of Bipolar 1 disorder (Jones & Bartlett, 2024).
Brand/Generic	Enoxaparin	Folic Acid (Folate)	Furosemide

	(Lovenox) 105mg subcutaneous injection every 24 hours	1mg tablet oral daily	(Lasix) 40mg injection BID with meals
Classification	Pharmacologic- Low- molecular- weight heparin Therapeutic- Anticoagulant (Jones &Bartlett, 2024).	Pharmacologic- Therapeutic-	Pharmacologic- Loop diuretic Therapeutic- Antihypertensive, diuretic (Jones &Bartlett, 2024).
Reason Client Taking	To prevent a deep vein thrombosis from forming (Jones &Bartlett, 2024).		To reduce edema caused by congestive heart failure (Jones &Bartlett, 2024).
Key nursing assessment(s) prior to administration	Monitor hepatic and renal functionality (Jones &Bartlett, 2024).		Monitor weight to see fluctuation of fluid levels (Jones &Bartlett, 2024).

Brand/Generic	Gabapentin (Neurontin) 300mgcapsul oral every evening	Gabapentin (Neurontin) 600mg oral nightly	Gabapentin (Neurontin) 600mg oral every morning
Classification	Pharmacologic- 1-amino-methyl cyclohexaneaceti c acid Therapeutic- Anticonvulsant (Jones &Bartlett, 2024).	Pharmacologic- 1-amino-methyl cyclohexaneacetic acid Therapeutic- Anticonvulsant (Jones &Bartlett, 2024).	Pharmacologic- 1-amino-methyl cyclohexaneacetic acid Therapeutic- Anticonvulsant (Jones &Bartlett, 2024).
Reason Client Taking	Gabapentin can be used to treat epileptic seizures (Jones &Bartlett, 2024).	Gabapentin can be used to treat epileptic seizures (Jones &Bartlett, 2024).	Gabapentin can be used to treat epileptic seizures (Jones &Bartlett, 2024).
Key nursing assessment(s) prior to administration	Monitor patient for renal function and suicidal ideations (Jones &Bartlett, 2024).	Monitor patient for renal function and suicidal ideations (Jones &Bartlett, 2024).	Monitor patient for renal function and suicidal ideations (Jones &Bartlett, 2024).

Brand/Generic	Ipratropium- albuterol (DUO- NEB) 0.5-2.5 3mg/3ml nebulizer solution 3ml 4x's daily	Lamotrigine (Lamictal) 200mg tablet oral daily	Levothyroxine (Synthroid) 25mg tablet oral every morning before breakfast
Classification	Pharmacologic- Anticholinergic Therapeutic- Bronchodilator (Jones &Bartlett, 2024).	Pharmacologic- Phenyltriazone Therapeutic- Anticonvulsant (Jones &Bartlett, 2024).	Pharmacologic- Synthetic thyroxine (T4) Therapeutic- Thyroid hormone replacement (Jones &Bartlett, 2024).
Reason Client Taking	A bronchodilator used to treat chronic obstructive pulmonary disease (Jones &Bartlett, 2024).	Patient is taking to help treat seizures (Jones &Bartlett, 2024).	Patient is taking to maintain thyroid levels due to hypothyroidism (Jones &Bartlett, 2024).

Key nursing assessment(s) prior to administration	Check mucus membranes for dryness, bleeding, palpitations and vision changes before and after administration (Jones & Bartlett, 2024).	Monitor cardiac, hepatic, and renal function (Jones & Bartlett, 2024).	Test thyroid functionality regularly for correct dose (Jones & Bartlett, 2024).
Brand/Generic	Metoprolol tartrate (Lopressor) 25mg tablet oral BID	Prednisone (Deltasone) 40mg tablet oral daily with breakfast	Tizanidine (Zanaflex) 4mg tablet oral nightly
Classification	Pharmacologic- Beta 1-adrenergic blocker Therapeutic- Antianginal,	Pharmacologic- Glucocorticoid Therapeutic- Immunosuppressant (Jones & Bartlett, 2024).	Pharmacologic- Alpha 2-adrenergic agonist Therapeutic- Antispasmodic

	antihypertensive		(Jones &Bartlett, 2024).
Reason Client Taking	Patient is taking metoprolol to treat hypertension (Jones &Bartlett, 2024).	Prednisone is used to treat inflammatory disorders (Jones &Bartlett, 2024).	It is used to manage acute and intermittent increase muscle tone in relation to renal insufficiency (Jones &Bartlett, 2024).
Key nursing assessment(s) prior to administration	Check blood pressure to make sure it isn't too low, check pulse because metoprolol can lower pulse (Jones &Bartlett, 2024).	Monitor patient's input and output (Jones &Bartlett, 2024).	Monitor renal and hepatic function before administration (Jones &Bartlett, 2024).
Brand/Generic	Warfarin (Coumadin)		

	Therapy every evening		
Classification	Pharmacologic-Coumarin derivative Therapeutic-Anticoagulant (Jones & Bartlett, 2024).		
Reason Client Taking	An anticoagulant used to treat or prevent a thromboembolic complications from cardiac valve replacement (Jones & Bartlett, 2024).		
Key nursing assessment(s) prior to administration	Monitor potassium levels (Jones & Bartlett, 2024).		

Reference: *2024 NDH Nurse's Drug Handbook*. (2024). . Jones & Bartlett Learning.

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Enoxaparin (Lovenox)	I chose this medication because it is important to help prevent blood clots from forming.	<p>1. One adverse reaction to enoxaparin is anemia which could correlate with several of her lab values (Jones & Bartlett, 2024).</p> <p>2. One adverse reaction to enoxaparin is being susceptible to hematomas as evidence by all of the bruising found during full body inspection (Jones & Bartlett, 2024).</p>
2. Budesonide- formoterol fumarate (Symbicort)	I chose this medication because it is important to maintain blood and oxygen circulation to the lungs.	1. One adverse reaction to budesonide- formoterol fumarate is hypertension (Jones & Bartlett, 2024).

		2. Another side effect of this medication is back pain, which the patient told me happens to her often (Jones & Bartlett, 2024).
3. Gabapentin (Neurontin)	I chose Gabapentin because it is her seizure prevention medication and without it she could seize and it can cause more issues in the brain.	1. One main side effect to gabapentin is Anxiety (Jones & Bartlett, 2024). 2. Another side effect to gabapentin is hypertension (Jones & Bartlett, 2024).

Medications Reference (1) (APA)

2024 NDH Nurse's Drug Handbook. (2024). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions:	The patient was alert and oriented times 4 to person, place, location and reason for being in the hospital. Patient was in no visible sign of distress, as well as communicating there was no distress. The patient had an appropriate appearance overall. There where no infection control protocols at the time, and the only
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Client Complaints or Concerns:	complaint consisted of how bad the food was.
VITAL SIGNS: Temp: 96.4 Resp rate: 18 Pulse: 83 B/P: 116/56 Oxygen: 98 Delivery Method: The Patient was on room air.	
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	The patient stated that she was in no pain by using the 0-10 scale and claimed to have 0 pain.
IV ASSESSMENT: Size of IV: The IV was a 22 gauge. Location of IV: The IV was located on the left hand by her thumb. Date on IV: The IV was placed on 02/21/25 at the time of admit. Patency of IV: The IV site was clear and	

<p>dry with no signs of drainage or blockage.</p> <p>Signs of erythema, drainage, etc.: There was no indication of any of the listed.</p> <p>IV dressing assessment: The IV dressing was clean and dry. The IV was still intact and functional.</p> <p>Fluid Type/Rate or Saline Lock: The patient was not on fluids. The Saline lock was on.</p>	
<p>INTEGUMENTARY:</p> <p>Skin color:</p> <p>Character:</p> <p>Temperature:</p> <p>Turgor:</p> <p>Rashes:</p> <p>Bruises:</p> <p>Wounds: .</p> <p>Braden Score: 29- low risk</p> <p>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type: N/A</p>	<p>Skin color was normal for ethnicity, no signs of cyanosis. Her skin was warm and dry to touch, skin turgor intact. There was no excessive dryness noted at physical exam.</p> <p>Several localized abnormalities noted such as bruising and a wound.</p> <p>Upon inspection, several bruises were found. 3 abdominal bruises due to injection sites from medication, a massive bruise on left breast and left posterior/ upper arm, as well as several smaller bruises located there as well. There were also two smaller bruises on her right arm as well. The wound found was located at the</p>

	<p>base of her skull on the left side. It had scabbed up and was red around the scabbing.</p>
<p>HEENT:</p> <p>Head/Neck:</p> <p>Ears:</p> <p>Eyes:</p> <p>Nose:</p> <p>Teeth:</p>	<p>There was only one lesion at the base of the skull found during inspection. No other rashes, lesions, bumps, or abnormalities were found. Her skull was symmetrical, no deformities noted. All sinuses (frontal and maxillary), and lymph nodes (pre auricular, post auricular, sub clavicular, the chain, sub mandibular, sub mental and tonsillar) were nonpalpable trachea was midline, no signs of deviation. Ears intact and of similar size and shape bilaterally, hearing intact bilaterally, no signs of lesions, or drainage. Eyes are symmetrical, no signs of drainage, conjunctiva are pink, sclera are white, PERRLA (Pupils are equal round and reactive to light and accommodation) intact and EOM's intact. Nose is midline, no signs of deviated septum.</p>

	<p>No signs of drainage or irritation.</p> <p>Patient has original teeth, all intact.</p>
<p>CARDIOVASCULAR:</p> <p>Heart sounds:</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable):</p> <p>Peripheral Pulses:</p> <p>Capillary refill:</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Location of Edema: N/A</p>	<p>Patient's S1 and S2 are intact, no sounds at S3 or S4. No murmur or gallop heard. Pulses checked at brachial, radial, ulnar, popliteal, dorsalis pedal, and posterior tibial bilaterally all +3. Capillary refill is +2 bilaterally in fingers and toes.</p>
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<p>Respirations are regular and unlabored bilaterally in posterior and anterior lobes.</p> <p>Breath sounds clear bilaterally in posterior and anterior lobes.</p>
<p>GASTROINTESTINAL:</p> <p>Diet at home:</p> <p>Current Diet:</p> <p>Is Client Tolerating Diet?</p> <p>Height:</p> <p>Weight:</p>	<p>Patient has a normal diet at home, however is supposed to be on a cardiac diet. She is not doing well with this diet by evidence of her ordering post mates and door dashing food to the hospital during her stay. Patient is 5'4", 231</p>

<p>Auscultation Bowel sounds:</p> <p>Last BM:</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p>Distention: N/A</p> <p>Incisions: N/A</p> <p>Scars:</p> <p>Drains: N/A</p> <p>Wounds:N/A</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Size:N/A</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p> <p>N/A</p>	<p>pounds. Patient has hypoactive bowel sounds in right lower quadrant and right upper quadrant. Both left upper and lower quadrants are normoactive. Patient states last bowl movement was yesterday (Sunday 02/23/25). Patients abdomen is soft, non distended, and palpable. Patient doesn't claim any pain, and there are no abnormalities noted during palpation. Patient has two small scars at the top of her abdomen that she said were from heart surgery. As well as a scar from hip to hip from her cesarian section.</p>
<p>GENITOURINARY:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>Patients urine is yellow and clear with no fowl smell. Patient states to have had 4 urinary occurrences as well as a small bowel movement. Patient denies any pain, hesitancy, or frequency changes with urination.</p> <p>Genitalia showed no abnormalities. Skin intact, no redness, no lesion, bumps, or</p>

<p>Type:N/A</p> <p>Size:N/A</p>	<p>bruising noted.</p>
<p>Intake (in mLs)</p> <p>720</p> <p>Output (in mLs)</p> <p>x's 4</p>	<p>Patient intake for the shift is 720ml.</p> <p>Patient output was 4 urinary occurrences and one small bowel movement.</p>
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score: 84- high</p> <p>Activity/Mobility Status:</p> <p>Activity Tolerance:</p> <p>Independent (up ad lib)</p> <p>Needs assistance with equipment</p> <p>Needs support to stand and walk</p>	<p>Patient's nails are pink, warm, and noncyanotic, with a capillary refill of +2. Patient has active/ full range of motion bilaterally. Strength is +5 bilaterally. Patient has no ADL assistance, she has a fall risk of 84 yet refuses an alarm or assistance. Patient is independent with activity as tolerated.</p>
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>Patient is oriented to person, place, situation, and time. Patient shows</p>

<p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</p> <p>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/></p> <p>Orientation:</p> <p>Mental Status:</p> <p>Speech:</p> <p>Sensory:</p> <p>LOC:</p>	<p>normal cognition, and has clear, well volumed tone of voice. Patient is alert and oriented x's4, she answers questions fully, and appropriately.</p>
<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s):</p> <p>Developmental level:</p> <p>Religion & what it means to pt.:</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Patient has a service dog that helps her cope with stressors. She also uses deep breathing and music as other coping mechanisms.</p> <p>Patient is not religious. Patient has a large family support system living close to several relatives.</p> <p>Developmental level of patient is</p>

Discharge Planning

Discharge location: Patient is discharged to home.

Home health needs:

Client should monitor blood pressure BID, once in morning, once at night. Client should monitor oxygen level saturation two to three times daily with a pulse oximeter.

Client should take daily weight and record weight. Patient should come back in to

hospital if weight gain is 5 pounds or more in one week. Patient should also utilize cardiac diet plan.

Equipment needs:

Patient needs a blood pressure cuff, pulse oximeter, scale and not book to monitor. Patient has a CPAP machine and should continue to use at night.

Follow up plan:

Patient should return to hospital if shortness of breath recurs or worsens or has a weight gain of 5+ pounds in one week. Patient should follow up with provider for medication maintenance.

Education needs:

The cardiac diet is used to help relive stress induced by food to the heart. The cardiac diet helps to maintain cholesterol levels, and maintain sodium levels. Do NOT use sodium substitutes due to the fact they are made from potassium and can cause hyperkalemia and induce cardiac arrest.

Nursing Process

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

Nursing Diagnosis	Rationale	Outcome	Interventions	Evaluation of interventions
<ul style="list-style-type: none"> • Include full nursing diagnosis with 	<ul style="list-style-type: none"> • Explain why the nursing 	<p>Goal</p> <p>(1 per dx)</p>	<p>(2 per goal)</p>	

<p>“related to” and “as evidenced by” components</p> <ul style="list-style-type: none"> Listed in order by priority – highest priority to lowest priority pertinent to this client 	<p>diagnosis was chosen</p>			
<p>1. Decreased cardiac output related to decrease in Kidney and liver perfusion as evidenced by kidney and liver laboratory values (Phelps, 2023).</p>	<p>Patient has congestive heart failure, indication a decrease in cardiac output is a major problem that needs to be monitored regularly.</p>	<p>1.) Patient will verbalize knowledge of reportable signs and symptoms (Phelps, 2023).</p>	<p>1. Weigh patient daily before breakfast to detect fluid retention.</p> <p>2. Gradually increase patient’s activities within limits of prescribed heart rate to allow heart to</p>	<p>Evaluation of interventions was not acquired during clinical.</p>

			<p>adjust to increased oxygen demand (Phelps, 2023).</p>	
<p>2. Impaired gas exchange related to dyspnea as evidence by use of nebulizer treatments (Phelps, 2023).</p>	<p>Congestive heart failure can cause poor perfusion of the lungs which can lead to shortness of breath.</p>	<p>1.) Patient will maintain adequate ventilation (Phelps, 2023).</p>	<p>1. Have patient turn, cough, and deep breathe every 4 hours to prevent fluid build up in the lungs.</p> <p>2. Monitor vital signs, heart rhythm, and ABG and Hb levels to detect</p>	<p>Patient was cooperative in the coughing and deep breathing exercises.</p> <p>Patient allowed vitals to be checked with full cooperation. No abnormalities were noted on shift (Phelps, 2023).</p>

			impaired gas exchange (Phelps, 2023).	
3. Fluid overload related to pulmonary congestion as evidence by her admission complaint of shortness of breath (Phelps, 2023).	Patient has had shortness of breath and complaints of heaviness on her chest (Phelps, 2023).	1.) Patient's BUN, creatinine, sodium, and potassium, levels will stay within an acceptable range (Phelps, 2023).	1. Carefully monitor fluid intake and output. 2. Explain reasons for fluid and dietary restrictions to enhance patient's understanding and compliance (Phelps, 2023).	Patient did not show adequate understanding of the cardiac friendly diet.

Other References (APA):

Phelps, Linda. (n.d.). In *Nursing diagnosis reference manual* (12th ed.,)essay.

