

N321 CARE PLAN #2

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N321: Adult Health I

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October 10, 2025

Demographics

Date of Admission October 1, 2025	Client Initials S.B.	Age 47 years old	Biological Gender Female
Race/Ethnicity White/Caucasian	Occupation Works at JB Hawkes	Marital Status Married	Allergies Bupropion (severe allergy): hospital believes it causes the client to have seizures. Ibuprofen (severe allergy): due to Crohn's Disease. Erythromycin (medium allergy): due to Crohn's Disease.
Code Status CPR-Full Treatment	Height 5ft 2in	Weight 165lbs	

Medical History

Past Medical History: The client has a past medical history consisting of asthma, atrial fibrillation, bipolar one disorder, cardiac arrest, chronic kidney disease, congestive heart failure, enlarged heart, nonischemic cardiomyopathy, osteoarthritis of the right knee, osteoporosis, paroxysmal atrial fibrillation, posttraumatic stress disorder, sick sinus syndrome, Stokes-Adams syncope as well as ventricular tachycardia.

Past Surgical History: The client has a past surgical history of two cesarean sections, tonsillectomy, cardiac catheterization in 2018, nasal sinus surgery, pacemaker placement, adenoidectomy, cholecystectomy and a total hip replacement.

Family History: The clients paternal side has a history of heart disease and heart attack. Her mother and daughter also have inflammatory bowel disease.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):
The client began smoking cigarettes 26 years ago and began vaping about eight years ago. She has a smoking pack-year history of 45.1 years and stated that she has stopped smoking during

her current hospitalization. The client's daughter disposed of all nicotine and tobacco products in the home as well as the cigarettes and vapes in the clients purse. The client denies the use of alcohol and other drugs.

Education: The client has a high-school diploma and is currently enrolled at a college in New York pursuing her associate's degree in medical reimbursement coding remotely.

Living Situation: The client lives at home in Georgetown, IL with her 25-year-old daughter.

Assistive devices: The client states that she has glasses and does not wear them as much as she should. She also has full upper dentures that she does not wear since they do not fit properly.

Admission History

Chief Complaint: Shortness of breath day one

History of Present Illness (HPI)– OLD CARTS: The client was admitted to OSF Healthcare on 10/1/25 with an onset of shortness of breath. She described the pain to be located at her chest and still continues to have shortness of breath today. She described the pain as being painful and that she simply "just could not breathe". Her shortness of breath was exacerbated with movement and relieved when she was resting. Treatment was provided to help her breathing by administering ten liters of oxygen with humidity in the intensive care unit. However, during her treatment, she has been tapering the oxygen and is now reduced to four liters with humidity. She rated her pain while first having shortness of breath as an eight out of ten on the numeric pain scale however, she does not have any current pain.

Admission Diagnosis

Primary Diagnosis: Congestive Heart Failure

Secondary Diagnosis (if applicable):

Pathophysiology

Heart failure occurs most commonly after a cardiac injury resulting in the inability to pump blood adequately throughout the body. On average, this disorder will affect about 26 million people each year worldwide with a high morbidity and mortality rate (Malik et al., 2025). Studies have shown that ischemic heart disease is the leading cause of heart failure with many parameters used to classify heart failure. Each specific biochemical and pressure change affects both ventricles and if one side of the heart is damaged, the other side will gradually be affected. Heart failure may be described as “acute, chronic, systolic or diastolic dysfunction, HFrEF or HFpEF, high-output or low-output failure, right-sided or left-sided and forward or backward failure” (Capriotti, 2024). These specific descriptions are pertinent only during the beginning of the disease and become less distinct during the later stages of heart failure. During heart failure, activation of the sympathetic nervous system makes changes to the “myocyte regeneration, myocardial hypertrophy and myocardial hypercontractility” (Malik et al., 2025). The renin-angiotensin-aldosterone system, systemic vasoconstriction and sodium retention is also activated with the increased sympathetic system which increases “myocardial cellular hypertrophy and interstitial fibrosis” (Malik et al., 2025). A decrease in cardiac output then occurs which stimulates the release of epinephrine, vasopressin, norepinephrine and endothelin (Malik et al., 2025). Cyclic adenosine monophosphate soon rises resulting with an increase in cytosolic calcium which eventually increases contractility, oxygen demand with impaired myocardial relaxation and leads to the cell death and apoptosis (Malik et al., 2025). While apoptosis occurs, further cardiac problems arise which soon result in the loss of myocytes and lowers cardiac contractility. Decreased contractility further leads to insufficient emptying of the left ventricle

while increasing blood volume which causes congestion (Malik et al., 2025). Sodium and water retention soon occur which contributes to reduced kidney blood flow.

Congestive heart failure occurs when peripheral vasoconstriction and the increased preload occurs when the heart is unable to handle it. Peptides BNP and ANP become released however, they do not control the sodium and water excess properly. The known causes of congestive heart failure are either HFrEF or HFpEF (Malik et al., 2025). Each of these causes requires different methods of treatment because they are different in their own ways. For example, HFpEF occurs and causes decreased myocardial relaxation which hardens the ventricle (Malik et al., 2025). HFpEF on the other hand statistically have been related to being female and hypertensive. Some clinical symptoms of congestive heart failure related to the client include shortness of breath, respiratory distress, chest pain, a cough, as well as exertional fatigue. Some extended signs and symptoms not pertinent to the client include orthopnea, paroxysmal nocturnal dyspnea, presyncope, hepatic congestion, bowel edema and reduced blood flow to the splanchnic circulation (Malik et al., 2025).

The heart is a muscle that depends on efficiency, strength and rhythmicity for it to perform properly. The cardiac system has the ability to control all parts of the body if it is able to pump blood properly. If it is unable to, it will lead to an increased heart rate, fluid retention, respiratory distress, renal disease, digestive problems, liver damage, weakness, confusion, or disorientation without proper perfusion. It is important to monitor creatine kinase-MB, lipid levels, potassium, sodium, B-type natriuretic peptides, hemoglobin and hematocrit for congestive heart failure (Pagana et al., 2021). Utilize diagnostic imaging to identify congestive heart failure such as chest X-rays, echocardiograms, and computed tomography to visualize the heart and any potential fluid in the surrounding areas (Pagana et al., 2021). The client's treatment included two

chest X-rays on different dates as well as an Echocardiogram to detect potential damage. She is on a broad-spectrum antibiotic (Zosyn/ piperacillin- tazobactam) for the fluid in her lungs and diuretics (Aldactone/ spironolactone & Lasix/ furosemide) to prevent fluid overload related to the congestive heart failure. Overall, it is important to monitor a clients cardiac function and take action if a lab or diagnostic results as abnormal.

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Pathophysiology, Introductory Concepts and Clinical Perspectives. (3rd Edition)*. Davis Advantage.

Pagana, K. D., Pagana, T. J. & Pagana, T. N (2021). *Mosby's Diagnostic & Laboratory Test Reference (15th Edition)*. Elsevier.

Malik, A., Shams, P. & Chhabra, L. (2025). *Heart Failure (Congestive Heart Failure)* National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK430873/#article-22661.s5>

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Potassium	2.4mmol/L	2.9mmol/L	3.5-5.1 mmol/L	The clients decreased potassium levels may be related to the furosemide she is taking (Pagana et al., 2021). Furosemide works by promoting fluid loss however it also

				excretes potassium which causes hypokalemia (Jones & Bartlett Learning).
CO2, Venous	19mmol/L	21mmol/L	22-30 mmol/L	The clients decreased CO2, Venous levels may be related to inadequate tissue perfusion (Pagana et al., 2021).
Creatinine, blood	1.5mg/dL	1.12mg/dL	0.60-1.00 mg/dL	The clients increased creatinine, blood level may be related to a decrease in blood flow from the heart to the kidneys resulting in kidney damage (Iniguez et al., 2023).
GFR, Estimated	59	>60	>=60	The clients decreased GFR, Estimated level may be related to her impaired kidney function (Pagana et al., 2021).
BUN/Creatinine	9 ratio	19 ratio	12-20 ratio	The clients decreased

Ratio				BUN/Creatinine ratio may be related to fluid overload, and the elevated level may be related to congestive heart failure (Pagana et al., 2021).
Glucose	139mg/dL	86mg/dL	70-99mg/dL	The clients elevated glucose level may be related to her diet previous to admission.
Magnesium, serum	3.1mg/dL	2.0mg/dL	1.6-2.6 mg/dL	The clients elevated Magnesium, serum level may be related to the clients renal insufficiency (Pagana et al., 2021).
SGOT (AST)	72 u/L	N/A	10-36 u/L	The clients elevated SGOT (AST) level may be related to possible liver damage (Pagana et al., 2021).
GFR, EST.	51	52	>= 60	The clients decreased

Nonafrican				GFR, EST. Nonafrican indicates chronic kidney disease (Pagana et al., 2021).
NT-proBNP	551.7pg/mL	N/A	<450.0 pg/mL	The clients increased NT-proBNP may indicate heart failure or renal failure (Pagana et al., 2021).
PCO2 (Arterial)	28mmHg	N/A	35-45mmHg	The clients decreased PCO2 (Arterial) level indicates a hypocapnia state when the client was short of breath on admission.
PO2 (Arterial)	53mmHg	N/A	85-105 mmHg	The clients decrease PO2 (Arterial) level may be related to her shortness of breath on admission when she was unable to perfuse oxygen correctly.
O2 SAT ART,	84%	N/A	95-98%	The clients decreased O2

Measured				SAT ART, Measured may be related to her failure to regulate oxygen while she was short of breath on admission.
Base Arterial	-2.9mmol/L	N/A	-2.0-2.0 mmol/L	The clients low Base Arterial level may be related to the clients chronic kidney disease and low Bicarbonate level (Pagana et al., 2021).
Bicarbonate	19.3mmol/L	N/A	22.0-26.0 mmol/L	The clients decreased Bicarbonate levels may be related to the clients chronic kidney disease or hyperventilation while short of breath on admission.
WBC	19.15 10 ³ mcL	11.23 10 ³ mcl	4.0-12.0 10 ³ mcL	The clients increased white blood cell count may be related to an

				infection and inflammation in the lungs and chest from fluid buildup (Pagana et al., 2021).
RDW	15.8%	15.9%	11.8-15.5%	The clients elevated RDW level may be related to the clients chronic kidney disease (Pagana et al., 2021).
Neutrophils	90.4%	68.1%	47.0-73.0%	The clients elevated Neutrophil level may be related to the clients osteoarthritis (Pagana et al., 2021).
Lymphocytes	4.4%	14.1%	18.0-42.0%	The clients decreased lymphocyte levels may be related to a possible infection in the lungs caused by the pulmonary edema (Pagana et al., 2021).
Immature	0.5%	1.2%	0.0-0.4%	The clients increased

Granulocyte				Immature Granulocyte levels may be related to a potential infection such as pneumonia from the pulmonary edema (Pagana et al., 2021).
Absolute Neutrophiles	17.3 10 ³ mcL	7.65 10 ³ mcL	1.60-7.70 10 ³ mcL	The clients increased Absolute Neutrophiles may be related to inflammation of the heart as well as a possible infection in the lungs from pulmonary edema.
Absolute Lymphocytes	0.85 10 ³ mcL	1.58 10 ³ mcL	1.30-3.20 10 ³ mcL	The clients decreased Absolute Lymphocytes may be related to an infection in the lungs or her osteoarthritis.
Absolute Immature Granulocyte	0.10 10 ³ mcL	0.13 10 ³ mcL	0.0-0.03 10 ³ mcL	The clients elevated Absolute Immature Granulocyte levels may be related to an infection

				from the pulmonary edema or her osteoarthritis (Pagana et al., 2021).
Chloride	107 mmol/L	97 mmol/L	98-107 mmol/L	The clients decreased chloride level may be related to congestive heart failure, diuretic therapy and hypokalemia (Pagana et al., 2021).
Anion Gap	12.0 mmol/L	18.0 mmol/L	<18.0 mmol/L	The clients elevated Anion Gap lab may be related to a fluid imbalance resulting in an electrolyte imbalance or her kidney disease (Pagana et al., 2021).
BUN	10mg/dL	21mg/dL	5-18mg/dL	The clients elevated BUN level may be related to congestive heart failure (Pagana et al., 2021).
Eosinophils	0%	9.1%	0.0-5.0%	The clients eosinophil

				levels may be elevated related to increased adrenal steroid production (Pagana et al., 2021). This may be related to congestive heart failure in which aldosterone raises the blood pressure (Jones & Bartlett Learning, 2025).
Basophils	0.4%	1.2%	0.0-1.0%	The clients elevated Basophil levels may be related to a potential infection related to her pulmonary edema (Pagana et al., 2021).
Absolute Eosinophils	0.0 10 ³ /mcL	1.02 10 ³ mcL	0.0-0.40 10 ³ mcL	The clients elevated Absolute Eosinophil levels may be related to her osteoarthritis.
Absolute Basophils	0.07 10 ³ /mcL	0.14 10 ³ mcL	0.0-0.10 10 ³ /mcL	The clients elevated Absolute Basophil level may be related to an

				infection related to her pulmonary edema (Pagana et al., 2021).
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Lab Value References:

Pagana, K. D., Pagana, T. J. & Pagana, T. N (2021). *Mosby's Diagnostic & Laboratory Test Reference (15th Edition)*. Elsevier.

Iniguez, J., Ivey-Miranda, J., Vega-Mendez, F & Borges-Vela, J. (2023). *How to interpret serum creatinine increases during decongestion*. National Library of Medicine.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9846337/> .

Previous diagnostic prior to admission (ER, clinic etc.) if pertinent to admission diagnosis	Previous diagnostic results and correlation to client admission	Current Diagnostic Test & Purpose	Clients Signs and Symptoms	Results and correlate to client diagnosis and condition
N/A	N/A	XR Chest Single View portable (10/1/25) The purpose of this diagnostic test related to the client is to identify potential	The client presented with persistent shortness of breath with crackles and wheezes in all	The clients result indicates pulmonary edema and ground glass opacity that is not excluded bilaterally. This result notes the

		inflammation and fluid accumulation in the lungs such as pneumonia or pulmonary edema (Pagana et al., 2021).	lung fields.	presence of a pacemaker that leads to the left subclavian vein as well. These results corollate to the client by indicating fluid in the lungs. The ground glass opacity describes the film as a hazy image. These findings may indicate a possible infection in the lungs (Pagana et al., 2021).
N/A	N/A	XR Chest Single View portable (10/4/25) The purpose of this diagnostic test	The client presented with persistent shortness of breath with	The clients results indicate pulmonary edema with increased opacities in the

		<p>related to the client is to identify potential inflammation and fluid accumulation in the lungs such as pneumonia or pulmonary edema (Pagana et al., 2021).</p>	<p>crackles and wheezes in all lung fields.</p>	<p>left lung. Results also show an improvement of opacities in the lower right lung. These results correlate to the client by indicating fluid in the lungs however, it is improving in the right lung but not in the left lung (Pagana et al., 2021).</p>
N/A	N/A	<p>CT Angio Chest with and without contrast with PP (Post Processing)</p> <p>The purpose of this diagnostic test related to the</p>	<p>The client presented with persistent shortness of breath with crackles and wheezes in all</p>	<p>The clients results indicate no evidence of pulmonary embolism. These results found mild mediastinal</p>

		<p>client is to identify any differences in tissue density, potential pulmonary embolism and enlarged lymph nodes that may indicate an infection (Pagana et al., 2021).</p>	<p>lung fields.</p>	<p>lymphadenopathy, bilateral geographic ground glass densities and interstitial opacities. These results correlate to the client by indicating no blood clot in the lungs, enlarged lymph nodes which may indicate an infection and thickening lung tissue (Pagana et al., 2021). The ground glass opacity describes the film as a hazy image. These</p>
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				findings may indicate a possible infection in the lungs (Capriotti, 2024).
N/A	N/A	<p>Echo (TTE) (10/6/25)</p> <p>This test provides an image of the heart from a retrocardiac vantage point (Pagana et al., 2021). This noninvasive technique uses sound waves to create an image of the heart and its structure (Capriotti, 2024). A TEE improves the view of the</p>	<p>Since the client is in congestive heart failure fluid builds up in the chest which places more pressure on the heart. The TTE is needed to assess the heart function and contractility. The clients shortness of breath as well as crackles and wheezes may correlate to how</p>	<p>These results show a technically difficult study (TDS) related to the dense lung tissue as well as the artifact in the scan. The estimated ejection fraction is 55-60%. The aortic root is dilated at 3.2cm and the proximal ascending aorta is dilated at 3.7cm. Overall, the</p>

		heart valves while being able to differentiate more parts of the heart during the diagnostic. This test may be used to watch clients who are at high risk of ischemia during surgery (Pagana et al., 2021).	well the heart is able to function, especially with pulmonary edema.	results relate to the client by stating that the dense lung tissue may be related to pulmonary edema or infection (Capriotti, 2024). The ejection fraction is within healthy range, however, the proximal ascending aortic should be monitored.
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Diagnostic Test Reference (1) (APA):

Capriotti, T. (2024). *Pathophysiology, Introductory Concepts and Clinical Perspectives*. (3rd Edition). Davis Advantage.

Pagana, K. D., Pagana, T. J. & Pagana, T. N (2021). *Mosby's Diagnostic & Laboratory Test Reference (15th Edition)*. Elsevier.

Active Orders

Active Orders	Rationale
Contact and Droplet Isolation	This is a precaution to rule out any respiratory infection from her previous cough.
Adult Diet: modified texture; liquid consistency; thin consistency; solid consistency: easy to chew. Other restriction: cardiac diet; tray type; aspiration precaution	Modified diet is for aspiration precautions since she was having difficulties swallowing however, liquids do not need to be thickened. The cardiac diet reduces the amounts of sodium, fats and cholesterol.
IP consult to Telepulmonary	Acute hypoxic respiratory failure with concerns of pneumonic vs. pulmonary edema
Speech Evaluate and Treat	Reports difficulty swallowing
Respiratory	Oxygen therapy is used to maintain an oxygen level of 90-95%. Pulse ox is also needed.
Admission Weight	Admission weight is needed for a baseline measurement to provide treatment.
Incentive Spirometry Nursing	It is used to promote deep breathing and prevent infections. Ten inhalations every hour while awake.
Insert/Maintain Peripheral IV	IV needed to provide medications and fluids at a faster rate.
Maintain IV while on Telemetry	Telemetry is used to monitor cardiac function while in congestive heart failure and the IV is needed to provide furosemide and other meds

	in an emergency situation.
Patient may shower	The client may shower with assistance to prevent exertion and falls.
Strict Intake and Output	Used to monitor the quantity of fluid in the chest and furosemide effectiveness.
Up as tolerated	The client may mobilize unless shortness of breath occurs in which she should rest.
Vital Signs	Facility policy is used to monitor the status of the client.
Nursing communication	Offer prune juice and educate the client on prevention methods for constipation. Promote and encourage an increased amount of adequate fluid intake.
Notify Physician	Notify the physician if client has symptomatic bradycardia, ventricular arrhythmias, a pulse of <50bpm or >120bpm, respiratory rate <10bpm or >30bpm, temperature <101.5 (F), systolic blood pressure <85mm/Hg or >180mm/Hg, diastolic blood pressure <50mm/Hg or >105mm/Hg, SpO2 <90, urinary output <240mL/8hrs and any new or worsening pain.

Hospital Medications (Must List ALL)

Brand/Generic	Elavil/ amitriptyline	Buspar/ buspirone	Cymbalta/ duloxetine	Jardiance/ empagliflozin
Dose, frequency, route	~50mg tablet ~once nightly ~oral	~15mg tablet ~3x daily ~oral	~90mg capsule ~once daily ~oral	~10mg tablet ~once daily ~oral
Classification (Pharmacological and therapeutic and action of the drug)	Pharmacological: Tricyclic antidepressant Therapeutic: Antidepressant ~Elavil works by blocking the reuptake of serotonin and norepinephrine by adrenergic nerves (Jones & Bartlett Learning, 2025). This effect boosts the mood regulation and reduces depression.	Pharmacological: Azapirone Therapeutic: Anxiolytic ~Buspar works by producing a smaller effect at the serotonin 5-hydroxytryptamine 1A receptors. This results in an anxiolytic effect.	Pharmacological: Selective serotonin and norepinephrine reuptake inhibitor Therapeutic: antidepressant, neuropathic and musculoskeletal ~Cymbalta inhibits neuronal serotonin, dopamine and norepinephrine to enhance serotonergic and noradrenergic in the central nervous system. Overall, this boosts the mood and inhibits pain that is caused by chronically elevated glucose levels.	Pharmacological: Sodium glucose cotransporter 2 inhibitor Therapeutic: Antidiabetic, cardiovascular mortality reduction agent ~Jardiance inhibits sodium glucose cotransporter 2 resulting in lower glucose levels. It limits the reabsorption of sodium which forces it to the distal tubule. This results in lowering the pre- and afterload of the heart while regulating sympathetic activity.
Reason Client Taking	The client may be taking Elavil to improve mood and anxiety related to her Bipolar 1 disorder.	The client may be taking Buspar to help with anxiety related to her Bipolar 1 disorder.	The client is taking this Cymbalta to help treat her pain.	The client is taking Jardiance to assist in lowering blood glucose levels as well as lowering the further risk of heart failure.
Two contraindications (pertinent to the	1. Ventricular tachycardia	1. Renal impairment related to chronic kidney	1. Volume depletion from loop diuretic	1. Volume depletion from loop diuretic

client)	2. Nonischemic cardiomyopathy	disease. 2. Congestive heart failure	2. Congestive heart failure	2. Renal impairment related to chronic kidney disease.
Two side effects or adverse effects (Pertinent to the client)	1. 1. Myocardial Infarction 2. Hypotension which may further decrease cardiac output	1. Chest pain 2. Fatigue	1. Syncope 2. Hypotension or orthostatic hypotension	1. Elevated creatinine levels 2. Upper respiratory tract infection
Key nursing assessment(s) prior to administration	1. Take a baseline blood pressure and heart rate. 2. Assess renal function related to chronic kidney disease. (Creatinine, eGFR, BUN).	1. Assess renal function related to chronic kidney disease. (Creatinine, eGFR, BUN). 2. Monitor for tachycardia or bradycardia.	1. Assess renal function related to chronic kidney disease. (Creatinine, eGFR, BUN) 2. Take a baseline blood pressure since Cymbalta may cause hypertension.	1. Assess blood pressure for possible hypotension. 2. Assess renal function. (Creatinine, eGFR, BUN)

Brand/Generic	Vitamin D/ ergocalciferol	Neurontin/ gabapentin	Porcine/ heparin	Lopressor/ metoprolol tartrate
Dose, frequency, route	~1.25mg capsule ~once a week ~oral	~800mg capsule ~3x daily ~oral	~5,000 units ~sub-Q injection ~3x daily	~25mg tablet ~2x daily ~oral
Classification (Pharmacological and therapeutic and action of the drug)	Pharmacological: Increases the absorption of phosphorus and calcium to promote bone health and cell growth. Therapeutic: Treats any bone disorders and helps support	Pharmacological: 1-amino-methyl cyclohexaneacetic acid. Therapeutic: anticonvulsant. ~Gabapentin's exact mechanism of action is unknown; however, it works similar to	Pharmacological: Anticoagulant Therapeutic: anticoagulant ~Heparin binds with the antithrombin III which inactivates the coagulation enzymes. It prevents prothrombin from	Pharmacologic class: Beta1-adrenergic blocker Therapeutic: Antianginal, antihypertensive ~Lopressor inhibits the stimulation of the beta1-receptor sites which

	overall bone health. ~Vitamin D stimulates the absorption of calcium and PO ₄ in the intestine which activates vitamin D.	gamma-aminobutyric acid (GABA). It inhibits the neurons that are related to seizures and prevents responses that relieve postherpetic neuralgia and restless leg syndrome symptoms.	converting to thrombin which slows down clotting.	results in a decreased cardiac output, cardiac excitability and oxygen demand. It helps to relieve chest pain and reduce damage from a myocardial infarction. It may also be used to reduce heart failure symptoms and reduce blood pressure.
Reason Client Taking	The client is taking Vitamin D for her osteoporosis and osteoarthritis.	The client may be taking Gabapentin for her previous neuropathic chest wall pain.	The client is taking heparin as a hospital method to prevent clots.	The client is taking Lopressor to help treat her congestive heart failure and to help reduce damage from her previous myocardial infarction.
Two contraindications (pertinent to the client)	1. Chronic kidney disease 2. Ventricular tachycardia	1. Respiratory impairment 2. Chronic kidney disease	1. Chronic kidney disease 2. Do not use intramuscularly	1. Cardiogenic shock 2. Congestive heart failure
Two side effects or adverse effects (Pertinent to the client)	1. Hypercalcemia leading to kidney stones 2. Bone or muscle pain	1. Respiratory depression 2. Hypotension	1. Chest pain 2. Bruising at the site of injection	1. Angina exacerbation 2. Dyspnea
Key nursing assessment(s) prior to administration	1. Assess renal function related to chronic kidney disease. (Creatinine, eGFR, BUN). 2. Assess	1. Assess the recent use of antacids since they can decrease absorption. 2. Assess blood pressure and	1. Assess platelet count in a Complete Blood Count test. 2. Assess Activated Partial Thromboplastin	1. Assess for low blood pressure and heart rate 2. Assess oxygen saturation and breathing difficulty.

	vitamin D levels before administering.	respiratory rate to prevent further decline in rate.	Time to make sure it is within therapeutic range.	
Brand/Generic	Zosyn/ piperacillin-tazobactam	Klorconm/ potassium chloride SA	Seroquel/ quetiapine	Aldactone/ spironolactone
Dose, frequency, route	~4.5g at 25mL/hr with 100mL IVPB ~every 8hrs ~intravenous	~20mEq tablet ~2x daily with meal ~oral	~50mg tablet ~2x daily ~oral	~25mg tablet ~once daily ~oral
Classification (Pharmacological and therapeutic and action of the drug)	Pharmacological: broad-spectrum antibiotics to treat severe bacterial infections Therapeutic: broad-spectrum antibiotics to treat severe bacterial infections ~Piperacillin inhibits the synthesis of the bacterial cell wall by binding to penicillin-binding proteins. Tazobactam inhibits B-lactamase which protects the piperacillin from being shut down.	Pharmacological: Electrolyte cation Therapeutic: Electrolyte replacement ~Klorconm works by acting as a cation in the intracellular fluid and activates enzymatic reactions. It also helps by maintain electroneutrality by controlling ions in the intracellular and extracellular space. Overall, this helps control an acid-base balance.	Pharmacological: Dibenzothiazepine Therapeutic: Antipsychotic ~Seroquel works by interfering with dopamine that binds to the dopamine type 2 receptor sites.	Pharmacological: Potassium-sparing diuretic Therapeutic: Diuretic ~Aldactone works by competing with aldosterone for receptors which prevents reabsorption of water and sodium causing increased urination. This also reduces blood pressure and blood volume.
Reason Client Taking	The client is taking this broad-spectrum antibiotic to treat any bacterial infection potentially in the lungs.	The client is taking Klorconm to maintain potassium levels since she is taking a diuretic.	The client is taking Seroquel to treat her Bipolar one disorder.	The client is taking Aldactone to reduce the fluid volume built up in her chest and lungs.

Two contraindications (pertinent to the client)	1. Congestive heart failure 2. Hypokalemia	1. Dysphagia 2. Chronic kidney disease	1. Hypokalemia 2. Congestive heart failure	1. Chronic kidney disease. 2. Hyponatremia
Two side effects or adverse effects (Pertinent to the client)	1. Extensive infection 2. Fluid retention	1. Ventricular fibrillation 2. Pulmonary edema	1. Tachycardia 2. Hypotension or orthostatic hypotension	1. Hyperglycemia 2. Hypotension
Key nursing assessment(s) prior to administration	1. Assess renal function (Creatinine, eGFR, BUN) 2. Assess for signs and symptoms of hypokalemia	1. Assess potassium levels 2. Assess renal function (Creatinine, eGFR, BUN)	1. Assess blood pressure and heart rate 2. Assess for signs of fluid overload	1. Assess potassium levels 2. Assess renal function (Creatinine, eGFR, BUN).
Brand/Generic	Vibra-tabs/ doxycycline hyclate	Lasix/ furosemide	Tylenol/ acetaminophen	Tums/ calcium carbonate
Dose, frequency, route	~100mg tablets ~2x daily ~oral	~80mg ~2x daily with meals ~injection	~650mg tablet ~PRN Q4H ~oral	~1,000mg chewable ~PRN Q8H ~oral
Classification (Pharmacological and therapeutic and action of the drug)	Pharmacological: Tetracycline Therapeutic: Antibiotic ~ Doxycycline hyclate works by being more lipophilic compared to other tetracyclines which makes it easier for it to bind reversibly to 30S ribosomal subunits. It blocks the aminoacyl transfer RNA	Pharmacological: Loop diuretic Therapeutic: Antihypertensive, diuretic ~Lasix inhibits sodium and water reabsorption which increases urine output. Then since the plasma volume lowers, the aldosterone production increases resulting in the loss of potassium and hydrogen	Pharmacological class: Nonsalicylate, para-aminophenol derivative Therapeutic class: antipyretic, nonopioid analgesic ~Tylenol inhibits cyclooxygenase which resolves pain and reduces fevers.	Pharmacologic class: Calcium salts Therapeutic class: Antacid ~Tums neutralize gastric acid which may help relieve indigestion and heartburn.

	from binding to the RNA which stops bacterial protein synthesis.	ions. Lasix then increases the removal of ammonium, bicarbonate, calcium, phosphate and magnesium. Overall, Lasix lowers the blood pressure and cardiac output.		
Reason Client Taking	The client is taking doxycycline hyclate to treat possible infections that are caused by a susceptible organism.	The client is taking Lasix to decrease the fluid volume in the body related to her congestive heart failure and pulmonary edema.	The client may take Tylenol as needed for mild to more severe pain.	The client may take Tums as needed for heartburn or indigestion.
Two contraindications (pertinent to the client)	1. Renal impairment 2. Concurrent use with loop diuretics	1. Electrolyte imbalance (potassium, chloride, magnesium) 2. Renal impairment	1. Renal impairment 2. Heart failure	1. Congestive heart failure 2. Renal impairment
Two side effects or adverse effects (Pertinent to the client)	1. Pericarditis 2. Elevated BUN levels	1. Hyperglycemia 2. Hypokalemia	1. Hypokalemia 2. Pulmonary edema	1. Hypercalcemia 2. Stomach bloating or belching
Key nursing assessment(s) prior to administration	1. Assess renal function (Creatinine, eGFR, BUN) 2. Assess for signs and symptoms for an infection	1. Assess blood glucose levels 2. Assess potassium levels	1. Assess potassium levels 2. Assess pain level	1. Assess for symptoms needed for Tums such as heartburn or indigestion 2. Assess calcium levels
Brand/Generic	Antnert/ meclizine	Melatonin/ circadian	Reglan/ metoclopramide	MiraLAX/ polyethylene

				glycol
Dose, frequency, route	~12.5mg tablet ~PRN 2x daily ~oral	~6mg tablet ~PRN nightly ~oral	~10mg ~PRN 2x daily ~IV injection	~17g packet ~PRN 2x daily ~oral
Classification (Pharmacological and therapeutic and action of the drug)	Pharmacological: Antihistamine, anticholinergic and vestibular depression Therapeutic: Relives balance and motion inconveniences ~Meclizine blocks the histamine H1 receptor to prevent nausea, and vomiting.	Pharmacologic class: Chronobiotic Therapeutic class: ~Antioxidant Melatonin binds to the MT1 and MT2 receptors which helps regulate sleep patterns.	Pharmacological: Dopamine receptor antagonism that has central and peripheral effects. Therapeutic: Treats GERD, nausea and vomiting as well as diabetic gastroparesis. ~The exact mechanism of action for Reglan is unknown however; it is known to sensitizes tissues to acetylcholine and antagonizes the dopamine receptors which results in an antiemetic effect.	Pharmacological class: Osmotic laxative Therapeutic class: laxative ~MiraLAX uses an osmotic effect to pull water into the color and softens the stool to make defecation easier.
Reason Client Taking	The client may take Antnert as needed for dizziness.	The client may take Melatonin as needed for difficulty falling asleep or staying asleep.	The client may take Reglan as needed for vomiting.	The client may take MiraLAX as needed for first-line constipation.
Two contraindications (pertinent to the client)	1.Renal Impairment 2.Resipitory problems (related to pulmonary edema)	1. Bipolar 1 disorder 2. Renal impairment	1.Fluid overload 2.Bipolar 1 disorder	1.Possible gastric obstruction 2.Sudden bowel changes over the past two weeks
Two side effects or adverse effects (Pertinent to the	1.Drowsiness 2.Decreased	1.Daytime drowsiness	1.Increased fluid overload	1.Abdominal pain

client)	respiratory	2. Radiant dreams or nightmares	2.Cardiac changes such as tachycardia or bradycardia	2.Constipation from extended use
Key nursing assessment(s) prior to administration	1.Assess respiratory status 2.Assess baseline vitals to monitor all potential changes	1.Assess renal function (Creatinine, eGFR, BUN) 2.Assess blood pressure and monitor for hypotension	1.Assess vitals to watch heart rate and respiratory rate changes 2.Assess for jugular venous distention	1.Assess the abdomen for any signs of distention 2.Assess for decreases peristalsis and the reasoning for it
Brand/Generic	Senokot/ senna	Zofran/ ondansetron		
Dose, frequency, route	~8.6mg tablet ~PRN 2x daily ~oral	~4mg ~PRN Q6H ~IV injection		
Classification (Pharmacological and therapeutic and action of the drug	Pharmacological: Short term treatment for constipation Therapeutic: Short term treatment for constipation ~Senna increases peristalsis and enhances water absorption to stimulate bowel movement. It promotes the release of chloride ions as well as water to make it easier to pass.	Pharmacological class: Selective serotonin (5-HT3) receptor antagonist Therapeutic class: Antiemetic ~Zofran blocks the 5-HT3 receptors and blocking these reporters prevents nausea and vomiting.		
Reason Client Taking	The client may take Senna as needed for second line constipation.	The client may take Zofran as needed for first line nausea.		
Two	1.Acute stomach	1.Congestive		

contraindications (pertinent to the client)	pain 2.Potential GI obstruction	heart failure 2.Hypokalemia		
Two side effects or adverse effects (Pertinent to the client)	1.Discoloration of the urine 2.Absent bowel movement	1.Chest pain 2.Dizziness and fatigue		
Key nursing assessment(s) prior to administration	1.Ask when recent bowel movement occurred 2.Auscultate bowel sounds	1.Assess potassium levels 2.Obtain an EKG to determine cardiac changes		

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1.Lasix/Furosemide	This is an important loop diuretic medication that will remove excess fluid buildup in the body specifically from congestive heart failure and pulmonary edema. It will increase lung perfusion as well as cardiac output.	1.Hyperglycemia 2.Hypokalemia
2.Lopressor/metoprolol	This beta-blocker is important because it lowers the workload that the heart has	1.Angina exacerbation 2. Dyspnea

	pump. This then allows a maintained heart rate which will improve overall cardiac function.	
3.Aldactone/spironolactone	This diuretic is specifically used to maintain potassium levels that other diuretics pull out. This medication will support a balanced potassium level and promote overall fluid balance.	1.Hyperglycemia 2.Hypotension

Medications Reference (1) (APA)

Drugs.com. (n.d). (2025). *Prescription drug information*. Drugs.com. <https://www.drugs.com/> .

Epocrates. (n.d). *The clinical information you need, at your fingertips*.

<https://www.epocrates.com/>.

Nurse’s Drug Handbook (NDH). (2025). *Nurse’s Drug Handbook*. Jones & Bartlett Learning

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:	The client appears to be alert and oriented x4, well-groomed with no signs of acute distress. The client is on contact and droplet isolation precautions and has no complaints or concerns.
VITAL SIGNS: Temp:	Temp: 96.6 F. temporal Resp rate: 17 bpm

Resp rate: Pulse: B/P: Oxygen: Delivery Method:	Pulse: 89bpm left radial B/P: 91/68 mm/Hg upper left arm Oxygen: 4L with humidity Delivery Method: Nasal Canula
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	Time: 0332 Scale: 0-10 numeric Location: none Severity: none Characteristics: none Interventions: none
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:	Size of IV: 20g Location of IV: right antecubital Date on IV: 10/5/25 Patency of IV: line flushes easily without resistance and blood return is confirmed. Signs of erythema, drainage, etc.: No signs of phlebitis, extravasation, infiltration or infection. IV dressing assessment: site is clean, dry and intact with a transparent dressing. Fluid Type/Rate or Saline Lock: 4.5g of piperacillin-tazobactam (ZOSYN) at 25mL/hr. with 100mL of 0.9% Sodium Chloride every 8 hours.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:	Skin color: pink/pale pink Character: normal hair distribution, even texture Temperature: warm and dry Turgor: <3 seconds Rashes: none Bruises: small bruise in the upper right quadrant from injections. Wounds: none Braden Score: 20 Drains present: none
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head/Neck: symmetrical, trachea is midline with no signs of deviation. No abnormal lumps palpated. Bilateral carotid individually palpated +2. Ears: Bilateral auricles with no abnormal findings. There is no drainage noted. Eyes: Sclera is white, corneas are clear, and conjunctiva is pink bilaterally. There are no signs of drainage. PERLA and EOMS are intact

	<p>bilaterally.</p> <p>Nose: The nostrils appear to be moist and pink with no occlusions, or drainage. Septum is midline and frontal sinuses palpated with no pain noted.</p> <p>Teeth: The uvula is midline; posterior pharynx is intact. No tonsils noted. Hard and soft palate are intact. Lower teeth are intact while missing top teeth. Does not use dentures. There are no signs of bleeding or drainage.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Heart sounds: S1 and S2 sounds noted. Unable to hear any possible adventitious sounds from CHF. All extremities are pink, warm and dry.</p> <p>Peripheral Pulses: Upper and lower extremities pulses are 2+ bilaterally. Popliteal and femoral pulses were not palpated.</p> <p>Capillary refill: <3 seconds bilaterally fingers, and >3 seconds for toes.</p> <p>Neck Vein Distention: none</p> <p>Edema: No upper extremity edema observed. Lower extremities have 1+ non pitting edema from the knees and below.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Accessory muscle use: no</p> <p>Breath Sounds: There are a normal rate and pattern of labored breathing. The client has bilateral crackles and wheezes in the anterior, posterior and lateral lung fields. Crackles are noisier in the left lung compared to the right.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet: Is Client Tolerating Diet? Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Diet at home: The client stated that she eats a lot of fruit and snack foods. Her normal dinner consisted of Hamburger Helper.</p> <p>Current Diet: The client is on an adult/cardiac diet with aspiration precaution and is tolerating the diet well. However, she would like to “get back to her snack foods again”.</p> <p>Height: 5ft 2in</p> <p>Weight: 165lbs</p> <p>Auscultation Bowel sounds: normoactive in all four quadrants</p> <p>Last BM: 10/5/25</p> <p>Palpation: Pain, Mass etc.: Abdomen is soft and non-tender to touch with no lumps or masses noted in all four quadrants. Light palpation was performed first followed by deep palpation with</p>

<p>Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Type:</p>	<p>no abnormalities or pain.</p> <p>Inspection: Abdomen is slightly rounded</p> <p>Distention: none</p> <p>Incisions: none</p> <p>Scars: healed scar from caesarean sections</p> <p>Drains: none</p> <p>Wounds: none</p> <p>Ostomy: none</p> <p>Nasogastric: none</p> <p>Size: N/A</p> <p>Feeding tubes/PEG tube: none</p> <p>Type: N/A</p>
<p>GENITOURINARY:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</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:</p> <p>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Type:</p> <p>Size:</p>	<p>Color: light yellow</p> <p>Character: Clear with no sediment. I did not perform smell test to check odor.</p> <p>Quantity of urine: 1,300mL</p> <p>Pain with urination: no</p> <p>Dialysis: no</p> <p>Inspection of genitals: N/A</p> <p>Catheter: yes</p> <p>Type: External PureWick</p> <p>Size: Standard</p>
<p>Intake (in mLs)</p> <p>Output (in mLs)</p>	<p>Intake:</p> <p>960mL at 0700</p> <p>Total: 960mL</p> <p>Output:</p> <p>400mL at 1035</p> <p>900mL at 1626</p> <p>Total: 1,300mL</p>
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p>Activity Tolerance:</p> <p>Independent (up ad lib)</p> <p>Needs assistance with equipment</p> <p>Needs support to stand and walk</p>	<p>Neurovascular status: The client's skin is warm and dry throughout. Her nail beds are pink and intact and have a capillary refill of <3 in the fingers bilaterally and >3 in the toes bilaterally.</p> <p>ROM: The client is able to perform full range of motion.</p> <p>Supportive devices: none</p> <p>Strength: Hand grips, arm pushes and pulls are equal bilaterally. Pedal pushes and pulls are equal bilaterally. Leg resistance is equal bilaterally.</p> <p>ADL Assistance: no</p> <p>Fall Risk: Yes</p> <p>Fall Score: 68 Morse Fall Scale</p>

	<p>Activity/Mobility Status: The client is able to move and walk however, she becomes tired and experiences shortness of breath intensely. One person assist is advised when needing to mobilize for safety purposes. She does not tolerate activity well.</p> <p>Needs assistance with equipment: no Needs support to stand and walk: The client states that she does not need help, however, it is suggested that one person assists when walking a distance.</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>MAEW: Yes PERLA: Yes Strength Equal: yes Orientation: alert and orientated x4 Mental Status: Intact with no altered mental problems Speech: She speaks clearly and well Sensory: She reacts to stimuli well when testing soft and light touch. LOC: Alert. She arouses when knocking on the door and answers questions thoroughly.</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Coping method(s): The client declined the use of any coping methods. Developmental level: She is in the formal operational stage of development and is able to think abstractly while also using proper reasoning. She is currently broadening her education by obtaining an associate's degree through an online program. Religion & what it means to pt.: The client declined discussing religion. Personal/Family Data: The clients mother is her only good support system. She does not get along with her children, especially her daughter.</p>

Discharge Planning

Discharge location: The client plans to return to her home in Georgetown, IL where she will continue living alongside her daughter.

Home health needs: The client does not need any home health needs at the moment.

Equipment needs: The client declines the need for any equipment, however, an assistive walker with a seat would be beneficial. She would be able to use this walker around the house and have easy access to a chair if shortness of breath would occur.

Follow up plan: The client should follow up with cardiology and pulmonology to maintain a healthy lifestyle once discharged.

Education needs: The client should be educated on nutritional benefits as well as the importance of exercising. The client should strengthen her lungs and heart by using an incentive spirometer and taking short walks once she is cleared to do so. These short walks may help overall cardiovascular performance. Adequate nutrition is needed to improve overall health and it would be beneficial for the client to avoid high sodium foods.

Nursing Process

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <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 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
1. Impaired Gas Exchange related to pulmonary edema as evidence by auscultated crackles,	The client presented on admission with severe shortness of breath which is exacerbated with movement. She has crackles	The client will remain smoke free and use an incentive spirometer for the next	1. Establish baseline values for respiratory assessment to distinguish lung capacity improvement.	The client tolerated changing positions well, however she did not enjoy using the incentive spirometer. The

<p>wheezes, shortness of breath and history of smoking.</p>	<p>and wheezes from the pulmonary edema in her lungs which limits her adequate oxygen exchange. She also has a pack year history of 45.1 which contributes to her cardiovascular problems.</p>	<p>month, ten times every hour that she is awake. This will help strengthen and improve gas exchange in the lungs.</p>	<p>2.Change position at least every two hours to mobilize secretions and allow aeration of all lung fields.</p>	<p>client does understand the purpose and importance of incentive spirometer.</p>
<p>2. Decreased Cardiac Output related to congestive heart failure as evidence by excess fluid in the chest cavity preventing adequate contractility.</p>	<p>The client has congestive heart failure which decreases the effectiveness of blood pumped. This leads to decreased levels of oxygen since the body cannot perfuse without adequate blood flow. The client has symptoms of fatigue and shortness of breath.</p>	<p>The client will maintain a healthy oxygen saturation of 90% or higher to maintain adequate oxygen circulation while she is in the hospital. The client will safely decrease the number of liters she will use until she is discharged.</p>	<p>1. Gradually increase the clients activity within limits of prescribed heart rate to allow the heart to adjust to increased oxygen demand. 2.Maintain dietary restrictions to reduce further cardiac problems.</p>	<p>The client tolerated decreasing her oxygen from five liters to four liters well. Throughout the day she did not have short breath. The client tolerated the cardiac diet well; however, she wanted to return to her snack foods that she enjoys.</p>
<p>3. Decreased Activity Tolerance related to congestive heart failure and pulmonary edema as</p>	<p>The client states that she cannot walk for long or she gets tired and short of breath. She says that she “just needs to lay in bed so she</p>	<p>The client will strengthen her lungs by using the incentive spirometer</p>	<p>1.The client will use an incentive spirometer ten times every hour while she is awake to practice deep</p>	<p>The client did not enjoy using the incentive spirometer however, she tolerated it well. She has agreed to use it during</p>

evidence by shortness of breath upon exertion.	does not get tired”	and increase her activity level over the next month.	breathing. 2.Encourage the client to plan an activity progression journal. This may be used to determine what is considered essential for the client.	the intended times to improve her health. We discussed activities that she felt needed to be a priority. She wants to be able to walk her dog and be able to go to work without any difficulty breathing.
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Nursing Process Prioritization	Rationale
1. Impaired Gas Exchange related to pulmonary edema as evidence by auscultated crackles, wheezes, shortness of breath and history of smoking.	The client presented on admission with severe shortness of breath which is exacerbated with movement. She has crackles and wheezes from the pulmonary edema in her lungs which limits her adequate oxygen exchange. She also has a pack year history of 45.1 which contributes to her cardiovascular problems.
2. Decreased Cardiac Output related to congestive heart failure as evidence by excess fluid in the chest cavity preventing adequate contractility.	The client has congestive heart failure which decreases the effectiveness of blood pumped. This leads to decreased levels of oxygen since the body cannot perfuse without adequate blood flow. The client has symptoms of fatigue and shortness of breath.
3. Decreased Activity Tolerance related	The client states that she cannot walk for long

to congestive heart failure and pulmonary edema as evidence by shortness of breath upon exertion.	or she gets tired and short of breath. She says that she “just needs to lay in bed so she does not get tired”
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Other References (APA):

Phelps, L. (2021). *Nursing Diagnosis Reference Manual*. (12th edition). Wolters Kluwer.

