

N311 Care Plan 3

Riley Arend

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Dowell

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Demographics

Date of Admission 09 – 24 - 2025	Client Initials PO	Age 75	Biological Gender Female
Race/Ethnicity Caucasian	Occupation Retired (formerly was a cosmetologist)	Marital Status Divorced	Allergies Codeine, Enoxaparin, Lovenox
Code Status Full Code	Height 5'0"	Weight 200lbs	

Medical History

Past Medical History: Acute chronic respiratory failure (with hypoxemia), Arthritis, Asthma, Atrial fibrillation, Pneumonia, Breast cancer, Congestive heart failure, Chronic obstructive pulmonary disorder, Hypertension, Stroke, Skin cancer

Past Surgical History: Bilateral mastectomy, Cardiac catheterization (10-21-2020), Cardiac catheterization (06-30-2021), Cholecystectomy, Colonoscopy, Endoscopy of colon, Laparotomy inguinal hernia repair, Hernia repair, Mohs surgery, Pacemaker insertion, Gastrointestinal endoscopy

Family History: No known family history.

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

Client smokes cigarettes every day. Client stated she smokes around 27-30 packs every couple of months. Client does not use tobacco. Client does not drink alcohol. Client does not participate in any drugs.

Education: High School diploma & Cosmetology license.

Living Situation: Client lives in a nursing home.

Assistive devices: Client uses a walker.

Admission Assessment

Chief Complaint: Shortness of breath

History of Present Illness (HPI) – OLD CARTS: The client came into the hospital regarding her shortness of breath. The client said this happened around September 24th and has been present ever since. The location of her shortness of breath resides in her chest. The client characterized this symptom as being uncomfortable. She stated the severity of this being a seven out of ten. She said when this symptom is present, it is constant with little to no cessation. She also mentioned that in the nursing home some of the other residents are loud which gives her anxiety and causes her to be short of breath. The client stated that having anxiety aggravates her symptom. The client said oxygen makes her shortness of breath, “a little bit better and manageable.” As for treatment, oxygen is helping her.

Primary Diagnosis

Primary Diagnosis on Admission: Congestive heart failure (CHF)

Secondary Diagnosis (if applicable): Emphysema, Hypertension, Atrial fibrillation

Pathophysiology

Pathophysiology of the Disease, APA format:

Congestive heart failure (CHF) according to Taylor et al., is a chronic condition that occurs when the heart is unable to pump a sufficient blood supply, resulting in inadequate perfusion and oxygenation of tissues (2023). Symptoms may include, but are not limited to shortness of breath, edema, and fatigue. As per Capriotti, the ventricular muscle is unable to pump enough blood to meet the circulatory and oxygen needs of the tissues (2024). CHF can happen at rest or during a stressful event. The client presented with a symptom of shortness of breath. The client said this symptom happened suddenly due to her having an anxiety attack at

the nursing home which caused her to become worked up, resulting in being short of breath. Prior to being diagnosed with CHF, the client was diagnosed with Chronic obstructive pulmonary disorder (COPD). The client stated, "I just have no energy, and have a really hard time breathing." The client has history of hypertension which, as per Taylor et al., is a risk factor for developing CHF (2023). As per Capriotti, clients might experience swelling in the lower extremities caused by diminished circulation which is an indicative of increased venous pressure (2024). When performing the cardiovascular/respiratory assessment, edema was present in the lower extremities upon palpation.

The client was feeling short of breath and rated the severity to be a seven out of ten. She experienced a reduced energy level when performing daily tasks such as walking, bathing herself, and even moving from the bed to the chair. The client stated that she smokes every day and goes through twenty-seven packs every couple of months. **Smoking causes the blood vessels to constrict thus causing them to stiffen up and decrease the client's cardiac output.** According to Capriotti, cardiac output is diminished in heart failure because the left ventricle is weakened and cannot adequately pump blood out of the chamber (2024). The client was not interested in a cessation of smoking.

CHF was diagnosed by a single view portable x-ray of the client's chest. The doctor noted, "COPD changes and CHF present" in the client's chart as result of the diagnostic testing. According to Capriotti, to establish a diagnosis of heart failure at least two of the major criteria should be present from the Framingham scale (2024). The client met this requirement because the criteria noted consisted of pulmonary crackles and bilateral extremity edema. Upon assessing the client's respiratory system, crackles were faintly heard in the posterior left lung. Edema was present in the shins of this client. As per treatment, the client was receiving oxygen via nasal

cannula on three liters. One of the outcome goals for this client was to maintain a patent airway and oxygen level greater than ninety percent with no increased work of breathing.

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Taylor, C., Lynn, P., & Bartlett, J. L. (2023). *Fundamentals of Nursing: The art and science of person-centered care*. Wolters Kluwer.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Blood urea nitrogen (BUN)	26mg/dL	29mg/dL	10-20mg/dL	As per Capriotti, decreased cardiac output, decreased renal perfusion causes kidneys to absorb more urea (2024).
Brain natriuretic peptide (BNP)	2,094.8pg/mL	Not applicable.	< 450.0pg/mL	According to Capriotti, the myocardium secretes BNP to enhance the body's ability to allow water

				loss from the kidneys which decreases blood volume. Clients number was elevated greatly which is due to BNP being elevated in the blood stream as response to fluid overload and the stretching of the ventricle (2024).
Creatine	1.57mg/dL	1.87mg/dL	0.60-1.00mg/dL	As per Capriotti, creatine levels elevated due to poor kidney perfusion, poor heart function, thus resulting in the kidneys inability to filter out waste (2024).
Blood Glucose	145mg/dL	184mg/dL	70-99mg/dL	The client was experiencing a stressful anxiety episode when her

				symptom appeared, and as per Capriotti, blood glucose can be elevated due to a stress induced hormonal change. Medications can also cause this to be elevated (2024).
Albumin	3.2g/dL	Not applicable.	3.5-5.0g/dL	As per Capriotti, albumin levels can be low due to excess fluid and can also cause edema (2024).
Neutrophils	79.4%	92.2%	47.0%-73.0%	As per Capriotti, neutrophils can be elevated due to inflammation and stress within the body (2024).
Lymphocytes	13.9%	6.2%	18.0-42.0%	As per Capriotti, elevated lymphocytes is likely related to pre-existing condition

				COPD. This would be elevated due to inflammation and airway obstruction (2024).
Absolute neutrophils	8.00 10(3)/mcL	7.90 10(3)/mcL	1.60-7.70 10(3)/mcL	As per Capriotti, absolute neutrophils can be elevated due to inflammation and stress within the body (2024).
Digoxin	0.6 ng/mL	Not applicable.	0.8-2.0 ng/mL	As per Capriotti, lowered levels of digoxin can be related to the kidneys filtering waste faster than they should be (2024).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
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<p>Single view portable chest X-ray. Purpose of this diagnostic test is to show any abnormal factors that could be related to her symptom. Cleveland Clinic stated that an abnormal chest x-ray can highlight any atypical characteristics such as, an enlarged heart, fluid buildup in the lungs, masses, and other irregularities (2025). Further tests might have to be ordered due to the client's specific case.</p>	<p>Shortness of breath</p>	<p>Chronic Obstructive Pulmonary Disorder (COPD) & Congestive Heart Failure (CHF), Pacer. The results of this diagnostic testing showed congestive heart failure as well as changes in the clients previously diagnosed COPD.</p>
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Diagnostic Test Reference (1) (APA):

Cleveland Clinic medical. (2025, August 25). *Chest X-ray (CXR): What you should know & when you might need one*. Cleveland Clinic.

<https://my.clevelandclinic.org/health/diagnostics/10228-chest-x-ray>

Assessment

Physical Exam – **HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**

General, Psychosocial/Cultural, and TWO focused assessment specific to the client is required.

The student and instructor may complete these assessments together.

<p>GENERAL: Alertness: Alert and awake.</p>	<p>Client is alert and oriented to person, place, location and date. Client is A&O x4. Client is calm and cooperative showing no sign of distress and is well</p>
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<p>Orientation: Alert and oriented x4. (Person, place, location, date).</p> <p>Distress: Calm and cooperative. Client is well groomed.</p> <p>Overall appearance: Calm.</p>	<p>groomed. Clients' overall appearance is calm.</p>
<p>INTEGUMENTARY: Not applicable for this client.</p> <p>Skin color: NA</p> <p>Character: NA</p> <p>Temperature: NA</p> <p>Turgor: NA</p> <p>Rashes: NA</p> <p>Bruises: NA</p> <p>Wounds: NA</p> <p>Braden Score: 19</p> <p>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type: NA</p>	<p>Braden score was assessed for this client.</p> <p>Sensory: 4, no impairment.</p> <p>Moisture: 3, occasionally moist.</p> <p>Activity: 3, walks occasionally.</p> <p>Mobility: 3, slight limitation.</p> <p>Nutrition: 3, adequate.</p> <p>Friction & shear: 3, no apparent problem.</p> <p>Braden score: 19.</p> <p>Braden score is within normal limits.</p>
<p>HEENT: Not applicable for this client.</p> <p>Head/Neck: NA</p> <p>Ears: NA</p> <p>Eyes: NA</p> <p>Nose: NA</p> <p>Teeth: NA</p>	<p>Not applicable for this client.</p>
<p>CARDIOVASCULAR:</p> <p>Heart sounds: S1 & S2 heart sounds normal, "lub-dub" sound heard.</p> <p>S1, S2, S3, S4, murmur etc.: No murmur or S3, S4 sounds heard.</p> <p>Cardiac rhythm (if applicable): Not applicable.</p> <p>Peripheral Pulses: 2+ bilaterally. (Radial,</p>	<p>S1 and S2 heart sounds normal, creating a "lub-dub" sound. No murmur or S3, S4 sounds heard. Peripheral pulses 2+ bilaterally (Radial, ulnar, brachiocephalic, carotid, popliteal, dorsalis pedis, posterior tibial). Capillary refill normal, less than one second. No sign of neck vein distention. Edema was present. Location of edema resided in the shins.</p>

<p>ulnar, brachiocephalic, carotid, popliteal, dorsalis pedis, posterior tibial).</p> <p>Capillary refill: Normal, less than one second.</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Location of Edema: Clients shins.</p>	
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character: Lungs clear A & P x6.</p>	<p>Lungs clear A & P x6. Slight crackle heard on the posterior left side of the lung. Accessory muscles were not used to help the client breathe. Breath sounds normal anteriorly and posteriorly.</p>
<p>GASTROINTESTINAL:</p> <p>Diet at home: NA</p> <p>Current Diet NA</p> <p>Height: NA</p> <p>Weight: NA</p> <p>Auscultation Bowel sounds: NA</p> <p>Last BM: NA</p> <p>Palpation: Pain, Mass etc.: NA</p> <p>Inspection: NA</p> <p> Distention: NA</p> <p> Incisions: NA</p> <p> Scars: NA</p> <p> Drains: NA</p> <p> Wounds: NA</p> <p>Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p> Size: NA</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>Not applicable for this client.</p>

<p>Type: NA</p>	
<p>GENITOURINARY: NA</p> <p>Color: NA</p> <p>Character: NA</p> <p>Quantity of urine: NA</p> <p>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Inspection of genitals: NA</p> <p>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Type: NA</p> <p>Size: NA</p>	<p>Not applicable for this client.</p>
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status: NA</p> <p>ROM: NA</p> <p>Supportive devices: NA</p> <p>Strength: NA</p> <p>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score: 25</p> <p>Activity/Mobility Status: NA</p> <p>Independent (up ad lib) <input type="checkbox"/></p> <p>Needs assistance with equipment <input type="checkbox"/></p> <p>Needs support to stand and walk <input type="checkbox"/></p>	<p>Morse fall risk score was used for this client.</p> <p>History of falling, immediate, within 3 months: 0</p> <p>Secondary diagnosis: 0</p> <p>Ambulatory aid: 15</p> <p>Intravenous therapy (IV) heparin lock: 0</p> <p>Gait & transferring: 10</p> <p>Mental status: 0</p> <p>Morse fall risk score: 25</p> <p>This score is in the category that represents moderate risk for falls. The client uses an assistive device such as a walker to help her ambulate and reduce risk of falling.</p>
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/></p> <p>Arms <input type="checkbox"/> Both <input type="checkbox"/></p>	<p>Not applicable for this client.</p>

<p>Orientation: NA</p> <p>Mental Status: NA</p> <p>Speech: NA</p> <p>Sensory: NA</p> <p>LOC: NA</p>	
<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s): Listening to music to lower anxiety.</p> <p>Developmental level: Alert & oriented.</p> <p>Religion & what it means to pt.: Catholic, very important to her everyday living style.</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support): Client has a good support system. Clients support system consists or her son and daughter, along with her roommates at the nursing home.</p>	<p>Client stated her coping methods consist of listening to music to lower her anxiety. Clients developmental level is alert and oriented. Client participates in the catholic religion and states it is very important to her. Client has a good support system. Clients support system consists or her son and daughter, along with her roommates at the nursing home. She states her roommates are her "best buddies."</p>

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0720	80 BPM	136/66 mmHg	18 RR	97.1 F	94% on 3L Nasal Cannula

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0725	Pasero Opioid Induced Sed Scale (POSS)	Chest	7 out of 10	Uncomfortable, difficulty breathing, & low energy.	Oxygen (Nasal cannula)

Intake and Output

Intake (in mL)	Output (in mL)
240 mL per mouth (PO). Noted at 0745am.	Urine 100mL (purewick external catheter measured at 1020am).

Nursing Diagnosis

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<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 			<ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> • Client response, status of goals and outcomes, modifications to plan.
<ol style="list-style-type: none"> 1. Pain related to difficulty breathing as evidenced by clients reported pain rating of 7 out of 	<p>I chose this nursing diagnosis because the client was seeking care due to her shortness of breath symptom which caused her pain and decreased her</p>	<ol style="list-style-type: none"> 1. Assess pain using the Passero Opioid Induced Sed Scale (POSS) 1-10. 2. Administer oxygen via nasal cannula to help client breathe and 	<ol style="list-style-type: none"> 1. Client's pain level will decrease from a 7/10 to at least a 5/10 within 2 hours. 2. Client will maintain patent airway and oxygen saturation level will be 	<p>Client stated that oxygen via nasal cannula helped her pain level decrease as well as providing her better comfort.</p>

<p>10, as well as client's inability to breathe well without oxygen on.</p>	<p>comfortability level. The client struggled to breathe and had little to no energy.</p>	<p>improve energy level.</p>	<p>greater than 90% on 3L nasal cannula with no increased work of breathing.</p>	
<p>2. Excess fluid volume related to difficulty breathing as evidenced by client needing oxygen to breathe and bilateral peripheral edema in the client's shins.</p>	<p>I chose this nursing diagnosis because when I was palpating the clients' shins, I found edema to be present. Also, when listening to the client's posterior left lung I heard slight crackling which could indicate excess fluid.</p>	<p>1. Monitoring and measuring fluid intake and output to track fluid status and amount. 2. Monitoring and checking clients vital signs for possible changes related to fluid overload.</p>	<p>1. The client will maintain clear lung sounds within the next 24 hours. 2. The clients blood pressure will be within normal range within 24 hours, showing no signs of hypertension.</p>	<p>Client experienced a balanced intake and output level, producing sufficient urine. Peripheral edema in clients' shins reduced.</p>

Other References (APA):

