N311 Care Plan 3

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Dowell

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Demographics

Date of Admission	Patient Initials	Age	Biological Gender
9/23/2025	MH	74	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Carle meals-on-wheels driver	Married	Alendronate
Code Status	**Height**	**Weight**	
Full code	5’2”	50.1kg	

Medical History

Past Medical History: Benign prostatic hypertrophy, migraines, chronic obstructive pulmonary disease, fungal lung infection

Past Surgical History: Single vessel cardiac bypass. inguinal hernia repair, rotator cuff repair

Family History: Sister has type two diabetes, heart failure runs on both sides of his family, and his dad died of chronic obstructive pulmonary disease

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Currently, he drinks one to two 16oz cans of beer a day and has been drinking since he was 16 years old. He also smoked one to one and a half packs a day from 13 years old to 64 years and has not smoked for the past ten years. Denies any smokeless tobacco or other drug use.

Education: High school diploma

Living Situation: At home with wife

Assistive devices: Hearing aids

Admission Assessment

Chief Complaint: Dizziness

History of Present Illness (HPI)– OLD CARTS:

Patient presents to ED on 9/23 for dizziness without nausea or vomiting starting on 9/22 and an episode of near syncope. Patient was also gifted an apple watch which notified him of a low heart rate on 9/23. Location unable to be determined. Upon assessment, the patient was found to have systolic blood pressure in the 200s mmHg and a heart rate of 48bpm. Patient stated that standing and walking exacerbated the dizziness while endorsing that laying down and closing his eyes in dim or no lighting slightly helped the dizziness, but it never went away completely. No additional treatments tried at home.

Primary Diagnosis

Primary Diagnosis on Admission: Sinus bradycardia

Secondary Diagnosis (if applicable): Right bundle branch block and left anterior fascicular block

Pathophysiology

Sinus bradycardia is usually a symptomless arrhythmia people can live with and not even realize it. While sinus bradycardia may have an underlying cause it may also be a sign of a healthy heart (Cleveland Clinic, 2022). If a patient has symptoms, they are typically related to the heart pumping too slowly to adequately oxygenate the body (Cleveland Clinic, 2022). In my patient's case, his bradycardia and presenting symptoms like dizziness and near-syncope was a result of a right bundle branch block (RBBB) and a left anterior fascicular block (LAFB) discovered when the emergency room doctor performed an electrocardiogram.

Heart blocks occur when the tissue of the cardiac conduction system is damaged or when blood flow to it is compromised (Hoffman, 2020). This causes a delay or complete inability of the electrical impulse generated by the sinoatrial node to travel through the conduction pathway. The first block is the RBBB. This occurs when the right bundle branch, located in the interventricular septum, is either delaying the signal or is unable to pass the electrical impulse into the right ventricle (Cleveland Clinic, 2021). This heart block is usually symptomless but could cause symptoms like syncope, chest pain, or hypotension (Hoffman, 2020).

The second block is the LAFB. Going further down the conduction system of the heart, the left bundle branch divides into the anterior and posterior fascicles (Cleveland Clinic, 2022). A block here prevents the electrical impulse from reaching the anterior superior section of the left ventricle (Cleveland Clinic, 2022). A heart block of this nature could cause symptoms such as dizziness, tiredness, and fainting (Cleveland Clinic, 2022).

Pathophysiology References (2) (APA):

Cleveland Clinic. (2021, August 09). *Diseases and Conditions: Right Bundle Branch Block*. Retrieved from my.clevelandclinic.org: https://my.clevelandclinic.org/health/diseases/21692-right-bundle-branch-block

Cleveland Clinic. (2022, May 02). *Diseases and Conditions: Left Anterior Fascicular Block*. Retrieved from my.clevelandclinic.org: https://my.clevelandclinic.org/health/diseases/23212-left-anterior-fascicular-block

Cleveland Clinic. (2022, March 07). *Diseases and Conditions: Sinus Bradycardia*. Retrieved from my.clevelandclinic.org: https://my.clevelandclinic.org/health/diseases/22473-sinus-bradycardia

Hoffman, J. S. (2020). *Davis Advantage for Medical-Surgical Nursing: Making Connections to Practice.* Philadelphia: F. A. Davis.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen SAT	Oxygen Delivery Method
0720	48bpm	173/70mmHg	16RR	97°F	99%	Room air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0720	1-10	N/A	0	N/A	N/A

Intake and Output

Intake (in mL)	**Output (in mL)**
400mL Oral with breakfast No IV drips running	225mL Urine No bowel movements, drains, emesis, or sweating noted

<u>NANDA APPROVED</u> Nursing Diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" • Listed in order by priority	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
Decreased cardiac output related to alteration in resting heart rate as evidenced by changes to ECG (Phelps, 2023).	The patients' heart is beating too slow to adequately perfuse the body at rest or during exertion	1. Instruct the patient not to strain during bowel movements to avoid stimulating the vagus nerve and decreasing the heart rate further 2. Monitor	The patient will have normal cardiac response to exertion by discharge	As of 9/25 patient is still bradycardic during exertion. The patient will have pacemaker placed on 9/26 in hopes to correct bradycardia. Patients' cardiologist, Dr. Patel, suspects this will fix the abnormal heart rate during exertion. Will reassess the morning after the procedure once patient has slept off the rest of the anesthesia.

		heart rate, oxygen, and level of consciousness at least every four hours		
Decreased activity tolerance related to bradycardia as evidenced by abnormal response of blood pressure and heart rate to activity (Phelps, 2023).	Throughout the day the patient was taking walks and as the day progressed, the walks he was taking were getting shorter	1. Teach patient how to conserve energy while performing ADLs (Phelps, 2023) 2. Teach patient isometric exercises to do while sitting or standing in room (Phelps, 2023)	The patient will be able to walk one full lap around unit at least three separate times for one 12-hour day shift by 10/11	Client responded well to nurse's actions and is close to meeting goal. Patient able to walk one full lap at least twice but will get winded during the third. Still needs to build endurance to finish the third lap.

Other References (APA)

Phelps, L. (2023). *Nursing Diagnosis Reference Manual* . Philadelphia : Wolters Kluwer.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	130 mmol/L	123 mmol/L	136-145 mmol/L	The patient has hypertension and has likely been educated to

				avoid salty food to help control blood pressure. This may explain slight hyponatremia.
Blood urea nitrogen (BUN)/Creatine ratio	25	21	12-20 ratio	According to Yoshimura (2025), an elevated BUN/creatinine ratio could result from anything that could alter blood flow to the kidneys (Yoshimura, 2025). With bradycardia, the heart is not getting enough blood to the kidneys, the kidneys then filter less blood, which increased the number of solutes like BUN and creatinine in the blood.
Chloride	95 mmol/L	91 mmol/L	98-107 mmol/L	Related to the patient's slight hyponatremia since salt contains both sodium and chlorine.
Protein	5.7 g/dL	5.7 g/dL	6-8 g/dL	According to MedlinePlus (2024), a cause of low blood protein could be liver disease or cirrhosis (MedlinePlus, 2024). Given that the patient has been drinking for the past 61 years this may be a sign of liver problems due to his drinking.
Albumin	3.2 g/dL	3.1 g/dL	3.5-5 g/dL	Possible alcoholic liver damage due to patients' history of alcohol consumption
Total bilirubin	1.3 mg/dL	1.3 mg/dL	0.2-1.2 mg/dL	Possible alcoholic liver disease due to patients' history of alcohol consumption
Mean platelet volume	7.4 fL	7.8 fL	8-12.6 fL	According to MedlinePlus (2024), a symptom of alcohol use disorder is decreased mean platelet volume (MedlinePlus,

				2023). This could further point to long term damage done to the body by the patients' history of alcohol consumption.
Neutrophils	72.1%	72.1%	40-68%	Slightly increased neutrophils could indicate a current infection. In my patients' case, he has a current fungal infection in his lungs.
Lymphocytes	16.6%	17.3%	19-49%	Decreased lymphocytes could point to a current infection. In my patients' case, he has a current fungal infection in his lungs.

Diagnostic Test & Purpose	**Signs and Symptoms**	**Results**
Renal ultrasound	Ordered and preformed by nephrologist to assess for possible secondary cause of the patient's hypertension	Nephrons of normal size, kidneys normal size and shape, estimated glomerular filtration rate appropriate for patients' sex and age.
Chest x-ray	Ordered by infectious disease to assess previous fungal infection in patient's right lung and to determine effectiveness of treatment	Right pleural effusion, lung nodule in anterior lateral lower right lobe.
Electrocardiogram	Ordered by emergency room physician to assess for electrical cause of patient's bradycardia	Right bundle branch block, anterior fascicular block, unidentified T wave abnormality.

Diagnostic Test Reference (1) (APA):

MedlinePlus. (2023, October 30). *MPV Blood Test*. Retrieved from medlineplus.gov: https://medlineplus.gov/lab-tests/mpv-blood-test/

MedlinePlus. (2024, October 24). *Total Protein and Albumin/Globulin (A/G) Ratio*. Retrieved from medlineplus.com: https://medlineplus.gov/lab-tests/total-protein-and-albumin-globulin-a-g-ratio/

Yoshimura, H. (2025, Februrary 07). *High BUN Creatinine Ratio: Causes, Symptoms, and Treatment*. Retrieved from rupahealth.com: https://www.rupahealth.com/post/high-bun-creatinine-ratio-causes-symptoms-and-treatment

Head to Toe Assessment: HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL	**PSYCHOSOCIAL/CULTURAL**
Alertness: Awake and alert, easily rousable **Orientation:** Alert and oriented to person, place, time, and event **Distress:** Patient in no distress **Overall appearance:** Patient appears to be a skinny but otherwise well-developed and well-groomed older man. **Morse fall risk score:** History of falling: No Secondary diagnosis: No Ambulatory aid: No IV present: Yes	**Coping method(s):** Alone time, spending time with grandkids **Developmental level:** Developmental level appears appropriate. The patient appears to be in the formal operational stage **Religion & what it means to pt:** Patient believes in God but does not attend church or preform any worship at home. **Personal/Family Data (Home environment, family structure, and available family support):** Lives in a single-story home with his wife in a suburban neighborhood. Patients' wife and daughter present in room during interview. Patient also says he has a son who lives in Lafayette and "many grandkids and great grandkids." The patient endorses a good social support network, and he believes he can turn to his family for help.

Gait/Transferring: Normal Mental status: Oriented to own ability Total=20/low risk **Braden assessment:** Sensory: No impairment Moisture: Rarely moist Activity: Walks frequently Mobility: No limitation Nutrition: Excellent Friction and sheer: No apparent problem Total: 23/universal risk	
Focused Assessment 1: **CARDIOVASCULAR** **Heart sounds:** S1 and S2 heart sound strong but sluggish. No S3, S4, or murmur were noted **Cardiac rhythm:** Rhythm was normal sinus bradycardia on telemetry **Peripheral Pulses (0/1/2/3):** +2 on all peripheral pulses **Capillary refill (sec):** +3 cap refill on hands and feet **JVD: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location:** N/A	**Focused Assessment 2:** **RESPIRATORY** **Accessory muscle use: Y☐ N ☒** **Breath sounds: Y☐ N ☒** Breath sounds clear and unlabored x12. No wheezing, rhonchi, rales, or other adventitious breath sounds. No coughing or shortness of breath during exam. No signs of deep vein thrombosis such as leg tenderness, swelling, or chest pain.