N311 Care Plan 2

Harrison Mitry

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Merriweather

9/21/2025

Demographics

Date of Admission	Client Initials	Age	Biological Gender
9/14/25	JS	88	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Retired	Widowed	None Known
Code Status	**Height**	**Weight**	
Full	67 inches	136 lbs	

Medical History

Past Medical History: Paroxysmal atrial fibrillation, hypotension, other cerebral palsy, acute respiratory failure with hypoxia, actue exacerbation of congestive heart failure (CHF), pulmonary hypertension, pneumonia, diastolic heart failure, chronic obstructive pulmonary disorder (COPD) exacerbation, COPD with acute exacerbation, tachycardia

Past Surgical History: The patient (pt) reports no past surgeries.

Family History: None on file. The pt reports that his father died due to complications of asthma exacerbated by smoking, but does not remember how old he was. Pt does not recall how his mother died or her age. Pt has no siblings, and does not recall the circumstances surrounding his grandparents' health or deaths.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Pt smokes occasionally with a preference for cigars. He has never used smokeless tobacco. Pt reports drinking "occasionally" with anywhere from 4-14 standard alcoholic drinks per week. No drug use reported.

Education: High school graduate

Living Situation: The pt was living in a skilled nursing facility (SNF), but his son decided to take him out of the SNF to live at the son's house. However, the pt began experiencing difficulty

breathing and his son brought him back to the SNF. The staff at the SNF called an ambulance which transported him to the emergency department (ED).

Assistive devices: The pt uses a cane, a walker, corrective lenses in the form of glasses, a nasal cannula for oxygen. The patient is hard of hearing but does not use hearing aids.

Admission Assessment

Chief Complaint: Shortness of breath (SOB), gas in his chest that he described as “a bubble”

History of Present Illness (HPI) – OLD CARTS: The pt stated that he began feeling this sensation in his chest on 9/12/25 that made it difficult to breathe. He reported this sensation as being constant, and described it as a “bubble” but denied any pain or pressure. He noticed that the breathing difficulty was worse when lying down flat. The SNF staff noted that his oxygen saturation dropped significantly with activity. He reports no relieving factor or associated symptoms. He missed the usual dosage of his inhaled albuterol the night previously. When asked how severe he felt the SOB was, he responded that he felt he would never be able to catch his breath again.

Primary Diagnosis

Primary Diagnosis on Admission: CHF

Secondary Diagnosis (if applicable): Acute on chronic combined systolic and diastolic CHF

Pathophysiology

Pathophysiology of the Disease, APA format: According to Capriotti (2024), heart failure is a syndrome caused by dysfunction of the heart with at least one of two presentations: elevated cardiac filling pressure and/or inadequate delivery of oxygen to peripheral tissues. These

symptoms may occur at rest or during periods of physical stress. Heart failure can be divided into two categories, heart failure with either reduced ejection fraction or preserved ejection fraction. “Heart failure with preserved ejection fraction (HFpEF) is associated with long-standing hypertension, atrial dysrhythmias, anemia, and chronic obstructive pulmonary disease (COPD)” (Capriotti, 2024). Note that the patient in this case has a history of atrial fibrillation and COPD.

Because heart failure causes decreased delivery of oxygen to peripheral tissues, cellular respiration is affected. Cellular respiration is the process by which the body produces its main energy source adenosine triphosphate (ATP). ATP is the “currency” of energy used for many bodily processes, including DNA synthesis, neurotransmission, and muscle contraction. All of these processes are necessary to support and maintain life in the human body (Dunn & Grider, 2023).

Capriotti (2024) goes on to say that patients with left ventricular failure (LVF), a type of heart failure where the left ventricle is affected, may experience a symptom called orthopnea. Orthopnea is difficulty breathing when lying flat/supine, which the patient in this case experienced and complained of. “The supine position disperses the fluid within the lungs, which worsens the oxygen diffusion from the alveoli into the pulmonary capillaries. (Capriotti, 2024). The patient stated that he had a sensation of a “bubble” in his chest while lying flat, which may have been in reference to the accumulation of fluid within the lungs. The patients oxygen saturation was measured by the SNF staff as being 88% at rest. Note that the normal range for oxygen saturation should be between 95%-100%.

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (3rd ed.). F.A. Davis Company.

Dunn, J., & Grider, M. H. (2023, February 13). Physiology, Adenosine Triphosphate. https://www.ncbi.nlm.nih.gov/books/NBK553175/

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1515	83	117/78	17	96.4	100% on nasal cannula

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1515	0	-	-	-	-

Intake and Output

Intake (in mL)	Output (in mL)
240 mL water, 75% of lunch eaten, 28 g of graham crackers	-

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by"	Rationale • Explain why the nursing diagnosis was	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family respond to the nurse's actions?

components • Listed in order by priority – highest priority to lowest priority pertinent to this client	chosen			• Client response, status of goals and outcomes, modifications to plan.
1. Ineffective ventilation related to congestive heart failure as evidenced by the need for ongoing oxygen support.	The primary reason the pt came to the ED was because of his SOB. The "bubble" he felt is likely fluid accumulation due to CHF compressing the lungs.	**1.** Manage fluid buildup through medication and appropriate physical activity. **2.** Cessation of alcohol and tobacco consumption.	**1.** The patient will be able to reduce the amount of oxygen support needed, with the ultimate goal of not needing oxygen support at all, within one year.	The pt was not very hopeful that he would be able to improve his condition enough to get off oxygen support. The interventions were not implemented at clinical, but an appropriate way to evaluate would be to have the patient keep a record of his smoking and drinking habits. Furthermore, proper documentation of medication and physical therapy appointments would help evaluate the management of fluid buildup.
2. Impaired physical mobility related to cerebral palsy as evidenced by decreased strength and inability to ambulate.	The pt noted that lying down made his condition worse. However, he is normally laying in bed because it is difficult for him to get up on his own.	**1.** Collaboration with physical therapists to increase level of activity including range-of-motion (ROM) excercises.	**1.** The patient will demonstrate knowledge of and capability to perform all ROM excercises from a seated position before discharge from the hospital.	The pt felt confident in his ability to move already, but was not opposed to the prospect of meeting with physical therapists. This intervention was not implemented during clinical,

		2. Educate the pt on why physical activity is important for his overall health and specifically for management of CHF.		but if he does decide to pursue it a progress report from physical therapy would help evaluate his status.

Other References (APA):