

N431 CARE PLAN #1

Margaret Casey

Lakeview College of Nursing

N441: Adult Health 3

Professor Potts

3/30/2025

Demographics

Date of Admission 3/25/2025	Client Initials B.L.	Age 81	Biological Gender Female
Race/Ethnicity White, non-Hispanic or Latino	Occupation Retired	Marital Status Divorced	Allergies Amlodipine, Erythromycin, Lisinopril, Macrobid, metoprolol, Penicillin, Sulfamide antibiotics, Sulfite
Code Status Full code	Height 5'6''	Weight 151 lbs. 4.3 oz. 68.6 kg	

Medical History

Past Medical History: Anxiety, Chondromalacia of Patella, Depressive disorder, thyroid cancer, hypercholesterolemia, hyperlipidemia, polycystic ovaries, hypertension, hyperlipidemia, heart failure.

Past Surgical History: Breast cyst aspiration, TAH and BSO.

Family History: Breast Cancer in sister, no other pertinent family history.

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

Smokes cigarettes 0.5 packs/day for 40 years, denies alcohol or drug use, denies smokeless tobacco use.

Education: High school graduate as well as some college, no higher degree obtained.

Living Situation: At home with son.

Assistive devices: Eyeglasses for reading. No other assistive devices utilized.

Admission History

Chief Complaint: Lightheadedness and chest pain.

History of Present Illness (HPI)– OLD CARTS: The onset of the patient's symptoms was 03/25/2025 in the morning and the patient went to see her primary care provider the same day,

03/25/2025. The location of the patient's symptoms includes the head and chest as she complained of lightheadedness and chest pain. The initial symptoms had a duration of a few hours due to the symptoms beginning in the morning “around 9 a.m.” and the patient received aspirin and nitroglycerin which alleviated these symptoms at 4 p.m. The patient characterized her chest pain as severe and “like a fluttering.” The patient describes an aggravating factor of her symptoms to be arguing as well as receiving disturbing news that morning. No other aggravating factors noted. The relieving factor of the patient’s symptoms include pain medications including aspirin and sublingual nitroglycerin. The treatment initially received for chest pain was aspirin and sublingual nitrogen. This treatment was provided at OSF. The severity of the patient’s symptoms is reported to be severe which is the reasoning for seeking treatment.

Admission Diagnosis

Primary Diagnosis: Acute coronary syndrome

Secondary Diagnosis (if applicable): Cardiogenic shock

Pathophysiology

Acute coronary syndrome is a condition that has decreased blood flow to the musculature of the heart which is attested to coronary artery blockages due to plaque or narrowed coronary arteries both of which cause inadequate oxygenated blood within the heart. Atherosclerosis can cause decreased oxygenation of to the heart (Cleveland Clinic, 2022). In this patient, the suspected cause of decreased coronary artery perfusion to the heart is a forty-year history of heavy smoking. Acute coronary syndrome usually begins with the rupture of atherosclerotic plaque in the coronary arteries. The first step in this malfunction is atherosclerosis which can be described as a buildup of plaque (Capriotti, 2020). The plaque in this patient can be linked back

to elevated cholesterol which causes plaque accumulation containing the excess low-density lipoprotein (LDL). This results in narrowed arteries causing decreased blood flow to the heart therefore cardiac diseases result (MedlinePlus, 2024). Atherosclerosis causes disrupted perfusion of blood to the heart. This buildup of plaque leads to myocardial ischemia which then causes acute coronary syndrome (Capriotti, 2020). Myocardial ischemia describes the result of inefficient oxygenated blood to the heart which is seen in acute coronary syndrome as a byproduct of obstructed blood flow of the coronary arteries as blood carries oxygen (Mayo Clinic, 2021). An ecg was completed due to the patient's complaints of chest pain. In acute coronary syndrome, ST segment elevation may be present (Sweis & Jivan, 2022). ST elevation indicates there is a blockage of the blood supply to the heart and indicates ventricular muscles are dying (Cleveland Clinic, 2021). ST segment elevation is present in this patient. This is detected by an ecg and is seen at the end of ventricular depolarization.

Causes of acute coronary syndrome include smoking, hypertension, diabetes, hyperlipidemia, obesity, physical inactivity, and poor nutrition (Signh et al., 2023). In this patient, a history of smoking, hypertension, and hyperlipidemia are present and have likely led to acute coronary syndrome. The signs and symptoms of coronary artery syndrome that were experienced by this patient are chest pain and lightheadedness (Mayo Clinic, 2023). Cardiac catheterization was begun for this patient due to her symptoms and ecg findings however, this was not completed due to a cardiogenic shock event. The treatment for coronary artery syndrome for this patient has been administering oxygen, acetaminophen, heparin, and metoprolol. Due to the patient's cardiogenic shock event, the focus of her treatment has been stabilization and extubating. The patient has been recently extubated and has not yet discussed treatment options with the physician. No further medical management strategies such as cardiac procedures or

cardiac rehabilitation have been planned. The patient is hospitalized on the cardiac intensive care unit. For acute coronary syndrome, procedures such as coronary artery bypass grafting, or an angioplasty are treatment options. Coronary artery bypass grafting involves using a artery from a different part of the body and placing it below a blocked artery to improve blood flow to the heart. Angioplasty involves placing a stent into the artery to widen the area to improve blood flow (Mayo Clinic, 2023).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.).

Cleveland Clinic. (2022). *Acute coronary syndrome (ACS): Causes, symptoms & treatment*.

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<https://www.mayoclinic.org/diseases-conditions/acute-coronary-syndrome/symptoms-causes/syc-20352136>

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Medicine. <https://medlineplus.gov/ldlthebadcholesterol.html>

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[disorders/coronary-artery-disease/overview-of-acute-coronary-syndromes-](https://www.merckmanuals.com/professional/cardiovascular-disorders/coronary-artery-disease/overview-of-acute-coronary-syndromes-acs#Classification_v27852047)

[acs#Classification_v27852047](https://www.merckmanuals.com/professional/cardiovascular-disorders/coronary-artery-disease/overview-of-acute-coronary-syndromes-acs#Classification_v27852047)

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	154 mg/dL	142 mg/dL	74 - 100 mg/dL	The patient was given heparin and dextrose 5% IV on the date of admission 3/25/2025 before transferring to Carle. The patient is on a feeding tube which can be causing the continued hyperglycemia as well as cardiac stressors and possible UTI (Pagana et al., 2022).
Potassium	3.8	3.4	3.5 - 5.1	The patient may be receiving an inadequate

	mmol/L	mmol/L	mmol/L	number of electrolytes due to tube feeding resulting in decreased potassium (Pagana et al., 2022).
Chloride	101	111	98 - 103	The patient's chloride may be elevated due to dehydration (Pagana et al., 2022).
		mmol/L	mmol/L	
CO2	20.0	21.0	22.0 -	The patient's CO2 levels may be decreased due to her episode of cardiogenic shock resulting in impaired gas exchange or gastric suctioning (Pagana et al., 2022).
		mmol/L	29.0	
			mmol/L	
Calcium	8.3	8.0	8.9 - 10.6	The patient's calcium is likely low due to the patient's vitamin D deficiency (Pagana et al., 2022).
	mg/dL	mg/dL	mg/dL	
RBC	3.91	3.28	3.50 -	The patient's red blood cells may be low due to inadequate intake of iron and B12 obtained from an enteral diet causing low production of red blood cells (NIH, 2022).
			5.20	
			10*6/uL	
HCT	37.9 %	28.5 %	34.0 -	Hematocrit may be lowered due to the nutritional deficiency (Pagana, 2022).
			47.0 %	
Absolute	1.31	0.66	1.00 -	Absolute lymph may be decreased due to
Lymph	10*3/uL	10*3/uL	4.90	inadequate nutrition as protein is needed for

			10*3/uL	lymphocyte production (Iftikhar, 2024).
HGB	11.6 g/dL	9.6 g/dL	11.0 - 16.0 g/dL	The patient's hemoglobin could be low due to nutritional deficiency due to enteral feeding (Pagana et al., 2022)
MCHC	35.2 g/dL	35.2 g/dL	31.0 - 35.0 g/dL	MCHC elevation could be due to dehydration (Amandolare, 2025).
Basic Urine appearance	Cloudy	N/a	Clear	The patient's urine can appear cloudy due to dehydration (Cleveland Clinic, 2024).
Urine bilirubin	Small	N/a	Negative	The patient's urine bilirubin results can be due to dehydration (Cleveland Clinic, 2024).
Blood Urine	Trace Ery/uL	N/a	None Ery/uL	The patients' trace blood detected in her urine can be caused by taking aspirin (Mayo Clinic, 2023).
Ketone	15 mg/dL	N/a	Negative mg/dL	The patient's ketone results may be due to inadequate calorie intake in which case, ketones are detected in the urine due to the burning of fat rather than glucose which must then be excreted in the urine (Pagana et al., 2022).
Leukocyte Esterase	Trace	N/a	Negative	Trace leukocyte esterase may be due to a possible urinary tract infection or

inflammation of the urethra due to urinary catheter placement (Bono et al., 2022).

Urine Protein	30 mg/dL	N/a	Negative mg/dL	Urine protein may be elevated due to congestive heart failure (Pagana et al., 2022).
Urine RBC	25 /uL	N/a	0 - 20 /uL	Red blood cells found in the urine could be due to a urinary tract infection (Mayo Clinic, 2023).
Squamous EPI	42 /uL	Na	0 - 30 /uL	Squamous epithelial cells may be found in the urine due to urinary tract infection or inflammation of the urethra because of urinary catheterization (Cleveland Clinic, 2024).
Glucose, POC	154 mg/dL	155 mg/dL	60 - 99 mg/dL	The patient was given heparin and dextrose 5% IV prior to admission to Carle on date of admission: 3/25/2025. The patient is on a feeding tube which can be causing the continued hyperglycemia (Pagana et al., 2022).
Glucose I-STAT	109 mg/dL	N/a	60 - 99 mg/dL	The patient was given heparin and dextrose 5% IV prior to admission to Carle on date of admission (Pagana et al., 2022).

Sodium I-STAT	132 mmol/L	N/a	138 - 146 mmol/L	The patient's low sodium may be due heart failure (Pagana et al., 2022).
TCO2 I-STAT	20 mmol/L	N/a	22 - 29 mmol/L	The patient's CO2 levels may be decreased due to her episode of cardiogenic shock resulting in impaired gas exchange (Pagana et al, 2022).
Troponin, High Sensitivity	5,714 ng/L	8,580 ng/dL	0 - 4 ng/dL	The patients' troponin may be increased due to her heart failure and acute coronary syndrome (Pagana et al., 2022).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
ECG 12 Lead to monitor QTc.	The ecg was ordered due to the patient reporting chest pain.	The ecg showed sinus bradycardia with prolonged QT, ST and T wave abnormalities, hypokinesia.
Echo done due to heart failure, elevated troponin, pulmonary edema, and reduced ejection fraction.	The echo was done due to the client reporting chest pain, heart fluttering, and lightheadedness.	The echo revealed ejection fraction 30-35%, LVOT obstruction, enlarged right ventricle, mild mitral regurgitation, and slight

tricuspid regurgitation.

X Ray KUB done to verify correct placement of NG tube which is used to prevent several complications of inappropriate placement of the NG tube including aspiration pneumonia and respiratory distress.

The X Ray was ordered to verify correct placement of the newly placed NG tube. The NG tube, a dobhoff, was placed to provide enternal nutrition to the patient due to the patient being ventilated (Internal Medicine Residency Handbook, 2021).

NG tube terminates appropriately in the stomach.

X Ray Chest to confirm correct placement of Swan-Ganz catheter.

Swann Ganz was placed to monitor the patient's heart functioning including peripheral arterial pressure, vascular resistance, and cardiac output. This order followed the patients' episode of cardiogenic shock which justifies the use of a Swann

The endotracheal tube is correctly positioned, the Swan-Ganz catheter terminates in the distal right main pulmonary artery as expected.

Ganz catheter (Cleveland Clinic, 2022).

Cardiac Catheterization to assess and diagnose the patient's cardiac functioning such as heart failure, ejection fraction, coronary blockages, and functioning of the heart valves (Mayo Clinic Staff, 2023).

Chest pain, lightheadedness, ecg results.

The results were not fully conclusive due to the patient going into cardiogenic shock during the procedure. However, a diagnosis of acute coronary syndrome was made following this diagnostic test.

X Ray to confirm placement of PICC line.

The PICC line was ordered due to the anticipation of frequent blood draws for this patient. The PICC line allows for easier blood draws and less pain for the patient due to the benefit of not having to insert the needle for each blood draw (Sanchez, 2020).

The PICC line is placed appropriately.

Diagnostic Test Reference (1) (APA):

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<https://www.ncbi.nlm.nih.gov/books/NBK470195/>

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<https://my.clevelandclinic.org/health/symptoms/21894-cloudy-urine>

Internal Medicine Residency Handbook. (2021). *Dobhoff tube.*

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Iftikhar, N. (2024). *Lymphocytopenia: Causes and treatment for low lymphocytes.* Healthline.

<https://www.healthline.com/health/lymphocytopenia>

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National Heart, Lung, and Blood Institute. (2022). *Vitamin B12–deficiency anemia.* NHLBI,

NIH. <https://www.nhlbi.nih.gov/health/anemia/vitamin-b12-deficiency-anemia>

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

reference: Mosby's® diagnostic and laboratory test reference (6th ed.). Elsevier Health Sciences.

Sanchez, M. (2020, August 12). *PICC increases safety, efficiency at ICU.*

www.army.mil. <https://www.army.mil/article/237976/>

[picc increases safety efficiency at icu](#)

Active Orders

Active Orders	Rationale
Remove arterial line	The arterial line can be removed due to stable vital signs and continued blood pressure monitoring indicating the patient has recovered from cardiogenic shock and therefore this line is no longer needed.
NG/OG Tube Placement and Care	The NG tube was placed due to the patient being on sedation and intubated and therefore was unable to take in nutrients by mouth. Care for the NG tube is included in this order to prevent infection.
Blood glucose monitoring q4H	Patient is receiving tube feeding and therefore glucose must be checked because altering the patient's diet from their standard may cause hypoglycemia or hyperglycemia.
Remove swann	This form of monitoring is no longer necessary.

	Removing the Swann Ganz catheter also reduces the increased risk for infection moving forward.
Remove ij introducer after swann removed	The IJ introducer is being removed due to the Swann Ganz catheter being removed. This form of monitoring is no longer necessary. Removing the Swann Ganz catheter also reduces the increased risk for infection moving forward.
Oral care q2H	This order is for decreasing the risk of ventilator acquired pneumonia due to the client having been intubated.
Increase activity as tolerated	The patient has been previously intubated and sedated and therefore needs assessment prior to activity due to safety risks including falls.
Notify provider if positive delirium assessment	The provider should be notified for a patient experiencing delirium due to the need for intervention and reversal of delirium for the patient's best outcome.
Assess delirium using CAM(3D) / CAM-ICU q12H and with any acute mental status change	The patient should be assessed for delirium every shift because delirium can be dangerous for the patients' health and safety and needs to be treated.
Delirium: Assess the continuing need	The continuation of lines, tubes, or restraints when

for lines, tubes, restraints daily

not needed can increase the patient's risk for delirium resulting from discomfort, sensory overload, sleep deprivation, and infections.

Urinary Catheter Placement and Care - indwelling catheter; foley urine meter; patients requiring hourly output for medication titration; Remove if patient no longer meets criteria

Urinary catheter care has been ordered to prevent infections such as urinary tract infections because the patient is incontinent of urine and bowel.

NPO

Patient was previously ventilated and the occupational therapy assessment to alter NPO status was refused by the patient.

Q2h turns

Patient must be repositioned every two hours to prevent pressure injuries.

Medications

Home Medications (Must List ALL)

Medication	Reason for taking
Cholecalciferol (Vitamin D)	Vitamin D deficiency (MedlinePlus, 2020).
Losartan (Cozaar)	The client takes losartan at home to manage her high blood pressure, as losartan decreases blood pressure (NDH, 2023).
Lorazepam (Ativan)	The client takes Lorazepam to manage her anxiety (NDH, 2023).

Hospital Medications (Must List ALL)

Brand/ Generic	Acetaminophen (Tylenol)	Dextrose 40% (Glucose)	Artificial saliva mucosal spray (Moi-Stir)	Atorvastatin (Lipitor)	bisacodyl (Dulcolax)	Ativan
Classification	Pharmacological class: Nonsalicylate, para-	Pharmacological class: Carbohydrate	Pharmacological class: Saliva substitutes The rapeutic class: Dry mouth	Pharmacological class: HMG-CoA reductase inhibitor	Pharmacological Class: Stimulant laxatives	Pharmacological class: Benzodiazepine

	aminophenol Therapeutic class: Antipyretic, nonopioid analgesic (NDH, 2023).	Therapeutic class: antihypoglycemic agent (Drugs.com, 2024).	relief (Drugs.com, 2023).	Therapeutic class: Antihyperlipidemic (NDH, 2023).	Therapeutic class: Bowel Preparation (Drugs.com, 2023).	Therapeutic class: Anxiolytic (NDH, 2023).
Reason Client Taking	For pain (NDH, 2023).	To be administered to raise blood sugar levels if patient becomes hypoglycemic (Drugs.com, 2024).	Preventing dry mouth and promoting oral care (Drugs.com, 2023).	Decreasing cholesterol levels as the patient has history of hypercholesterolemia which helps in the prevention and management of cardiac diseases (NDH, 2023).	To stimulate bowel movement (Drugs.com, 2023).	This patient has a severe anxiety disorder and was reported to be anxious the previous days when she was not receiving Ativan (NDH, 2023).
List two teaching needs for the medication pertinent to the client	The nurse should teach the patient to recognize that bleeding, bruising, and malaise are signs of overdose of acetaminophen.	The nurse should educate the patient on side effects to report after receiving dextrose 40% such as confusion, lightheadedness, and	Educate the patient that Moi-Stir should not be swallowed (Drugs.com, 2023). Educate the patient to use the product for thirty seconds and spit it out (Drugs.com, 2023).	Instruct the client to report muscle pain, muscle weakness, fatigue, and fever (NDH, 2023). Educate the patient that a healthy diet low in sodium and exercising is the	The nurse should educate the patient on undesirable effects of laxative use such as abdominal cramps and diarrhea (Drugs.com, 2023). The nurse	Instruct the patient not to discontinue lorazepam abruptly without consulting their provider due to

<p>hen (NDH, 2023). The nurse should teach the patient to contact their provider before taking other medication because they may contain acetaminophen, which can result in liver damage (NDH, 2023).</p>	<p>swelling of the hands or feet (Drugs.com, 2024). The nurse should educate the patient on signs of a compromised IV site including swelling, skin being cool to touch pain, redness or other discoloration (Drugs.com, 2024).</p>	<p>recommended method to lowering cholesterol levels (NDH, 2023).</p>	<p>should instruct the patient to report any rectal bleeding (Drugs.com, 2023).</p>	<p>the risk for withdrawal (NDH, 2023). Instruct patient to avoid consuming alcohol while taking lorazepam due to the risk for respiratory depression (NDH, 2023).</p>
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Key nursing assessment(s) prior to administration

<p>The nurse should assess the client's pain before administering this medication (NDH, 2023).</p>	<p>The nurse should assess the clients' blood sugar levels before administering dextrose 40% (Drugs.com, 2024). The nurse should assess for IV patency before administering</p>	<p>Before administering morphine, the nurse should assess the clients' oral mucosa for dryness as it can indicate hydration levels and other patient health factors (Malik, 2023). The nurse should assess if the patient has an upcoming speech</p>	<p>The nurse should assess the clients' cholesterol levels before administering to avoid adverse effects (NDH, 2023). The nurse should assess the client to ensure no liver dysfunction is identified such as jaundice prior to administration of atorvastatin (NDH, 2023).</p>	<p>The nurse should assess if the client has bowel movements before administering. If the drug is overused, it may cause diarrhea (Drugs.com, 2023).</p>	<p>The nurse should assess the clients' respiratory status prior to administering this medication because it can cause respiratory depression</p>
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ng dextrose 40% (Drugs.com, 2024).
 evaluation and consider contacting the provider as to if the medication should be held because Moistir cause a change in speech (Memorial Sloan Kettering Cancer Center, 2022).

on (NDH, 2023).

Brand/ Generic	fentanyl PF (Sublimaze)	Phenyleph rine (Neo- Synephrine)	Heparin (Heparin Sodium Injection)	HYDROcodon e- acetaminophen (Norco)	Insulin lispro (HumaLO G)	LORaze pam (Ativan)
Classifica tion	Pharmacol ogical class: Opioid analgesic Therapeuti c class: analgesic (Drugs.co m, 2024).	Pharmacol ogical class: Alpha-1 Adrenergic Agonist Therapeuti c class: Vasopresso r (Richards et al., 2023).	Pharmacologi cal class: Anticoagulant Therapeutic class: Anticoagulant (NDH, 2023).	Pharmacologi cal Class: Opioid analgesic Therapeutic class: analgesic (NDH, 2023).	Pharmacol ogical class: Rapid acting insulin Therapeutic class: hypoglyce mic agent, antidiabetic agent (NDH, 2023).	Pharma cological class: Benzodi azepine Therape utic class: Anxiolyt ic (NDH, 2023).
Reason Client Taking	To decrease pain (Drugs.co m, 2024).	To increase blood pressure in the event of low blood	To prevent blood clots (NDH, 2023).	To treat pain (NDH, 2023).	Used to treat hyperglyce mia if blood glucose is increased	To decrease anxiety (NDH, 2023).

		pressure (Richards et al., 2023).			(MedlinePlus, 2021).	
List two teaching needs for the medication pertinent to the client	Educate the patient that fentanyl can be addictive (Drugs.com, 2024). The nurse should educate the patient on the sedative effects of fentanyl (Drugs.com, 2024).	Educate the patient that feelings of fullness in the head and rapid pulse after taking phenylephrine should be reported as it may indicate an overdose of the medication (Drugs.com, 2024). Educate the patient to report any chest pain, headaches, and difficulty breathing immediately (Drugs.com, 2024).	Educate the patient that heparin causes an increased risk for bleeding (NDH, 2023). Instruct the patient to report any abdominal or lower back pain, black stools, bleeding gums, and severe headaches immediately (NDH, 2023).	Educate the patient that hydrocodone use can lead to hydrocodone addiction (NDH, 2023). Educate the patient that hydrocodone can cause lightheadedness therefore the patient should rise slowly (NDH, 2023).	Educate the patient on insulin lispro administration timing which is immediately before or after meals (Drugs.com, 2023). Educate the patient that rotating injection sites helps prevent lipohypertrophy (Drugs.com, 2023).	Instruct the patient to abstain from alcohol use while taking lorazepam to avoid increasing the drug's CNS depressant effects and respiratory depression (NDH, 2023). Educate the patient that this drug can be addictive and should not be misused (NDH, 2023).

Key nursing assessment(s) prior to administration

<p>The nurse should assess the patients' pain level before administering fentanyl (Drugs.com, 2024).</p>	<p>The nurse should assess the patient's blood pressure prior to administering the medication. This medication increases blood pressure and should be held if the patients' blood pressure is elevated (Richards et al., 2024).</p>	<p>Assess the patient for bleeding and avoid intramuscular injections when possible due to bleeding risk (NDH, 2023). The nurse should assess that protamine sulfate is on hand in case of the need for an antidote following the heparin injection (NDH, 2023).</p>	<p>The nurse should assess the patient for impaired consciousness and if found avoid administering the medication (NDH, 2023). The nurse should assess the patient to ensure they are not using a fentanyl patch prior to administration due to the risk for respiratory depression (NDH, 2023).</p>	<p>The nurse should assess the patients' blood glucose before administering insulin lispro (MedlinePlus, 2021).</p>	<p>The nurse should assess the client's respiratory status prior to administering the medication as well as after administering the medication due to the risk for respiratory depression (NDH, 2023).</p>
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Brand/ Generic	Metoprolol (Toprol XL)	Mupirocin 2% (Bactroban)	Pantoprazole (Protonix)	Polyethylene glycol (MiraLAX)	Sennosides (Senokot)
Classification	Pharmacological class: Beta-adrenergic blocker Therapeutic class: Antianginal,	Pharmacological class: Topical antibacterial Therapeutic class: Antibiotic (RxList,	Pharmacological Class: Proton Pump Inhibitor Therapeutic class: Antiulcer (NDH, 2023).	Pharmacological class: Osmotic laxative Therapeutic class: Laxatives, Bowel preparation agent	Pharmacological class: Stimulant laxatives Therapeutic class: Laxatives

	antihypertensive (NDH, 2023).	2020).		(Drugs.com, 2023).	
Reason Client Taking	To treat chest pain and reduce the hearts' oxygen demands (NDH, 2023).	To prevent infection (Rx List, 2020).	To prevent gastric ulcers (NDH, 2023).	To treat constipation (Drugs.com, 2023).	To treat constipation (Drugs.com, 2023).
List two teaching needs for the medication pertinent to the client	Educate the patient that this drug may not be stopped abruptly due to risk for myocardial infarction, myocardial ischemia, hypertension, or ventricular arrhythmias in patients with cardiac disease (NDH, 2023). Educate the patient that the medication should be taken after the same meal daily (NDH,	The nurse should educate the patient to not get mupirocin ointment in their eyes or ingest the ointment (Mayo Clinic, 2025). The nurse should educate the patient that a thin layer of the ointment should be rubbed into the skin gently for proper use (Mayo Clinic, 2025).	The nurse should educate the patient that bleeding precautions should be followed while taking pantoprazole in conjunction with heparin (NDH, 2023). Instruct the patient to notify the provider if any diarrhea or skin irritation occurs while taking pantoprazole (NDH, 2023).	The nurse should educate the patient on reportable side effects including blood in the stool and stomach pain (NDH, 2023). The nurse should also educate the patient on the purpose of administering a laxative (Drugs.com, 2023). For this patient, education that she has not been producing adequate amounts of stool is appropriate. Note: The medication has recently been held for this	The nurse should educate the patient on undesirable effects of laxative use such as abdominal cramps and diarrhea (Drugs.com, 2023). The nurse should instruct the patient to report any rectal bleeding (Drugs.com, 2023).

2023).

patient as of 3/30 due to several bowel movements that day.

Key nursing assessment(s) prior to administration

The nurse should assess the patient for hypoglycemia prior to administering metoprolol because the medication can interfere with insulins' effects and mask signs of hypoglycemia such as palpitations and tremors (NDH, 2023).

The nurse should ensure the ointment has been kept at room temperature before administering to the client (Mayo Clinic, 2025).

The nurse should assess the patient's urine output prior to administering this medication because pantoprazole may cause decreased urine output or blood in the urine due to tubulointerstitial nephritis (NDH, 2023). The nurse should monitor the clients' PT and INR labs before administering this medication if the patient has also been administered the prescribed heparin (NDH, 2023).

The nurse should assess when the patients' last bowel movement occurred to determine if this medication is indicated for this client (Drugs.com, 2023). If bowel movements have occurred, laxatives may be contraindicated

The nurse should assess if the client has bowel movements before administering. If the drug is overused, it may cause diarrhea and electrolyte imbalances (Drugs.com, 2023).

Prioritize Three Hospital Medications

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

- | | | |
|--|--|--|
| <p>1. Phenylephrine (Neo-Synephrine)</p> | <p>It is important for this patient to take phenylephrine considering her recent event of cardiogenic shock to maintain a safe blood pressure to avoid further complications, injuries and decrease heart strain (Lopez & Maani, 2023). Hypokinesia describes reduced strength of heart muscles to contract resulting in decreased ability to pump out adequate blood. By reducing the blood pressure, the hearts' pumping demands are lessened and hypokinesia is not further aggravated.</p> | <p>1. Hypertension (Drugs.com, 2023). The patient has a history of hypertension. Hypertension can worsen the plaque buildup that has led to her coronary artery syndrome. While the medication appears to be therapeutic as evidenced by the patient's desirable blood pressure, it is important to continue to monitor her blood pressure as phenylephrine increases blood pressure and the patient is prone to hypertension as evidenced by her history of hypertension, hypercholesteremia, and current diagnosis of acute coronary syndrome.</p> <p>2. Bradycardia (Drugs.com, 2023). This side effect correlates to this patient because her ecg results indicate she has sinus bradycardia. This is important to monitor because bradycardia can result in decreased cardiac output, chest pain, and lightheadedness</p> |
|--|--|--|

(Cleveland Clinic, 2022). This patient presented with chest pain and lightheadedness and is at risk for decreased cardiac output due to her reduced ejection fraction of 30-35%.

<p>2. Heparin (Heparin Sodium Injection)</p>	<p>This medication is pertinent to the patient because it prevents DVTs which the patient is at risk for due to being intubated and sedated for multiple days in conjunction with the patient having history of hypertension, hypercholesteremia, and acute coronary syndrome (NDH, 2023).</p>	<p>1. Thrombosis (NDH, 2023). This adverse reaction is relevant to this patient because the patient is at risk for thrombosis related to blood flow obstruction as evidenced by acute coronary syndrome and history of hypertension and hypercholesteremia.</p> <p>2. Chest pain (NDH, 2023). The client presented with chest pain and has several cardiac issues and therefore is already at risk for chest pain. Chest pain resulting from heparin may be difficult to distinguish from more obvious chest pain causes in this patient and therefore could be treated inappropriately.</p>
<p>3. Atorvastatin (Lipitor)</p>	<p>Decreasing cholesterol levels as the patient has history of hypercholesteremia which helps</p>	<p>1. Hypoglycemia (NDH, 2023). This is relevant to the patient because the patient</p>

in the prevention and management of cardiac diseases (NDH, 2023). Decreasing her cholesterol helps to prevent further narrowing of arteries due to plaque accumulation which prevents the heart from being supplied with enough oxygenated blood (Capriotti, 2020). This is a priority medication for this patient because she is at risk for cardiac events and worsening heart failure as evidenced by her recent cardiac shock event, hypercholesteremia, hypokinesia, hypertension, reduced ejection fraction and past diagnosis of heart failure. Decreasing her cholesterol will reduce further plaque accumulation which is causing her primary diagnosis of acute coronary syndrome.

has an elevated blood sugar of 154 mg/dL, and this medication may affect her blood sugar results. Her blood sugar results may be temporarily decreased as a side effect of atorvastatin which may mislead the care team to concluding her blood sugar is controlled. The care team should consider this aspect by testing her blood sugar after stopping atorvastatin before discharging the patient.

2. Diarrhea (NDH, 2023). Diarrhea is correlated to this patient because the patient is already at risk for diarrhea due to taking laxatives.

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[%20D3\)%20is%20also%20used%20along%20with%20calcium,a%20condition%20in%20which](https://medlineplus.gov/druginfo/meds/a620058.html#:~:text=Cholecalciferol%20(vitamin%20D3)%20is%20also%20used%20along%20with%20calcium,a%20condition%20in%20which)

[%20the](https://medlineplus.gov/druginfo/meds/a620058.html#:~:text=Cholecalciferol%20(vitamin%20D3)%20is%20also%20used%20along%20with%20calcium,a%20condition%20in%20which%20the)

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Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL:

Alertness: A/O x3

Orientation: Oriented to self, place, and situation.

Distress: Patient is in no acute distress.

Overall appearance: Patient appears appropriate for circumstances.

Infection Control precautions: Standard precautions.

Client Complaints or Concerns: None.

VITAL SIGNS:

Temp: 98.1

Resp rate: 29

Pulse: 70

B/P: 134/65

Oxygen: 96%

Delivery Method: Room air.

PAIN ASSESSMENT: 0/10

Time: 3:50 p.m.

Scale: Numeric Pain rating scale

Location: None

Severity: Not severe, not applicable.

Characteristics: None

Interventions: Pain medication is available for this patient however no pain interventions were taken at this time.

IV ASSESSMENT: The patient reports no pain at the IV site.

Size of IV: 20 G

Location of IV: Anterior right forearm

Date on IV: 03/27/2025

Patency of IV: Patent

Signs of erythema, drainage, etc.: None

IV dressing assessment: Clean, dry and intact

Fluid Type/Rate or Saline Lock: 0.9% Normal Saline

INTEGUMENTARY:

Skin color: Tan, appropriate, expected. No cyanosis, redness or pallor noted.

Character: Dry and smooth. No abnormalities such as lumps or scaly patches noted.

Temperature: Warm; appropriate.

Turgor: Less than two seconds; appropriate.

Rashes: None noted.

Bruises: None noted.

Wounds: Wound from previous Intra-Aortic Balloon Pump on 3/26 located at the greater trochanter. Hematoma noted at site, provider notified.

Braden Score: 20

Drains present: Y N

Type: N/a

HEENT:

Head/Neck: Normocephalic, no lesions, wounds, or tenderness noted.

Ears: Pearly gray tympanic membrane, no excessive earwax or discharge noted.

Eyes: PERLA intact, pupils equal, round, and reactive to light, sclera white, conjunctiva clear, no redness of eyelids noted.

Nose: No bleeding or other drainage noted, no pain reported, nose appears symmetrical.

Teeth: Good dentition noted, no foul smell from mouth, teeth intact.

CARDIOVASCULAR:

Heart sounds: Rhythm auscultated to be normal, no murmurs, rubs, or gallops noted.

S1, S2, S3, S4, murmur etc. S1 and S2 present, S3/S4 not noted upon assessment.

Cardiac rhythm (if applicable): Sinus bradycardia.

Peripheral Pulses: Present bilaterally.

Capillary refill: Less than two seconds.

Neck Vein Distention: Y N **Edema** Y N

Location of Edema: No edema noted.

RESPIRATORY:

Accessory muscle use: Y N

Breath Sounds: Location, character: Breath sounds normal upon assessment, no stridor, crackles, wheezes, or rales noted. No accessory muscle use noted.

GASTROINTESTINAL:

Diet at home: Normal

Current Diet: NPO

Is Client Tolerating Diet? Yes

Height: 5'6''

Weight: 66.8 kg, 147 lb. 4.3 oz

Auscultation Bowel sounds: Active in all four quadrants

Last BM: 1600 3/30

Palpation: Pain, Mass etc.: No pain upon palpitation.

Inspection: No abnormalities noted upon inspection.

Distention: No distention noted.

Incisions: None.

Scars: No scars noted.

Drains: No drains present.

Wounds: Wound from previous Intra-Aortic Balloon Pump inserted on 3/26 located at the greater trochanter. Hematoma noted at the site. PICC line inserted into the basilic vein at the left upper arm. The PICC line is in good condition at this time. IJ and swan catheter inserted into the right intrajugular vein in the neck. The Swan-Ganz catheter and intrajugular introducer have been taken out on 3/30/2025.

Ostomy: Y N

Nasogastric: Y N

Size: 18 French

Feeding tubes/PEG tube Y N

Type: dohoff

GENITOURINARY:

Color: Straw

Character: Clear

Quantity of urine: 405

Pain with urination: Y N

Dialysis: Y N

Inspection of genitals: No abnormalities or pain noted upon inspection.

Catheter: Y N

Type: non-latex

Size: 16

Intake (in mLs)

180 mL

Output (in mLs)

405 mL

MUSCULOSKELETAL:

Neurovascular status: Has not been newly examined due to instructions for client to remain at rest.

ROM: Patient retains full range of motion.

Supportive devices: None used at this time.

Strength: Equal strength in all extremities.

ADL Assistance: Y N

Fall Risk: Y N

Fall Score: 20

Activity/Mobility Status: Increase activity as tolerated, activity has not been attempted due to patient being on sedation until recently. Patient sits up in bed without complication.

Activity Tolerance: Not attempted.

Independent (up ad lib) No.

Needs assistance with equipment No.

Needs support to stand and walk Yes

NEUROLOGICAL:

MAEW: Y N

PERLA: Y N

Strength Equal: Y N if no - **Legs** **Arms** **Both**

Orientation: A/O x 3

Mental Status: The patient was recently taken off of sedation. Patient is alert and oriented to time place and situation. The patient is not oriented to time as she repeatedly fails to know the time of day and what day it is.

Speech: Speech has not been impaired.

Sensory: Patient responds appropriately to stimuli. No sensory disabilities noted.

LOC: Patient is slightly lethargic.

PSYCHOSOCIAL/CULTURAL:

Coping method(s): Religion and Family.

Developmental level: Integrity vs. despair

Religion & what it means to pt.: Vineyard

Personal/Family Data (Think about home environment, family structure, and available family support): Patient lives at home with her son who is available for support. The son has visited every day and requests to be called by the nightshift nurse to check up on the condition of his mother.

Discharge Planning

Discharge location: To her house in Danville where she lives with her son.

Home health needs: Physical therapy should evaluate her ambulation when possible, to assess her need for home health due to fall risk and possible decline of mobility.

Equipment needs: None as of this time.

Follow up plan: Due to the cardiac catheterization, cardiogenic shock episode, and her diagnosis of acute coronary syndrome the patient may need cardiac rehab following discharge from Carle. This has not been officially ordered.

Education needs: The patient should be educated on smoking cessation. The patient should be educated on her future plan of care which is yet to be determined. The patient should receive education on her new diagnosis of acute coronary syndrome. The patient should be educated on how to manage acute coronary syndrome. Since the patient refused, educate the patient on the importance of completing occupational therapy’s assessment so that her NPO status might be changed so that the patient may receive proper nutrition.

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. Risk for cardiogenic shock related to acute coronary syndrome as evidenced by 	<p>I chose this nursing diagnosis because the patient</p>	<p>Prevent cardiac shock reoccurring during her</p>	<ol style="list-style-type: none"> 1. Swann-Ganz catheter for hemodynamic monitoring of the heart. 	<p>The Swann-Ganz catheter monitoring has been successfully completed. The patient avoided</p>

<p>recent cardiogenic shock.</p>	<p>has already gone into cardiogenic shock. This indicates severe damage has occurred to her cardiac tissues making her unstable and at risk for death. With this information, cardiogenic shock is a major concern due to the seriousness of the condition. Cardiogenic shock can lead to death.</p>	<p>hospital stay.</p>	<p>2. Heparin therapy to prevent a thrombotic event.</p>	<p>additional events of cardiogenic shock and therefore the intervention is successful. Heparin therapy has been successful evidenced by the absence of DVT symptoms or a thrombotic event.</p>
<p>2. Risk for worsening heart failure related to acute coronary syndrome with hypokinesia as evidenced by ejection fraction of 30-35% and history of heart</p>	<p>I chose this nursing diagnosis because given the patient's history of heart failure and current</p>	<p>Supported heart functioning evidenced by absence of chest pain during her hospital stay.</p>	<p>1. Atorvastatin administration to decrease cholesterol. Decreasing her cholesterol helps to prevent further narrowing of arteries due to plaque accumulation which prevents the heart from being supplied</p>	<p>The patient's cholesterol level is not elevated indicating successful effects of atorvastatin. The patient has not reported return of chest pain indicating the atorvastatin is successful in</p>

<p>failure.</p>	<p>physical findings of reduced ejection fraction, she is at risk for advancement of heart failure. This is a high priority because heart failure can lead to death.</p>	<p>with enough oxygenated blood (Capriotti, 2020).</p> <p>2. Phenylephrine administration to decrease blood pressure and therefore decrease demand on the heart. By reducing the heart's pumping effort, hypokinesia is not further aggravated.</p>	<p>lowering cholesterol to avoid further accumulation of plaque causing inadequate blood to the heart. If the heart continued to worsen, the further increase of chest pain would be an indication of this. Phenylephrine administration has been a successful intervention to preventing worsening heart failure evidenced by the lack of chest pain. The patient blood pressure is within a desirable range (134/65), indicating the therapeutic effects of this intervention.</p>	
<p>3. Risk for inadequate tissue perfusion related to the patient's smoking history as evidenced by the patient's ejection fraction of 30-35% and hypokinesia.</p>	<p>I chose this nursing diagnosis because inadequate tissue perfusion can lead to tissue necrosis. The patients' quality of life decreased due to possible reduced</p>	<p>Adequate blood flow is supplied to the entire body during her hospital stay. This will be repeatedly assessed by skin color, temperature, capillary refill, and</p>	<p>1. Phenylephrine administration to maintain proper blood pressure and therefore decrease demand on the heart. By reducing the blood pressure</p> <p>3. Education on smoking cessation will be given to the patient to promote lifestyle changes that will facilitate adequate</p>	<p>Phenylephrine was administered to the patient and the blood pressure is appropriate at 134/65. This intervention was successful at promoting adequate tissue perfusion because the skin color, temperature, capillary refill times are appropriate. Furthermore, the patient peripheral pulses are present indicating adequate tissue perfusion.</p>

	<p>mobility. Poor healing and dyspnea may also occur, placing the patient at physical risk for illness and death (Wagner, 2023).</p>	<p>present peripheral pulses.</p>	<p>tissue perfusion.</p>	<p>4. Education on smoking cessation did not occur. This education is planned for the patient. This intervention was not successful as it was not completed.</p>
<p>4. Risk for deep vein thrombosis related to blood flow obstruction and immobilization as evidenced by acute coronary syndrome and history of hypertension and hypercholesterolemia.</p>	<p>This nursing diagnosis was chosen due to the high risk for DVT in this patient which can lead to a pulmonary embolism. This is particularly dangerous for this patient due to her weakened heart function.</p>	<p>No deep vein thrombosis or pulmonary embolism occurs during her hospital stay.</p>	<ol style="list-style-type: none"> 1. Heparin administration to prevent deep vein thrombosis. 2. Education on smoking cessation will be given to the patient to promote a lifestyle change that will result in decreasing the patient's risk for deep vein thrombosis. 	<ol style="list-style-type: none"> 1. Heparin was administered to the patient successfully. This intervention was successful due to not deep vein thrombosis occurring. 2. Education on smoking cessation was not given to the patient and therefore this intervention was not successfully completed.
<p>5. Risk for pressure injury related to patient being recently ventilated and</p>	<p>This nursing diagnosis was chosen because if</p>	<p>Every two hours when turning the patient,</p>	<ol style="list-style-type: none"> 1. Frequent repositioning. 2. Use of sacral protector. 	<ol style="list-style-type: none"> 1. The patient was repositioned every two hours to prevent pressure injuries. No pressure

sedated as evidenced by the patient's immobility.

a pressure injury occurs it may take longer to heal due to the patient's coronary artery syndrome as well as poses a risk for infection.

pressure injuries are assessed for and noted to be absent.

injuries were noted and therefore the intervention was successful.
2. The sacral protector was being used and no pressure injury was detected and therefore the intervention was successful.

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