N321 CARE PLAN # 2

Ashley Shields

Lakeview College of Nursing

N321: Adult Health I

Kristal Henry

Date: 14 March 2025

Demographics

Date of Admission 3-9-2025	Client Initials DM	Age 73	Biological Gender Female
Race/Ethnicity White	Occupation PeeWee's Poodle Parlor	Marital Status Divorced	Allergies Avelox, ciprofloxacin, codeine, Levaquin, lyrica, penicillins
Code Status Full Code	Height 5'8"	Weight 72.5 kg	

Medical History

Past Medical History: BRCA positive breast cancer, BRCA positive ovarian cancer, diabetes mellitus, and hypertension

Past Surgical History: Bilateral mastectomy, oophorectomy, splenectomy, hysterectomy, and partial gastrectomy

Family History: Mother- breast cancer, bladder cancer, skin cancer, triple bypass, and diabetes mellitus. Father- lung cancer, liver cancer, thyroid cancer, and multiple sclerosis.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient states she does not drink alcohol, use drugs, and has never used tobacco.

Education: High school graduate

Living Situation: Patient lives at home alone with her dog

Assistive devices: Glasses

Admission History

Chief Complaint: Palpitation and dizziness

History of Present Illness (HPI)– OLD CARTS

DM is a 73 year-old female brought to the emergency department via ambulance at 1522 with complaints of palpitations and dizziness. Patient states while doing housework this

morning, she suddenly felt dizzy and felt like her heart was pounding in her chest. She stated she sat down to rest because she felt so exhausted and was hoping it would go away. When it did not, she called 911. Supraventricular tachycardic (SVT) was determined by EMS which administered 6 mg of adenosine followed by a 12 mg dose. Patient received 12 mg adenosine twice and started on a Cardizem infusion in the ED which restored sinus rhythm. Patient admitted for observation.

Admission Diagnosis

Primary Diagnosis: Supraventricular Tachycardia

Secondary Diagnosis (if applicable): Breast Cancer

Pathophysiology

The heart has its own electrical system to maintain a steady heart rhythm to pump blood throughout the body. When there is a disruption in chain of conductivity, it causes arrhythmias (abnormal heart rhythms) within the heart. Supraventricular tachycardia (SVT) is an arrhythmia stemming from a disruption in the sinoatrial node (SA node), atria, and atrioventricular node (AV node) conductivity within the bundle of His, Purkinje fibers, and ventricular muscle. (Capriotti, 2024) (Patti & Ashurst, 2023). Tachycardia is when the heart rate is above what is considered normal. A normal heart rate is 60-100 beats per minute (bpm). Tachycardic rates are above the 100 bpm threshold, while SVT is generally 150-220 bpm (Taylor, 2023).

Untreated SVT can weaken the heart muscle, leading to heart failure and death. Because the heart is beating so rapidly, tachycardia prevents proper blood flow from reaching the organs within the body making the blood poorly oxygenated, which then deprives organs of the necessary oxygen required to function properly. The patient will often have chest pains and

palpitations due to the workload on the heart. They may feel lightheaded or dizzy due to the brain being deprived of oxygen. They can experience shortness of breath and fatigue from the lungs being deprived of oxygen. Overtime, this can trickle down to other organs like the liver and kidneys impairing the ability to excrete waste (Mayo Clinic, 2024).

When DM came to the ED, she reported palpitations and felt dizzy. After speaking with her, she said she just had an overwhelming exhaustion come over her as well. She has a history of SVT, so she was able to recognize the symptoms. When she sat down to rest and it did not correct itself, she called 911. When the patient came to the ED, an electrocardiogram (ECG) was performed, which indicated SVT. An electrocardiogram is a noninvasive test used to measure the electrical activity of the heart. Electrodes are placed on specific parts of the body to give different views of the heart which will transmit a graph to show function/disfunction (Capriotti, 2024). In the case of SVT, P waves on the ECG graph are not detectable. The absence of a P wave and the heart rate being so high is what determines the condition is SVT.

Treatment for SVT varies depending on the cause of it and the individual. If it is caused by an electrolyte imbalance or hypotension, giving fluids and meds can correct it. In more unstable cases, a defibrillator may be necessary to shock the heart and restore a sinus rhythm. Vagal maneuvers and Valsalva maneuvers will stimulate the parasympathetic nervous system to slow the SA which slows the AV node and can decrease the heart rate to return to a normal sinus rhythm. There are also medications, such as adenosine that DM received, that can correct an arrhythmia. There are manual maneuvers that can be performed as well. These must be given in a rapid push and flush of 10-20 mL of saline. The first dose is 6 mg, and the following doses are 12 mg, all given with a flush afterward. Other medications used if adenosine does not correct the

SVT are diltiazem, esmolol, or metoprolol. Patients also may need put on beta blockers or calcium channel blockers if SVT continues long-term (Patti & Ashurst, 2023).

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for Pathophysiology* (3rd ed.). F.A. Davis Company.

Mayo Foundation for Medical Education and Research. (2024, March 7). *Supraventricular tachycardia*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/supraventricular-tachycardia/symptoms-causes/syc-20355243

Patti, L., & Ashurst, J. V. (2023, August 7). *Supraventricular tachycardia*. In StatPearls**. StatPearls Publishing. Retrieved February 23, 2025, from https://www.ncbi.nlm.nih.gov/books/NBK441972/**

Taylor, C., Lynn, P. 1., & Bartlett, J. L. (2023). *Fundamentals of nursing: the art and science of person-centered care.* Tenth edition. Philadelphia, Wolters Kluwer.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
BUN	**9 mg/dL**	**7 mg/dL**	**10-20 mg/dL**	**Decreased BUN levels are indicative of liver impairment/failure. DM is likely experiencing this due to chemotherapy, which can impair liver**

				function. **(Pagana et al., 2023).**
BUN/Creatinine Ratio	**13 ratio**	**11 ratio**	**12-20 ratio**	**This test directly correlates to a BUN test, only this includes the kidneys. Renal impairment is also common with chemotherapy, especially during ongoing treatment.** **(Pagana et al., 2023).**
Glucose	**171 mg/dL**	**128 mg/dL**	**70-99 mg/dL**	**DM has type 2 diabetes and was not receiving metformin while in the hospital. This is likely the cause of hyperglycemia levels.** **(Pagana et al., 2023).**
Total Protein	**6.5 g/dL**	**5.8 g/dL**	**6.0-8.0 g/dL**	**Total protein is correlated with liver function. It is common for chemotherapy to**

				impair liver function during and after treatment in some cases, so this can explain why DM's levels are slightly low. (Pagana et al., 2023).
Albumin	**3.7 g/dL**	**3.4 g/dL**	**3.5-5.0 g/dL**	**Albumin is also directly correlated to liver function as well and DM's levels are likely low due to chemotherapy impairing liver function. (Pagana et al., 2023).**
INR	**2.2**	**2.4**	**0.8-1.1**	**DM is taking warfarin which increases clotting time and INR is highly individualized to each patient for this drug therapy. (Pagana et al., 2023).**
Protime Patient	**25.2 sec**	**27.6 sec**	**10.1-13.1 sec**	**DM is taking warfarin which increases clotting**

				time. (Pagana et al., 2023).
PTT	**64 sec**	**N/A**	**25-36 sec**	**DM is on warfarin which increases clotting time. (Pagana et al., 2023).**
RBC	**3.98 10(6)/mcL**	**3.66 10(6)/mcL**	**3.80-5.30 10(6)/mcL**	**Pernicious anemia, antineoplastic chemotherapy, and cancer can all cause low RBC levels. DM has all of these. (Pagana et al., 2023).**
HCT	**39.5%**	**35.9%**	**36.0-47.0%**	**Decreased hematocrit levels indicate anemia which DM appears to have. (Pagana et al., 2023).**
MCV	**99.2 fL**	**98.0 fL**	**82.0-96.0 fL**	**MCV is usually caused from pernicious anemia and since DM is on a vitamin B supplement, this is likely the cause. (Pagana et al., 2023).**

RDW	**22.6%**	**22.5%**	**11.8-15.5%**	**Again, an elevated RDW indicated pernicious anemia from a vitamin B insufficiency. (Pagana et al., 2023).**
MPV	**9.2 fL**	**9.1 fL**	**9.7-12.4 fL**	**The most likely cause of decreased MPV would be immunosuppression from the chemotherapy drugs DM is taking. (Pagana et al., 2023).**
Neutrophils	**55.9%**	**30.5%**	**47.0-73.0%**	**DM is on capecitabine and pembrolizumab which are both antineoplastic/myelotoxic drugs and can suppress neutrophils (Pagana et al., 2023).**
Lymphocytes	**32.9%**	**55.3%**	**18.0-42.0%**	**Lymphocytes can become elevated with stress and DM was very stressed out about being in the hospital away**

				from her dog. Her body was also under physical stress with SVT and cancer treatment (Pagana et al., 2023).
Absolute Lymphocytes	**2.40 10(3)/mcL**	**3.50 10(3)/mcL**	**1.30-3.20 10(3)/mcL**	**This directly correlates to the lymphocyte finding and stress (Pagana et al., 2023).**

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
X-ray Chest Single View Portable is a noninvasive test to view structures inside the body (Pagana et al., 2023). An x-ray was ordered to check port placement and cause of pain.	**DM reported pain in the area of her port and in her chest.**	**The x-ray showed the port and tip of the catheter were properly in place. It also showed a small, dense nodule with well-defined borders located in the right upper area of the lung measuring 4.88 x 5.2 mm, a small curvilinear dense tissue that curves out towards the left upper side of the lung along the first anterior rib, and notably visible blood vessels and bronchial tubes more than what is considered normal. No fluid or**

		abnormal air noted. Recommendation to follow up with a CT scan for further analysis and evaluation of the findings with this patient.

Diagnostic Test Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, A. (2023). ***Mosby's Diagnostic and Laboratory Test Reference*** **(6th ed.). Elsevier.**

Active Orders

Active Orders	Rationale
Telemetry Monitoring	**The doctor wanted to monitor if the patient showed abnormal arrhythmias, tachycardia, or bradycardia.**
Maintain IV while on telemetry	**This was to provide medications to treat one of the possible conditions they were monitoring if a need should arise.**
Central line okay to use	**DM's port was checked to ensure it was usable so medication or fluid could be administered if necessary.**
Routine Central Line Care	**DM has a port-a-cath. This was accessed during the time of admission. A port requires special needles to access, must be covered to prevent infection entering the**

	central line, and it requires a heparin lock when not in use for extended periods.
Patient may shower	**DM is immunocompromised while undergoing chemotherapy for breast cancer and showering lowers the risk of infection.**
Notify Physicians	**DM came in with SVT and was given medications to bring her heart rate down. These medications can cause bradycardia. The physician wanted to be notified if her heart rate got below 50 or above 120 bpm. She is also on warfarin, so she is at a risk for bleeding. The physician also requested a review of her home medications, so he could be aware of any potential drug-drug interactions between her home meds and treatment received in the hospital, as well as possibly relating the SVT to a medication.**
Ambulate patient 3x daily	**Ambulation prevents constipation and muscle loss.**
Admission Weight	**This is to establish a baseline to know medication dosages.**

Insert/Maintain IV	**The patient required IV medication in the ED and the physician wanted to keep this line open in case more IV medication was necessary.**
Covid 19/Pneumonia Screen	**This test is performed on all patients to determine if they need to be put on isolation precautions.**
Cardiac monitoring	**DM came in with SVT and was admitted for observation, so the physician wanted to monitor her cardiac function through her stay.**
Patient already on venous thromboembolism prevention	**DM is on warfarin to prevent blood clots.**
Nurse communication- warfarin education and distributing warfarin booklet	**Warfarin is a blood thinner and increases the risk for bleeding. DM needs to know how to manage being on this medication due to the risks, so the nurse provided and documented the teaching.**
Nursing night calls	**This order was entered to give instructions for staff during off hours regarding restraints, telemetry and IV expiration. This appears to be a standing order.**
Up as tolerated PRN	**DM was not on restrictions for ambulation**

	and was encouraged to ambulate as often as tolerated.
Vitals STAT/per unit routine	**The physician wanted to monitor the patient's vitals closely in the ED and then on a routine basis according to the floor upon admission.**
Discontinue Foley catheter if present	**Again, this appears to be a standing order upon discharge and DM was being discharged.**
Discontinue IV	**The nurse needed to remove the IV prior to discharge.**

Medications

Home Medications (Must List ALL)

Medications	Reason for taking
Cholecalciferol (D-5000) 125 mcg tablet PO 1x daily	**Cholecalciferol is a Vitamin D3 supplement typically prescribed when someone is undergoing treatment for cancer due to the effects steroids have on bone health. Steroids are commonly used in cancer treatment in conjunction with chemotherapy. DM is undergoing breast cancer treatment and has had other**

	cancers in the past (Nurses Drug Handbook, 2024).
Docusate sodium (Colace) 100 mg capsule PO 2x daily PRN	**Colace is a stool softener used to treat constipation. DM is on opioids and analgesics which are known to cause constipation (Nurses Drug Handbook, 2024).**
Fentanyl (Duragesic) 50 mcg/hr patch for 72 hours	**Fentanyl is an opioid analgesic. Cancer patients like DM generally have a lot of pain, and a fentanyl patch provides pain relief. (Nurses Drug Handbook, 2024).**
Hydrocodone- acetaminophen (Norco) 325 mg tablet PRN	**Norco is an opioid/analgesic combination of hydrocodone and acetaminophen used to treat pain. DM is a cancer patient who has times when she experiences a high amount of pain (Nurses Drug Handbook, 2024).**
Warfarin (Coumadin) 2.5 mg tablet 1x daily in evening PO	**Warfarin is an anticoagulant. DM has been through cancer treatments multiple times. Some chemotherapy drugs weaken the lining of the vessel and can increase the likelihood of forming a clot (Nurses Drug Handbook, 2024). DM also stated she has high blood pressure and problems with her**

	heart.
metFORMIN (Glucophage) 500 mg tablet PO 1x daily	**Metformin is used to treat diabetes which DM has (Nurses Drug Handbook, 2024).**
Ondansetron (Zofran ODT) 4 mg tablet PO every 8 hours PRN	**This is used to treat nausea and vomiting in cancer patients undergoing chemotherapy like DM is (Nurses Drug Handbook, 2024).**
Capecitabine (Xeloda) 500 mg tablet 1500 mg PO 2x PO daily, 7 days on/7 days off. Last dose 3-6-2025	**This is a chemotherapy drug to treat breast cancer which DM has (Nurses Drug Handbook, 2024).**
Pembrolizumab (Keytruda IV) every 6 weeks, last dose 2/9/2025	**This is another chemotherapy drug for DM's breast cancer treatment (Flynn & Gerriets, 2023).**
Metoprolol succinate (Toprol) 1 tablet PO daily	**Metoprolol is used to treat hypertension which DM has (Nurses Drug Handbook, 2024).**
Zinc acetate PO daily	**This is used to treat zinc deficiency which could have been caused because of chemotherapy or a poor diet (Nurses Drug Handbook, 2024).**
Vitamin B complex (Dexfol) 1 tablet PO daily	**It is believed Vitamin B can help reduce chemotherapy side effects** (Heilfort et al., 2023).
Pantoprazole (Prontix) 40 mg tablet DR	**This drug is used to treat GERD which is a**

PO before dinner evening	**common side effect for patients going through chemotherapy, especially with oral doses like DM (Nurses Drug Handbook, 2024).**
Adenosine 6 mg/2 mL IV solution	**Adenosine is used to convert SVT to a normal sinus rhythm. DM came in with SVT (Nurses Drug Handbook, 2024).**
Heparin Sodium (Pork) flush solution 50 units	**Heparin is an anticoagulant and this is used to put in DM's port tubing while it is de-accessed without fluids running so a clot doesn't form at the tip.**

Hospital Medications (Must List ALL)

Brand/Generic	**Fentanyl (Duragesic)**	**Hydrocodone-acetaminophen (Norco)**	**Warfarin Sodium (Jantoven, Coumadin)**	**Metoprolol succinate (Kapsargo Sprinkle, Toprol-XL)**	**Adenosine**
Classification	**Pharmacological class: Opioid Therapeutic class: Opioid analgesic (Nurses Drug Handbook, 2024).**	**Hydrocodone-Pharmacologic class: Opioid Therapeutic class: Opioid analgesic Acetaminophen Pharmacologic class: Nonsalicylate, para-aminophenol derivative Therapeutic**	**Pharmacologic class: Coumarin derivative Therapeutic class: anticoagulant (Nurses Drug Handbook, 2024).**	**Pharmacologic class: Beta-adrenergic blocker Therapeutic class: Antianginal, antihypertensive (Nurses Drug Handbook, 2024).**	**Pharmacologic class: Nucleoside Therapeutic class: Class V antiarrhythmic (Nurses Drug Handbook, 2024).**

		class: antipyretic, nonopioid analgesic (Nurses Drug Handbook, 2024).			
Reason Client Taking	**This is used to treat breakthrough pain in cancer patients who are receiving around-the-clock opioid therapy and have developed tolerance to it (Nurses Drug Handbook, 2024). DM is a cancer patient.**	**This is also used for breakthrough pain management which DM likely has (Nurses Drug Handbook, 2024).**	**Chemotherapy weakens blood vessel walls which increases the likelihood of forming a blood clot. DM is undergoing chemotherapy again (Nurses Drug Handbook, 2024).**	**This drug is used to manage hypertension which DM has.**	**This medication is used to convert supraventricular tachycardia rhythms to normal sinus rhythms and DM has SVT (Nurses Drug Handbook, 2024).**
Key nursing assessment(s) prior to administration	**The nurse should closely monitor the patient's respiratory status prior to administering fentanyl as it can cause sever respiratory depression(Nurses Drug Handbook, 2024).**	**A key nursing assessment would be to make sure the patient is not currently wearing a fentanyl patch and it was removed at least 18 hours prior this this administration (Nurses Drug Handbook, 2024).**	**The patient needs to be monitored for GI bleeds and INR/PT levels should be checked for accurate dosing (Nurses Drug Handbook, 2024).**	**The nurse should monitor blood glucose levels since this medication causes hypoglycemia and DM has diabetes and takes metformin (Nurses Drug Handbook, 2024).**	**The nurse should monitor the patient's blood pressure, heart rate, rhythm, and respiratory status before and during administration (Nurses Drug Handbook, 2024).**

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Fentanyl	**Fentanyl is another high-risk medication that can**	**1. This medication can cause bradycardia and tachycardia. DM**

	cause heart arrhythmias. DM is in the hospital for SVT (Nurses Drug Handbook, 2024).	**came in for SVT and was treated with adenosine which can also bradycardia. 2. This medication can cause a lack of coordination, drowsiness, dizziness, and syncope. DM is on warfarin which is a blood thinner can increase her risk of falling and having a bleeding issue (Nurses Drug Handbook, 2024).**
2. Hydrocodone-acetaminophen (Norco)	**Hydrocodone is an opioid medication, and DM is already on a fentanyl patch which is contraindicated to use together (Nurses Drug Handbook, 2024).**	**1.With DM already on opioid therapy, taking both greatly increases her risk for respiratory depression. 2.This drug can also increase the risk for falls which can cause bleeding issues for DM since she is on warfarin (Nurses Drug Handbook, 2024).**
1 Adenosine	**This medication is a higher risk drug that can induce a myocardial infarction for people with heart issues which DM told me she has. (Nurses Drug Handbook, 2024).**	**1. This medication can cause hypertension which DM already has. 2. This medication can cause palpitations which is one of the symptoms DM listed when she came to the ED (Nurses Drug Handbook, 2024).**

Medications Reference (1) (APA)

Flynn, J. P., & Gerriets, V. (2023, June 26). *Pembrolizumab*. In StatPearls**. StatPearls Publishing. Retrieved March 12, 2025, from https://www.ncbi.nlm.nih.gov/books/NBK546616/**

Heilfort, L., Kutschan, S., Dörfler, J., Freuding, M., Büntzel, J., Münstedt, K., & Hübner, J. (2023). A systematic review of the benefit of B-vitamins as a complementary treatment in cancer patients. *Nutrition and Cancer, 75*(1), 33–47. https://doi.org/10.1080/01635581.2022.2098348

Nurse's Drug Handbook. (2024). *Nurse's Drug Handbook* (2024 ed.). Wolters Kluwer.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	**Patient was alert and oriented x4 to person, place, time, and reason for being there. Patient was well groomed and not in distress. She was not under infection control precautions. She did voice concern about when she was going to be able to go home to be with her dog.**
VITAL SIGNS: **Temp: 97.3** **Resp rate: 14** **Pulse: 64** **B/P: 99/66** **Oxygen: 95%** **Delivery Method: room air**	**Patient's temperature was 97.3 oral, respirations were 14/min, pulse was 64/min, blood pressure was 99/66, and her oxygen was 95% on room air.**
PAIN ASSESSMENT: **Time: 0700** **Scale: 0/10** **Location: N/A** **Severity: N/A** **Characteristics: N/A** **Interventions: N/A**	**Patient rated her pain as a 0 on a 0/10 scale. Patient stated she is on a patch that takes care of the pain now and works pretty well.**
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 had a peripheral IV in the left arm in the radial area and had an arm alert on the right side. The IV had some fresh bleeding around the dressing when I removed it. Patient said it did not hurt but it is always tender when one is put in. She also had a port-a-cath on the left upper breast/clavicle area. Site was clean and intact with no notable concerning areas.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 23** **Drains present: Y☐ N ☒** **Type:**	**Patient's skin was fair, warm, dry, and appropriate color for patient's ethnicity and age. Patient had good skin turgor and appeared well nourished. No notable rashes present. She had a quarter size bruise on her right forearm and a small pea size bruise on her left hand. Patient has two scars across her chest from a double mastectomy and a small scar on her lower abdomen close to the pubic bone from her hysterectomy, splenectomy, and oophorectomy. She also had what appeared to be a very faint scar in the middle/upper abdominal area. She did have some flaking on**

	her lower legs from dry skin. Patient's Braden score was 23.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Patient's head is normocephalic. Head, neck, and trachea are symmetrical and midline. Thyroid and lymph nodes are not palpable with no lumps, lesions, or nodules noted. Sclera is white and conjunctiva are moist and pink with no drainage. Ears are symmetrical. Patient has dentures and tonsils are 1+. Nares were symmetrical, moist, and pink.**
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:**	**Clear S1 and S2 sounds. No rubs, murmurs, or gallops notes. Normal rate and rhythm. Peripheral pulses were +2 bilaterally on all extremities. Capillary refill was < 3. No edema or jugular vein distention noted.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds were clear in all lobes bilaterally posteriorly and anteriorly. No distress, crackles, rhonchi, or wheezing noted. Normal rate and pattern.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height: 5'8"** **Weight: 72.5 kg** **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:**	**Patient would normally be on a diabetic diet, however due to her treatment for cancer, she informed me "They (the doctors) just want her eating and aren't so picky anymore about what it is. They do want me to stay away from coffee for a bit, though." She did appear to be well nourished. Patient reported her last bowel movement on 3/9/2025 in the a.m. Patient had gurgling normoactive bowel sounds in all four quadrants with no distension, tenderness, or masses noted. Patient had a vertical scar in the midline abdominal area and a horizontal scar above the pubic area.**

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: Deferred** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Patient is ambulatory and goes to the bathroom herself. She did not report any changes in color, pain, burning, or difficulty using the restroom.**
Intake (in mLs) **Output (in mLs)**	**This patient did not have I&O monitoring so nothing was charted that I saw.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☐** **Fall Score: 8/20 low risk** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	Patient has full range of motion and appropriate equal strength on upper and lower extremities bilaterally. Patient is independent with ambulation and walks with upright posture and gait. I forgot to calculate the fall risk at the hospital so I pulled on off of the internet and she scores an 8/20 which places her in the low risk category for falls.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is oriented and alert x4. She is fully awake, able to speak clearly, understands, and responds appropriately. Patient moves and grips upper and lower extremities equal and with appropriate strength bilaterally.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:**	Patient stated she handles things “pretty well” and she’s grateful for all she has. She said she has good friends, her son, and her dog to help her when she needs it. She does not have a lot of

Personal/Family Data (Think about home environment, family structure, and available family support):	family because her sister died when she was 15, her parents are both gone, she has one son, and he never had children. Her friends and neighbors all look out for each other. She does live alone with her dog, but her son is close. She was raised Christian and still believes in God. Her developmental level integrity vs. despair.

Discharge Planning

Discharge location: Patient is going home alone.

Home health needs: Patient will not require home health.

Equipment needs: N/A

Follow up plan: Patient will need to follow up with her primary physician, oncologist, and requested a referral to a cardiologist.

Education needs: Patient educated on the dangers of taking more than one opioid medication. Patient stated she no longer takes Norco and only uses that patch. Patient is aware of the dangers and will not be using any opioid medication other than the patch. Patient also educated on getting appropriate exercise and slowly building stamina to avoid any other episodes of SVT or angina.

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
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order	• Explain why the nursing diagnosis was chosen			

by priority – highest priority to lowest priority pertinent to this client				
1. Impaired cardiac output related to heart rate as evidenced by tachycardia. (Phelps, 2023, pg. 45).	**Patient came in to the ED with extreme tachycardia.**	**Patient will exhibit no arrhythmias.**	**1.Monitor and record LOC, heart rate/rhythm, and blood pressure at least every 4 hours. 2.Plan patient's activities to avoid fatigue and increased myocardial workload. (Phelps, 2023, pg. 47**	**I spoke with DM and she indicated she needed to take it easy for a while and would be more mindful of her activities. She also wants to see a cardiologist to ensure this does not keep happening.**
2. Ineffective health maintenance related to current health status as evidenced by ineffective choices in daily living for meeting health goal (Phelps, 2023, pg 145).	**Patient was hyperglycemic and stated she didn't need to worry so much about what she ate as long as she was eating something.**	**Patient will acknowledge responsibility to manage own health condition. (Phelps, 2023, pg. 146)**	**1. Provide encouragement to help motivate patient to maximize healthy behaviors. 2. Assist patient in setting goals and making informed choices.**	**Patient was receptive to improving her health and doing what she needed to on her part to help her improve.**
3. Risk for infection as related to current health	**Patient suffers from Type 2 diabetes, is currently**	**Patient will identify signs and symptoms of infection**	**1. Stress the need to use sterile technique to reduce the**	**Patient is aware of the risks with a central line and chooses not have it accessed outside of**

status as evidenced by health history and current medical treatments (Phelps, 2023, pg 837).	**being treated for breast cancer, and has a central line which can all increase your risk for infection.**		**risk of infection at the access site (Phelps, 2023, pg. 839).** **2 Teach patient good hand washing technique, factors that increase infection risk, and signs and symptoms of infection (Phelps, 2023, pg. 183).**	**the hospital. She is also careful when she gets a break in the skin and making sure she wears shoes because she is diabetic and immunocompromised.**

Other References (APA):

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