

N431 CARE PLAN #1

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Lakeview College of Nursing

N431: Adult Health II

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March 7th, 2025

Demographics

Date of Admission 3/3/25	Client Initials G.H	Age 71 years old	Biological Gender Male
Race/Ethnicity White/Caucasian	Occupation Retired	Marital Status Married	Allergies NKA
Code Status Full code	Height 6 ft 0 in	Weight 253 lbs.	

Medical History

Past Medical History: Atrial fibrillation, snoring, fatigue, hypersomnia, myocardial infarction, coronary artery disease, prostate disease, allergic rhinitis, hyperlipidemia, hydrocele, benign prostatic hyperplasia, erectile dysfunction, skin cancer of nose and left arm, shingles, sleep apnea, abdominal pain (6/17/19), herpes zoster without complication (12/4/19), vitamin D deficiency (12/20/19), hydrocele (5/24/19), SOB (6/9/2020), benign hypertension (6/17/19)

Past Surgical History: Coronary angioplasty w stent placement, ablation of dysrhythmic focus, tonsillectomy, appendectomy (1/05/19), hernia repair (8/25/19), inguinal hernia repair (6/2020), colonoscopy 7/6/18 and 8/23/21, cardiac surg procedure unlist

Family History: Cancer (father), colon cancer (brother), obstructive sleep apnea (mother)

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

Started limiting drinking alcohol shortly after he had heart attack in 2020. He stated he “has had 3oz of wine since thanksgiving.” Patient has drunk most of his life but not excessively. Patient does not smoke and never has. He has also never used any type of drugs.

Education: Patient got his bachelors and master’s at Illinois State in special education, then got more education to become a part of administration in a school.

Living Situation: Patient lives at home with his wife

Assistive devices: Patient does not use any assistive devices at home

Admission History

Chief Complaint: Vomiting with discomfort in chest

History of Present Illness (HPI)– OLD CARTS: Patient reported they came in because the nurse on call recommended that he come be seen. He mentioned he was feeling a bit of discomfort in his chest and states he went into a fib around 6:45pm the night of 3/3/25. Around 7:30pm is when he stated, “I had two episodes of vomiting after eating dinner.” The vomiting and discomfort started the day of admission which was 3/3/25. The characteristics were described as nonpainful and just discomforting. Those symptoms continued throughout the evening and until he was seen. He was also experiencing some pressure in his chest. Nothing made it better nor worse. Patient did not do any interventions or treatment to relieve the discomfort and vomiting besides calling the doctor. Patient states that it wasn’t super severe since he had experienced this before and was not in any aggravating pain.

Admission Diagnosis

Primary Diagnosis: Atrial fibrillation with RVR

Secondary Diagnosis (if applicable): N/A

Pathophysiology

Atrial fibrillation is the most commonly encountered cardiac rhythm disorder (Hinkle et al., 2022). Disorders of the heart's electrical impulse generation, conduction, or both are known as arrhythmias. Heart rhythm, heart rate, or both may be affected by multiple factors. Cardiac remodeling, particularly in the atria, causes structural and electrical alterations that eventually lead to disordered rhythm in atrial fibrillation. Changes in myocytes, the extracellular matrix, and

fibrous tissue deposition contribute to structural remodeling (Nesheiwat et al., 2023). In atrial fibrillation, abnormal electrical signals in the upper chambers disrupt the normal process. The unexpected impulses lead the heart's top chambers to contract inconsistently, preventing the upper and lower chambers from properly pumping blood (National Heart, Lung, and Blood Institute, 2020). Arrhythmias are described as a malfunction of the development or passage of the electrical impulse within the heart, affecting the heart rate, heart rhythm, or both and potentially causing impacted blood flow (Hinkle et al., 2022).

When the sinus node generates an impulse at an irregular rhythm, it is known as sinus arrhythmia (Hinkle et al., 2022). Typically, the rate rises with inspiration and falls with expiration. Multiple signs and symptoms can occur in atrial fibrillation. Some include an atrial rate of 300-600 bpm, irregular heart rhythm, fluttering in the chest, shortness of breath, and chest pain. The patient specifically was experiencing fluttering in the chest and shortness of breath. He was also able to recognize an increase in his heart rate.

A 12-lead ECG verified the diagnosis of this client. An ECG is typically performed when patients describe chest pain and have a history of cardiac-related symptoms and diagnoses (Hinkle et al., 2022). In order to confirm the atrial fibrillation rhythm and determine whether left ventricular hypertrophy, bundle branch block, previous myocardial ischemia, or other arrhythmias are present or absent, a 12-lead ECG procedure is performed. The RR, QRS, and QT intervals are examined to confirm the efficacy of any given antiarrhythmic drugs. Electrical current will display a pattern on a graph showing the heart's resting potential, depolarization, plateau, and repolarization phases when electrodes are applied to the skin. P, Q, R, S, and T stand for distinct positions within the phases of action potentials produced by the heart muscle

(Capriotti, 2020). A lack of P waves was seen in the patient's results, along with an irregular rhythm. There were also fibrillatory waves in between the QRS complex.

Medications were given to this patient to help control the patient's heart rate and blood pressure. Metoprolol Sotalol was given to the patient to help control his blood pressure and rhythm control when they spiked. Tylenol was another medication that was prescribed and administered to help the discomfort in his chest along with the headache he experienced. Continuous cardiac monitoring was also completed during his time at the hospital. Keeping an eye on the patient's rhythm control and rate is necessary.

Medical care aims to prevent embolic events like strokes by using anticoagulant drugs, limiting the ventricular rate of response using antiarrhythmic drugs, and treating arrhythmias as needed to convert them to sinus rhythms (Hinkle et al., 2022). Numerous amounts of risk factors can correlate to atrial fibrillation. Some include increasing age, hypertension, heart failure, obesity, myocardial infarction, alcohol abuse, and smoking. When atrial fibrillation develops suddenly or controlling the ventricular rate becomes laborious, blood tests are performed to screen for conditions such as thyroid, renal, and hepatic function that are known to increase the risk of atrial fibrillation.

Pathophysiology References (2) (APA):

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

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer

National Heart, Lung, and Blood Institute. (2022, November 30). *Atrial Fibrillation - Causes and Risk Factors* | *NHLBI, NIH*. [Www.nhlbi.nih.gov](http://www.nhlbi.nih.gov).

<https://www.nhlbi.nih.gov/health/atrial-fibrillation/causes>

Nesheiwat, Z., Goyal, A., & Jagtap, M. (2023). *Atrial fibrillation*. National Library of Medicine; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK526072/>

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Chloride	109 mmol/L high	108 mmol/L high	98- 107mmol/L	This lab level could possibly be elevated due to their role in heart function and electrolyte balance (Zandijjk et al., 2021). Heart signaling and circulatory system cellular excitability are both influenced by electrolytes. Arrhythmias may arise from changes in the membrane potential and action potential duration in the sino-atrial node caused by cardiac chloride

				channel activation.
Creatinine blood	1.31 mg/dL high	1.14 mg/dL	0.70- 1.30mg/dL	This patient is taking a cholesterol medication which may increase the levels (Pagana et al., 2023). Normally a high creatinine level indicates that your kidney may not be functioning properly. That can also lead to atrial fibrillation.
GFR	58 low	>=60	>=60	This patient has a few past medical issues related to the heart which could be affecting the GFR levels. The patient has been having high blood pressure which can be a risk factor for a low GFR (Pagana et al., 2021).
Glucose	145 mg/dL high	102 mg/dL high	70-99 mg/dL	High glucose levels can be from many things. Atrial fibrillation has risk

				factors that can cause the glucose levels to be elevated such as high blood pressure and inflammation (Pagana et al., 2021).
Calcium	8.5 mg/dL low	8.6 mg/dL low	8.7-10.5 mg/dL	This patient has a history of vitamin D deficiency which can be causing the levels to be low. Calcium levels also can be associated with atrial fibrillation because it plays a role in the heart's electrical and contractile functions (Pagana et al., 2021).
Albumin	3.3 g/dL low	N/A	3.5-5.0 g/dL	Albumin levels could be low due to the patient having a history of hyperlipidemia. Albumin prevents your blood's fluid from draining into other

				tissues from your blood vessels (MedlinePlus, 2022).
GFR nonafrican	54 low	N/A	>=60	This patient has a few past medical issues related to the heart which could be affecting the GFR levels. The patient has been having high blood pressure which can be a risk factor for a low GFR (Pagana et al., 2021).
RBC	4.06 mcL low	4.05 mcL low	4.40-5.80mcL	This patient could have low RBCs because atrial fibrillation can lead to an increased workload for the heart (Pagna et al., 2021). The patient is also taking an anticoagulant which increases the risk of bleeding.
Hematocrit	37.6% low	37.0% low	38.0-50.0%	Anticoagulation is frequently necessary for

				Afib patients in order to prevent stroke (Hanna-Rivera et al., 2022). These drugs might raise the risk of bleeding, which may result in iron deficiency.
HGB	13.0 g/dL	12.7 g/dL low	13.0-16.5g/dL	This patient is taking a blood thinner which can increase the risk of bleeding. They also have a past medical history of coronary artery disease which reduced blood flow to the heart muscle (Pagna et al., 2021). Proper blood flow is needed because blood cells carry oxygen. This patient experienced SOB which decreases the oxygen status.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Chest Xray- With the use of this test, medical professionals can assess the health of the heart, lungs, and chest and possibly make a diagnosis (Pagna et al., 2021).	Patient was experiencing SOB and discomfort in his chest. He also has a past medical history of afib, myocardial infarction, and coronary artery disease.	Moderate cardiomegaly and peripheral pulmonary congestion
EKG 12 lead- This examination can identify any potential abnormalities by recording the heart's electrical activity (Pagna et al., 2021).	Presented with discomfort in his chest	A lack of P waves was seen along with irregular rhythm. There were also fibrillatory waves in between the QRS complex.

Diagnostic Test Reference (1) (APA):

Hanna-Rivero, N., Tu, S. J., Elliott, A. D., Pitman, B. M., Gallagher, C., Lau, D. H., Sanders, P., & Wong, C. X. (2022). Anemia and iron deficiency in patients with atrial fibrillation.

BMC Cardiovascular Disorders, 22(1). <https://doi.org/10.1186/s12872-022-02633-6>

Medline Plus. (2022, June 7). *Albumin Blood Test: MedlinePlus Lab Test Information*.

Medlineplus.gov. <https://medlineplus.gov/lab-tests/albumin-blood-test/>

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2022). *Mosby's diagnostic and laboratory test reference* (17th ed.). Mosby

Zandijk, A. J. L., van Norel, M. R., Julius, F. E. C., Sephehvand, N., Pannu, N., McAlister, F. A., Voors, A. A., & Ezekowitz, J. A. (2021). Chloride in Heart Failure. *JACC: Heart Failure*, 9(12), 904–915. <https://doi.org/10.1016/j.jchf.2021.07.006>

Active Orders

Active Orders	Rationale
Telemetry monitoring	Routine, pt has PMH of afib, is high risk of cardiac respiratory arrest.
Pulse ox	Stat, one time and PRN. Routine vital on admission. You may only need to check pulse ox when you may sense something wrong.
Intake and output	Every 8 hours, number of voids and stools. This patient could be on strict I/O's due to the amount of cardiac health conditions. We would want to make sure that no fluid overload happens.
Up as tolerated	PRN
Vitals	Routine. The vitals were checked routinely due to the inconsistency of the patient's heart rate and blood pressure fluctuations. The patient was also taking metoprolol, so the nurse checked the vitals every 15 mins for an

	hour.
Ambulate patient 3x daily	Ambulating can be a good way to help improve the heart health and reduce symptoms.
COVID-19 Flu and pneumonia vaccine screen	Protocol. They want to make sure that patients don't go home sick. Especially if they are going back to a nursing home where it may spread easily. They do not want to put anyone at risk.
Discharge to home self care	This is an active order because the patient showed improvement and did not have any more symptoms. The paperwork needed to be done prior so the patient could be discharged.
Discontinue IV	The IV needed to be removed since the patient was being discharged and because the IV was no longer in use.
Insert/maintain peripheral IV	Protocol. The IV needed to be inserted in case the patient needed to receive any IV medications but also in case of emergency and they needed to have quick access.
Nursing night calls directed on IV expiring, labs, vitals, telemetry, and restraints	To prevent multiple calls or messages to providers when they may have the same outcome or intervention. The client may have

	inconsistent vitals and telemetry due to afib and his heart rate that may need to be communicated with the provider.
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Medications

Home Medications (Must List ALL)

Medication	Reason for taking
Aspirin EC	Occasional pain in chest
Atorvastatin (Lipitor)	History of hyperlipidemia
Dutasteride (Avodart)	History of BPH
Econazole nitrate cream	On home meds but does not take anymore. Treats fungal skin infections.
Montelukast (singulair)	Chest tightness and difficulty breathing
Omega-3 fatty acids (HSH OIL PO)	Lower triglycerides
Omeprazole (Prilosec)	For heartburn and reducing acid reflux
Potassium chloride (Klor-Con)	Hyperkalemia
Rivaroxaban (Xarelto) 20mg tablet	Afib
Sotalol (Betapace)	Rhythm control
Tadalafil (Cialis)	Erectile dysfunction

Hospital Medications (Must List ALL)

Brand/ Generic	Acetaminophen (Tylenol)	Atorvastatin (Lipitor)	Rivaroxaban (Xarelto)	Aspirin EC	Calcium carbonate (TUMS)
Classification	Pharmacological: Nonsalicylate	Pharmacological: HMG-CoA	Pharmacological: Factor Xa inhibitor	Pharmacological: Salicylate Therapeutic:	Pharmacological: Calcium salts Therapeutic:

	e, para-aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic (Jones and Bartlett, 2022).	reductase inhibitor Therapeutic: Antihyperlipidemic (Jones and Bartlett, 2022).	Therapeutic: Anticoagulant (Jones and Bartlett, 2022).	NSAID (anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic) (Jones and Bartlett, 2022).	Antacid, antihypermagnesemic, antihyperphosphatemic, antihypocalcemic, calcium replacement, cardiogenic (Jones and Bartlett, 2022).
Reason Client Taking	Mild or severe pain if pt requests	Control lipid levels	Blood thinner	Relieve mild pain	Heartburn, acid indigestion
List two teaching needs for the medication pertinent to the client	Tablet may be crushed or swallowed whole (Jones and Bartlett, 2022). Do not take this medication with other drugs that contain acetaminophen (Jones and Bartlett, 2022).	Tell the patient to take this medication at the same time every day to maintain its effects (Jones and Bartlett, 2022). Instruct the patient to take a missed dose as soon as possible but to not take a double dose (Jones and Bartlett, 2022).	Give this medication with food if patient has atrial fibrillation (Jones and Bartlett, 2022). Advise patient to report any unusual bleeding or bruising (Jones and Bartlett, 2022).	Instruct patient to take this medication with food or after meals (Jones and Bartlett, 2022). Avoid alcohol while taking this medication to decrease the risk of ulcers (Jones and Bartlett, 2022)	Urge patient to chew the tablet thoroughly before swallowing and after to drink a glass of water (Jones and Bartlett, 2022). Do not take calcium carbonate within 1-2 hours of taking other medicines (MedlinePlus, 2024).
Key nursing assessment (s) prior to administration	Assess the patient's allergies (Jones and Bartlett, 2022).	Monitor liver function tests before administering medication (Jones and	This medication should not be given to acutely ill patients that	Assess pain level (Jones and Bartlett, 2022). Check other medications	Monitor serum calcium levels (Jones and Bartlett, 2022). Review patient

	Assess patient pain level (Jones and Bartlett, 2022).	Bartlett, 2022). Review patient past medical history (Jones and Bartlett, 2022).	are at high risk of bleeding (Jones and Bartlett, 2022). Monitor patient hepatic and renal function (Jones and Bartlett, 2022).	patient is on (Jones and Bartlett, 2022).	past medical history (Jones and Bartlett, 2022).
Brand/ Generic	Polyethylene glycol (MiraLAX)	Senna (Senokot)	Sotalol (Betapace)	Metoprolol tartrate (Lopressor)	Pantoprazole (Protonix)
Classification	Pharmacological: Osmotic bowel prep Therapeutic: Laxative (Jones and Bartlett, 2022).	Pharmacological: Stimulant laxatives Therapeutic: Stool softener (Jones and Bartlett, 2022).	Pharmacological: Nonselective beta blocker Therapeutic: Class III antiarrhythmic (Jones and Bartlett, 2022).	Pharmacological: Beta1-adrenergic blocker Therapeutic: Antianginal, antihypertensive (Jones and Bartlett, 2022).	Pharmacological: Proton pump inhibitor Therapeutic: Antiulcer (Jones and Bartlett, 2022).
Reason Client Taking	Constipation	Constipation	Rhythm control	Heart rate	Gastroesophageal reflux disease
List two teaching needs for the medication pertinent to the client	Taking too much of this may cause severe problems/complications (Jones and Bartlett, 2022).	Make sure you are eating a high fiber diet and drinking plenty of liquids (MedlinePlus, 2020). Swallow	Tell patient to take this medication at the time consistently everyday (Jones and Bartlett, 2022). Telling the patient to	Notify the nurse if you are having any chest pain or discomfort (Jones and Bartlett, 2022). Tell the patient the use and indications of	Report any adverse effects of this medication (Jones and Bartlett, 2022). Avoid eating foods that make the symptoms worse such as rich, spicy, and fatty foods

	Drink plenty of fluids (Jones and Bartlett, 2022).	with a whole glass of water (Jones and Bartlett, 2022).	make sure to report and notify the nurse if any difficulty breathing occurs (Jones and Bartlett, 2022).	metoprolol (MedlinePlus, 2022).	(NHS, 2020).
Key nursing assessment (s) prior to administration	GI assessment (Jones and Bartlett, 2022). Assess and ask patient about bowel patterns (Jones and Bartlett, 2022).	Ask and review the patient allergies that Senna contains to make sure there are no allergic reactions (MedlinePlus, 2020). Ask patient if they have any stomach pain, nausea, or a change in bowel movement (MedlinePlus, 2020).	Monitor apical pulse (Jones and Bartlett, 2023). Monitor serum electrolyte levels (Jones and Bartlett, 2020).	Monitor blood pressure (Jones and Bartlett, 2022). Monitor heart rate and respiratory rate (Jones and Bartlett, 2022).	Monitor PT and INR since patient is taking a blood thinner (Jones and Bartlett, 2022). Assess the patient's medical history (Wayne, 2023).
Brand/ Generic	Magnesium hydroxide (Milk of magnesia)	Melatonin (Circadin)	Ondansetron (Zofran)		
Classification	Pharmacological: Mineral Therapeutic: Electrolyte replacement (Jones and Bartlett, 2022).	Pharmacological: N-acetyl-5-methoxytryptamine Therapeutic: Acetamine (Jones and Bartlett,	Pharmacological: Selective serotonin (5-HT3) receptor antagonist Therapeutic: Antiemetic		

		2022).	(Jones and Bartlett, 2022).		
Reason Client Taking	Constipation	To help sleep	Nausea		
List two teaching needs for the medication pertinent to the client	<p>Educate the patient that this medication can cause diarrhea (Jones and Bartlett, 2022).</p> <p>You can take this around bedtime because it can stimulate for you to have a bowel movement for the next day (Jones and Bartlett, 2022).</p>	<p>Take at bedtime (Jones and Bartlett, 2022).</p> <p>Do not drive after taking because this medication can cause drowsiness (Jones and Bartlett, 2022).</p>	<p>Teach patient to look for adverse effects (Jones and Bartlett, 2022).</p> <p>Take medication as directed (Jones and Bartlett, 2022).</p>		
Key nursing assessment (s) prior to administration	<p>GI assessment (Jones and Bartlett, 2022).</p> <p>Bowel patterns (Jones and Bartlett, 2022).</p>	<p>Assess patient level of consciousness (Jones and Bartlett, 2022).</p> <p>Ask patient about sleeping patterns (Jones and Bartlett, 2022).</p>	<p>Check if hypokalemia is present, this electrolyte imbalance should be corrected before this medication is administered (Jones and Bartlett, 2022).</p> <p>Assess for</p>		

			nausea and vomiting (Jones and Bartlett, 2022).		
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Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Metoprolol tartrate (Lopressor)	This medication was chosen because the patient had a spike in blood pressure and heart rate. This medication is used to help treat lower those vitals.	1. Arrhythmias (Jones and Bartlett, 2022). 2. Bradycardia (Jones and Bartlett, 2022).
2. Sotalol (Betapace)	I chose this medication because this helps control heart rhythm, and this patient is having fluctuations with his heart rate. This is an important medication since it is help treating the problems this patient is having.	1. Hypotension (Jones and Bartlett, 2022). 2. Prolonged QT intervals (Jones and Bartlett, 2022).
3. Rivaroxaban (Xarelto)	This medication was chosen because anticoagulants are important for patients that	1. Hemorrhage (Jones and Bartlett, 2022). 2. Thrombocytopenia (Jones and Bartlett, 2022).

	<p>have any type of cardiac problems. AFib can lead to strokes, blood, clots, and other problems, so this will think out the blood hoping to prevent any of those problems.</p>	
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Medications Reference (1) (APA)

Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (22nd ed.).

Medline Plus. (2020, March). *Senna: MedlinePlus Drug Information*. Medlineplus.gov.

<https://medlineplus.gov/druginfo/meds/a601112.html>

MedlinePlus. (2023). *Metoprolol: MedlinePlus Drug Information*. Medlineplus.gov.

<https://medlineplus.gov/druginfo/meds/a682864.html>

MedlinePlus. (2024, June 20). *Calcium carbonate: MedlinePlus drug information*.

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NHS. (2020, August 29). *Pantoprazole: medicine to lower stomach acid*. Nhs.uk.

<https://www.nhs.uk/medicines/pantoprazole/>

Wayne, G. (2023, March 10). *Pantoprazole Nursing Considerations and Patient Teaching*

[Drug Guide]. Nurseslabs. <https://nurseslabs.com/pantoprazole-nursing-considerations-and-patient-teaching-drug-guide>

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<p>GENERAL: Alertness: Orientation:</p>	<p>Patient A/Ox4, in no distress, well groomed, no specific precautions in place, patient complains of pressure in his chest.</p>
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Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:	
VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:	Temp: 98.5 F Resp: 18 respirations per minute Pulse: 93 bpm BP: 128/90 O2: 98% on room air
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	1523: Patient reports a 2.5/10 on the pain scale. Not specifically pain, but more discomfort in his chest that is more pressure like. We gave this patient a pain medication to help relieve the pressure.
IV ASSESSMENT: Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment: Fluid Type/Rate or Saline Lock:	Patient has an IV in his right wrist, size is a 20 gauge, the date on the site is 3/3/25, there are no signs of erythema or drainage. IV was saline locked. Transparency dressing. Is clean, dry, and intact. Full patency of IV. Was able to flush normal saline freely without any resistance and got blood return.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: 30 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Skin color appropriate for pt, has lots of freckles and moles on skin. Skin is wrinkly and thin. Skin is dry and warm to touch. No bruises, wounds or rashes present. Skin turgor normal mobility. Normal quantity, distribution, and texture of hair. Capillary refills less than 3 seconds on fingers and toes bilaterally. Braden score is 30. No drains were present.
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck are symmetrical. Trachea is midline without deviation. No noted nodules. Bilateral carotid pulses are palpable and 2+. Hair is evenly distributed. No lesions. Bilateral sclera is white, bilateral cornea is clear, bilateral conjunctiva pink. No visible drainage from the eyes bilaterally. PERRLA bilaterally. Nose is symmetrical. Patient has all teeth, good hygiene. EOMs intact bilaterally. Septum is midline, no

	bleeding visible. Bilateral frontal sinuses are nontender to palpation. No bilateral deformities of the ears. No lumps or lesions of ears. Did not access the inside of patient ears.
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:	Heart sounds are an irregular rate and rhythm , apical pulse irregular. Peripheral pulses are palpable 2+ throughout bilaterally. Capillary refill less than 3 seconds. No neck vein distention was visible. No edema inspected or palpated in all extremities.
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	Patient did not have any accessory muscle usage. Respirations symmetrical and non-labored. Breath sounds normal. Lung sounds clear throughout anterior and posterior bilaterally. No wheezing or crackles noted.
GASTROINTESTINAL: Diet at home: Current Diet: Is Client Tolerating Diet? Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Patient is not on a specific diet. Just a regular diet. He does state that he watches what he eats. He is 6 foot and weighs 253 pounds. Abdomen is soft, and non-tender. No masses noted upon palpation in all four quadrants. Bowel sounds are normoactive in all four quadrants. Last bowel movement was the evening of 3/3/25. No pain when palpating the abdomen. No distention, incisions, scars, drains or wounds were present during inspection. Patient did not have an ostomy, nasogastric, or any feeding/PEG tubes.
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Patient has normal urine color, clear and pale yellowish. No cloudiness or foul odor associated. Patient voided out 300 mL of urine. No pain with urination. No dialysis. Inspection of the genitals were not assessed. Patient had jeans on and

	grandchildren.
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Discharge Planning

Discharge location: Patient will be discharging back to own residence with his wife

Home health needs: Patient does not need any home health needs

Equipment needs: No equipment is needed for this patient upon discharge.

Follow up plan: Follow up with primary care and pulmonologist

Education needs: Patient was provided with education about A fib and heart health papers. Patient understands and doesn't need specific education due to dealing with the same problems for 10 years.

Nursing Process

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

Nursing Diagnosis	Rationale	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 			
<ol style="list-style-type: none"> 1. Impaired breathing pattern related to SOB as evidence by 	I chose this nursing diagnosis because the patient had SOB	Patient will decrease the amount	<ol style="list-style-type: none"> 1. Alleviate discomfort with pain medications (Phelps, 	The patient was not experiencing as much discomfort in

increased heart rate.	which caused an elevation of the heart rate. The patient also felt pressure in his chest which could have led to some of the SOB.	of dyspnea by discharge (Phelps, 2023).	2023) 2. Evaluate patient breathing patterns and encourage breathing techniques (Phelps, 2023).	his chest which helped him feel not as short of breath. Patient got to be discharged.
2. Ineffective tissue perfusion related to decreased cardiac output as evidence by patient reporting palpitations and chest discomfort (Phelps, 2023).	I chose this nursing diagnosis because the patient was experiencing discomfort in his chest. The patient was not getting proper flow of blood since the heart's ability to pump blood was reduced.	Patient's vital signs will become consistent by the end of the shift (Phelps, 2023).	1. Administer medications (Phelps, 2023). 2. Assess vital signs every 2 hours (Phelps, 2023).	The patient had vitals within normal parameters because the patient was able to be discharged.
3. Decreased cardiac output related to impaired cardiac muscle contraction as evidence by patient being diagnosed with atrial fibrillation (Phelps, 2023).	I chose this nursing diagnosis because this describes exactly what was going on with the patient. The patient also has a past medical history of a myocardial infarction.	Patient will see a blood pressure and heart rate within normal limits by the end of shift (Phelps, 2023).	1. Administer beta blocker (Phelps, 2023). 2. Obtain vital signs (Phelps, 2023).	The medication controlled the heart rate and blood pressure. Vitals were obtained every 15 minutes to make sure we had a close look on levels. The medication can lower the blood pressure too much and too fast.
4. Acute pain related to discomfort in	I chose this nursing diagnosis	Patient will have a lower	1. Administer pain medications	Patient was not experiencing as much

chest area as evidence by patient experiencing palpitations (Phelps, 2023).	because the patient had chest discomfort and rated it a 2.5/10.	rating on the pain scale by the end of the shift (Phelps, 2023).	(Phelps, 2023). 2. Assess pain level (Phelps, 2023).	discomfort or pressure in his chest. He mentioned that the Tylenol had helped.
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Other References (APA):

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

