

N321 CARE PLAN # 2

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Lakeview College of Nursing

N321: Adult Health I

Kristal Henry

October 10th 2025

Demographics

Date of Admission 10/3/25	Client Initials R.W.	Age 73	Biological Gender Male
Race/Ethnicity White/ Caucasian	Occupation Retired	Marital Status Widowed	Allergies Buprenorphine, Enalapril
Code Status Full Code	Height 5'11 (180.3cm)	Weight 240 lbs. 8.4 oz (109.1kg)	

Medical History

Past Medical History: Congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), CAD s/p PCI, hypertension (HTN), diabetes mellitus 2 (DM2), dyslipidemia, Myocardial infarction (MI), head and neck cancer

Past Surgical History: Appendectomy, heart cath 2 stents, colonoscopy with polypectomy, knee cartilage surgery both knees, tracheotomy, upper gastrointestinal endoscopy

Family History: Heart disease both mother and father, rheumatoid arthritis father

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Former smoker 2 packs/day for 45 years, stopped 11/5/2015, quit 9.8 years ago, former tobacco chewer. Quit 8/23/1980. Not currently using alcohol.

Education: High school diploma. Completed 1 year of prerequisites.

Living Situation: Lives at home alone.

Assistive devices: Uses a walker at home and in the hospital. Uses a wheelchair at home occasionally. Wears glasses and dentures.

Admission History

Chief Complaint: Patient came to the ER with complaints of dyspnea, orthopnea, cough, and bilateral leg swelling. He also reported a recent fall with right-sided chest impact and localized chest wall pain.

History of Present Illness (HPI)– OLD CARTS

Patient stated, “This started about a week ago, but got worse within 2 days’ prior of coming to the ER.” “It started as a head cold but the last two days my cough got worse.” “My cough comes and goes every so often.” “It feels like a burning tickle cough, that doesn’t stop once it starts.” “Laying down makes it worse.” “Sitting down and relaxing helps, and once I cough a bunch of gunk up I feel a lot better.” “It feels like it gets worse at night when I want to go to sleep.” “Once I start coughing its bad like a 10/10!”

Admission Diagnosis

Primary Diagnosis: Pneumonia

Secondary Diagnosis (if applicable): COPD with acute exacerbation/ emphysema, and acute congestive heart failure (CHF).

Pathophysiology

Pathophysiology References (2) (APA):

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

Streptococcus pneumonia is the most common cause of community acquired pneumonia. After colonization, organisms may gain access to areas of the upper and lower respiratory tracts by direct extension. (Capriotti, 2024). Under normal conditions in a healthy host, anatomical and ciliary clearance mechanisms prevent clinical infection. However, clearance may be inhibited by chronic factors such as smoking, allergies, and bronchitis, as well as acute factors such as viral infection and allergies, both of which can lead to infection (Capriotti, 2024). My patient is a past heavy smoker, with a chronic respiratory disease, chronic obstructive pulmonary disease (COPD). Influenza is a common precursor of streptococcal pneumonia. Alternatively, pneumococci may reach normally sterile areas, such as the blood, peritoneum, cerebral spinal fluid, or joint fluid, by hematogenous spread after mucosal invasion. The most vulnerable individuals are children younger than 2 years old and adults aged 60 years and older (Capriotti, 2024). My patient is 73 years old and stated he was not feeling well for a week prior coming to the ER.

Pneumonia is preceded by a viral illness that is followed by an acute onset of high fever-often rigors, productive cough, pleuritic chest pain, dyspnea, tachypnea, sweats, malaise, and fatigue. The patient may report blood-tinged sputum (Capriotti, 2024). My patient said his sickness progressively got worse. He stated he exhibited a productive cough, chest pain, shortness of breath, fast breathing, and extreme weakness.

Patients typically appear ill and may have an anxious appearance. On physical examination, crackles can be heard in the lung region affected by the pneumonia (Capriotti, 2024). On examine when the patient came in he has crackles in his lungs and was very short of breath. Diagnostic tests include chest x-ray and sputum culture. Chest x-ray shows consolidation in the region of pneumonia (Capriotti, 2024). My patient chest x-ray showed pneumonia.

Another laboratory test that measures procalcitonin levels in the blood is used in the diagnosis of bacterial infections (Capriotti, 2024). My patient had a high procalcitonin level.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	132mmol/L	133mmol/L	136-145mmol/L	The patient's low sodium could be due to patient receiving Lasix, deficient dietary intake, and GI loss (Pagana, et al., 2025).
Chloride	88mmol/L	91mmol/L	98-107mmol/L	The patient can have low chloride due to congestive heart failure or hypokalemia (Pagana, et al., 2025).
Co2 Venous	34mmol/L	29mmol/L	22-30mmol/L	Patient has COPD and emphysema not allowing for proper gas exchange (Pagana, et al., 2025).
Glucose	148mg/dL	93mg/dL	70-99mg/dL	Patient has a history of diabetes (Pagana, et al., 2025).
Creatinine	0.65mg/dL	0.60mg/dL	0.70-	Patient could be have

			1.30mg/dL	slight dehydration (Pagana, et al., 2025).
WBC	16.11 10(3)mcL	10.70 10(3)mcL	4.00-12.00 10(3)mcL	WBC could be high due to infection (Pagana, et al., 2025).
Neutrophils	86.8%	78.0%	40.0-68.0%	Neutrophils could be high due to infection (Pagana, et al., 2025).
Lymphocytes	3.0%	8.5%	19.0-49.0%	Lymphocytes could be low due to infection (Pagana, et al., 2025).
Immature Granulocyte	0.5%	0.6%	0.0-0.4%	Immature Granulocyte can be high due to infection (Pagana, et al., 2025).
Absolute Neutrophils	13.99 10(3)mcL	8.36 10(3)mcL	1.40- 5.30 10(3)mcL	Absolute Neutrophils could be high due to infection (Pagana, et al., 2025).
Absolute Lymphocytes	0.49 10(3)mcL	0.91 10(3)mcL	0.90- 3.30 10(3)mcL	Absolute Lymphocytes could be low due to infection (Pagana, et al., 2025).

Absolute Monocytes	1.46 10(3)mcL	1.14 10(3)mcL	0.10- 0.90 10(3)mcL	Absolute Monocytes could be high due to infection (Pagana, et al., 2025).
Absolute Immature Granulocyte	0.08 10(3)mcL	0.06 10(3)mcL	0.00- 0.03 10(3)mcL	Absolute Immature Granulocyte could be high due to infection (Pagana, et al., 2025).
Procalcitonin	0.35 ng/mL	N/A	<=0.25ng/mL	Procalcitonin could be high due to infection (Pagana, et al., 2025).
Potassium	3.5 mmol/L	3.1 mmol/L	3.5- 5.1mmol/L	Patient takes Lasix, which can increase urine output and deplete potassium (Pagana, et al., 2025).
RBC	4.60 10(6)/mcL	4.34 10(6)/mcL	4.40-5.80 10(6)/mcL	Patient was receiving fluids throughout his stay which depleted his red blood cell count (Pagana, et al., 2025).

Previous diagnostic prior	Previous diagnostic results	Current Diagnostic Test & Purpose	Clients Signs and Symptoms	Results and correlate to
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to admission (ER, clinic etc.) if pertinent to admission diagnosis	and correlation to client admission			client diagnosis and condition
		10/3/25: Chest Xray: Test for lung disease.	Cough	Patient had lung consolidations on the scan.
		10/3/25: CT Chest without contrast: chest for trauma.	Chest trauma, blunt, right sided chest pain from a fall.	Previous rib fractures shown. Lung consolidations.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's diagnostic & laboratory test reference*. Elsevier.

Active Orders

Active Orders	Rationale
Diet: Cardiac	The diet order is in so staff knows the patient can eat and drink.
OT evaluation and treat: eval, PT evaluations and treat: eval	The patient came up to the floor with pneumonia and has been extremely fatigued. This is so the patient can get stronger while in the hospital.

<p>Aerosol Nebulizer- subsequent, MDI treatment Rt- subsequent</p>	<p>Respiratory therapy is needed to help treat and monitor oxygen/neb needs. Nebulizers and inhalers are ordered in case patient becomes short of breath.</p>
<p>Oxygen therapy Pulse oximetry</p>	<p>Patient uses oxygen at baseline at home, so he is requiring oxygen in the hospital as well. This order is also asking for spot checks on his oxygen saturation percentage so the staff can keep track to see if the patient will require the same amount of oxygen or need an increase or decrease in oxygen.</p>
<p>RT assessment for albuterol and ipratropium treatment plan, RT: initiate oxygen administration procedure, RT assessment score therapy</p>	<p>Respiratory therapy is needed to help treat and monitor oxygen/neb needs. Nebulizers and inhalers are ordered in case patient becomes short of breath. Patient uses oxygen at baseline at home, so he is requiring oxygen in the hospital as well. This order is also asking for spot checks on his oxygen saturation percentage so the staff can keep track to see if the patient will require the same amount of oxygen or need an increase or decrease in oxygen.</p>
<p>Admission weight</p>	<p>Wright is needed for pharmacy to dose</p>

	medications appropriately and to monitor for fluid retention.
Covid-19, flu, and pneumonia vaccine screen	Patient was admitted with pneumonia. To avoid spreading germs to other patients and staff patient was screened for respiratory viruses.
Discharge orders reviewed by pharmacists	Patient was being discharged to home. The pharmacists will review medications the patient will need to continue at home.
Elevate head of bed- to patient comfort	Patient came into the hospital with shortness of breath. This is to help with breathing.
Incentive spirometry nursing	This order is in for the patient to use an incentive spirometer to help expand the patients lungs.
Initiate oxygen administration procedure	Patient uses oxygen at baseline at home, so he is requiring oxygen in the hospital as well.
Insert/ maintain peripheral IV	The patient is receiving IV fluids and antibiotics through an IV.
Strict Intake and Output	This is to make sure we are not fluid overloading this patient especially since he has CHF.
Maintain IV while on telemetry	IV maintenance is critical in the hospital setting if there is something emergent a

	patient might need.
<p>Notify physician (specify)</p> <ul style="list-style-type: none"> -symptomatic bradycardia -ventricular arrhythmias -when prior to admission medication review has been completed 	A physician should be notified if anything has changed in the patient that can put the patient in harms way.
<p>Perform POC blood glucose- 4 times daily before meals and at bedtime</p>	
<p>Place seq comp device (HUC orders equip)</p>	Seq comp device (SCDs) are used to prevent deep vein thrombosis(DVT's)
<p>Telemetry monitoring</p>	Anyone with a cardiac history should be placed on telemetry. Especially when patients have abnormal electrolytes.
<p>Up in chair</p>	Up to chair is ordered for patients so they get up and move around like they normally would outside the hospital.
<p>Up with assistance</p>	Up with assistance is ordered for patients so they get up and move around like they normally would outside the hospital.
<p>Vital signs per unit routine</p>	Vital signs are critical to make sure patients are not deteriorating.

Hospital Medications (Must List ALL)

Brand/ Generic	Norvasc/ amlodipine	Bayer/ aspirin EC	Zithroma x/ azithromy cin	Coreg/ carvedilol	Omnicef/ cefdinir	Cleocin, clindamy cin
Dose, frequency, route	10mg, daily, oral	81mg, daily, oral	500mg, Q24h, IVPB/ oral	6.25mg, BID, oral	300mg, BID, oral	300mg, TID, oral
Classificati on (Pharmacol ogical and therapeutic and action of the drug	P: Calcium channel blockers T: Antianginal, antihyperten sion A: Binds to dihydropyrid ine and nondihydrop yridine cell membrane receptor sites on myocardial and vascular smooth muscle cells and inhibits influx of extracellular calcium ions across slow calcium channels (2025: NDH: Nurse's drug handbook, 2024).	P: Salicylate T: NSAID, antiplatelet, antipyretic, nonopioid analegesic A: Block the activity of cyclooxygenase , the enzyme needed for prostaglandin synthesis (2025: NDH: Nurse's drug handbook, 2024).	P: Macrolid e T: Antibiotic A: Binds to ribosomal subunit of susceptibl e bacteria, blocking peptide translocat ion and inhibiting RNA- dependen t protein synthesis (2025: NDH: Nurse's drug handbook , 2024).	P: Nonselecti ve beta- clocker and alpha- 1 blocker T: Antihypert ensive, heart failure treatment adjunct A: Reduces cardiac output and tachycardia , causes vasodilatio n, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload (2025: NDH:	P: Third- generatio n cephalos porin T: Antibioti c A: Interfere s with bacterial cell wall synthesis by inhibitin g the final step in the cross- linking of peptidogl ycan strands (2025: NDH: Nurse's drug handboo k, 2024).	P: Lincosam ide T: Antibioti c A: Inhibits protein synthesis in susceptib le bacteria by binding to the 50s subunits of bacterial ribosome s and preventin g peptide bond formation , which causes bacterial cells to die (2025:

				Nurse's drug handbook, 2024).		NDH: Nurse's drug handbook, 2024).
Reason Client Taking	Patient is taking this medication for hypertension	Patient is taking this medication for mild pain and fever.	Patient is taking this medication for pneumonia.	Patient is taking this medication for Congestive heart failure and hypertension.	Patient is taking this medication for pneumonia.	Patient is taking this medication for pneumonia.
Two contraindications (pertinent to the client)	<ol style="list-style-type: none"> Heart failure Elderly patients (2025: NDH: Nurse's drug handbook, 2024). 	<ul style="list-style-type: none"> - renal impairment -COPD <p>(2025: NDH: Nurse's drug handbook, 2024).</p>	<ul style="list-style-type: none"> - electrolyte imbalance -renal impairment <p>(2025: NDH: Nurse's drug handbook, 2024).</p>	<ul style="list-style-type: none"> -heart failure -COPD <p>(2025: NDH: Nurse's drug handbook, 2024).</p>	<ul style="list-style-type: none"> - renal impairment -elderly patients <p>(2025: NDH: Nurse's drug handbook, 2024).</p>	<ul style="list-style-type: none"> -renal impairment - liver impairment <p>(2025: NDH: Nurse's drug handbook, 2024).</p>
Two side effects or adverse effects (Pertinent to the client)	<ol style="list-style-type: none"> Dyspnea Peripheral edema (2025: NDH: Nurse's 	<ol style="list-style-type: none"> CNS depression Bronchospasms (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> Hyperglycemia Edema (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> Edema Hyperglycemia (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> Asthenia Constipation (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> Acute kidney injury Fatigue (2025: NDH: Nurse's drug handbook, 2024).

	drug handbook, 2024).					
Key nursing assessment (s) prior to administration	<ol style="list-style-type: none"> 1. Assess blood pressure. 2. Assess heart rate (2025: NDH: Nurse's drug handbook, 2024). 	<ul style="list-style-type: none"> - Assess patient temperature. - Assess patients pain level (2025: NDH: Nurse's drug handbook, 2024). 	<ul style="list-style-type: none"> -Assess the patients renal and liver functions. - Obtain a culture and sensitivity before starting therapy (2025: NDH: Nurse's drug handbook, 2024). 	<ul style="list-style-type: none"> - Assess blood pressure. -Assess heart rate (2025: NDH: Nurse's drug handbook, 2024). 	<ul style="list-style-type: none"> - Assess renal function. - Assess culture and sensitivity results prior to administration (2025: NDH: Nurse's drug handbook, 2024). 	<ul style="list-style-type: none"> -Assess culture and sensitivity results prior to administration. - Assess renal functions (2025: NDH: Nurse's drug handbook, 2024).

Brand/ Generic	Cymbalta/ duloxetine	Jardiance/ empagliflozin	Lasix/ furosemide		Apresoline/ hydralazine	Duo neb/ ipratropium- albuterol
Dose, frequency, route	90mg, daily HS, oral	20mg, daily, oral	20mg, daily, oral		25mg, x1 order, oral	2.5mh/3ml, QID, inhalation
Classificat ion (Pharmac ological and therapeuti c and	P: Selective serotonin and norepinephri ne reuptake inhibitor T:	P: Sodium glucose cotransport er 2 inhibitor T: Antidiabeti	P: Loop diuretic T: Antihyperte nsive, diuretic A: Inhibits		P: Vasodilator T: Antihyperte nsive A: May act in a manner	P: Anticholin ergic T: Bronchodil ator A: After

action of the drug	Antidepressant, neuropathic and musculoskeletal pain reliever (2025: NDH: Nurse's drug handbook, 2024).	c, cardiovascular mortality reduction agent A: Inhibits sodium glucose cotransporter 2 in the kidneys, which prevents glucose reabsorption (2025: NDH: Nurse's drug handbook, 2024).	sodium and water reabsorption in the loop of Henle and increases urine formation (2025: NDH: Nurse's drug handbook, 2024).		that resembles organic nitrates and sodium nitroprusside, except that hydralazine is selective for arteries (2025: NDH: Nurse's drug handbook, 2024).	acetylcholine is released from cholinergic fibers, ipratropium prevents it from attaching to muscarinic receptors on membranes of smooth muscle cells (2025: NDH: Nurse's drug handbook, 2024).
Reason Client Taking	Patient is taking this medication for depression.	Patient is taking this medication for diabetes mellitus 2.	Patient is taking this medication for congestive heart failure/hypertension.		Patient is taking this medication for hypertension.	Patient is taking this medication for COPD.
Two contraindications (pertinent to the client)	1. Renal impairment 2. hypertension	-Renal impairment -Diabetes	-renal impairment -electrolyte imbalance		- heart failure - renal impairment	- heart failure - hypertension
Two side effects or adverse effects	1. Hypertension	1. Upper respiratory	1. Hypokalemia		1. Edema 2. Dyspnea	1. Edema 2. Hypertension

(Pertinent to the client)	2. Cough (2025 : NDH : Nurse's drug handbook, 2024) .	tory infection 2. Elevated serum creatinine levels (2025: NDH: Nurse's drug handbook, 2024).	2. Hyponatremia (2025: NDH: Nurse's drug handbook, 2024).		(2025: NDH: Nurse's drug handbook, 2024).	ension (2025: NDH: Nurse's drug handbook, 2024).
Key nursing assessment(s) prior to administration	1. Assess renal functions. 2. Assess mood, affect, anxiety, and depression severity	1. Assess for ketosis. 2. Assess serum creatinine levels (2025: NDH: Nurse's drug handbook, 2024).	1. Assess the patients' weight. 2. Assess patients' blood pressure and heart rate		1. Assess patients' blood pressure and heart rate. 2. Assess for palpitations	1. Assess lung sounds . 2. Assess pulse and oxygen saturation (2025: NDH: Nurse's drug handbook, 2024).

	(2025 : NDH : Nurse's drug handbook, 2024).	H: Nurse's drug handbook, 2024).	(2025: NDH: Nurse's drug handbook, 2024).		(2025: NDH: Nurse's drug handbook, 2024).	NDH: Nurse's drug handbook, 2024).
Brand/ Generic	Synthroid/ levothyroxine	Cozaar/ losartan	Magnesium sulfate	Asmanex/ mometasone	Protonix/ pantoprazole	Klor-Con 10/ potassium chloride
Dose, frequency, route	25mcg, daily AM, oral	100mg, daily, oral	2g, x1 order, IV	200mcg/ Act, 2 puffs, daily, inhalation	40mg, daily AM, oral	20mEq/ 100ml, x1 order/ 3 times, IVPB
Classificat ion (Pharmac ological and therapeuti c and action of the drug	P: Synthetic thyroxine T: Thyroid hormone A: Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis (2025: NDH: Nurse's drug handbook, 2024).	P: Angiotensi n 2 receptor blocker T: Antihypert ensive A: Blocks the binding of angiotensin 2 to receptor sites in many tissues, including adrenal glands and vascular smooth	P: Mineral T: Electrolyte replacemen t A: Assists all enzymes involved in phosphate transfer reactions that use adenosine triphosphat e (ATP), as magnesium is required for the normal function of ATP- dependent	P: Glucocort icoid T: Anti- inflammat ory A: Inhibits the activity of cells and mediators active in the inflammat ory response, possibly by decreasin g influx of	P: Proton pump inhibitor T: Antiulcer Action: Interferes with gastric inhibition the hydrogen- potassium- adenosine triphosphata se enzyme system, or proton pump, in gastric parietal cells (2025:	P: Electrolyte cation T: Electrolyte replacemen t A: Acts as the major cation in intracellula r fluid, activating many enzymatic reactions essential for physiologi cal processes, including

		muscle (2025: NDH: Nurse's drug handbook, 2024).	sodium-potassium pump in muscle membrane (2025: NDH: Nurse's drug handbook, 2024).	inflammatory cells into nasal passage and thereby decreasing nasal inflammation (2025: NDH: Nurse's drug handbook, 2024).	NDH: Nurse's drug handbook, 2024).	nerve impulse transmission and cardiac and skeletal muscle contraction (2025: NDH: Nurse's drug handbook, 2024).
Reason Client Taking	Patient is taking this medication for hypothyroidism.	Patient is taking this medication for hypertension.	Patient is taking this medication for low magnesium levels.	Patient is taking this for COPD.	Patient is taking this medication for GERD.	Patient is taking this medication for low potassium levels.
Two contraindications (pertinent to the client)	1. Renal impairment 2. hypertension (2025: NDH: Nurse's drug handbook, 2024).	-renal impairment -hypertension (2025: NDH: Nurse's drug handbook, 2024).	- renal impairment -heart failure (2025: NDH: Nurse's drug handbook, 2024).	- hypertension -heart failure (2025: NDH: Nurse's drug handbook, 2024).	- GI bleed -hypertension (2025: NDH: Nurse's drug handbook, 2024).	- hypertension -heart failure (2025: NDH: Nurse's drug handbook, 2024).
Two side effects or adverse effects (Pertinent to the client)	1. Heart failure 2. Dyspnea (2025: NDH: Nurse's drug handbook, 2024).	1. Hyponatremia 2. Fatigue (2025: NDH: Nurse's drug handbook, 2024).	1. Dyspnea 2. Respiratory depression (2025: NDH: Nurse's drug handbook, 2024).	1. Bronchitis 2. Upper respiratory infection (2025: NDH: Nurse's drug handbook, 2024).	1. Hyperglycemia 2. Dyspnea (2025: NDH: Nurse's drug handbook, 2024).	1. Peripheral edema 2. Dyspnea (2025: NDH: Nurse's drug handbook, 2024).

		2024).	2024).	Nurse's drug handbook , 2024).	2024).	2024).
Key nursing assessment(s) prior to administration	1. Assess heart rate. 2. Assess for chest pain or shortness of breath (2025 : NDH : Nurse's drug handbook, 2024) .	1. Assess blood pressure. 2. Assess kidney function closely (2025: NDH: Nurse's drug handbook, 2024).	1. Assess serum magnesium level. 2. Assess patient for heart arrhythmias (2025: NDH: Nurse's drug handbook, 2024).	1. Assess lung sounds. 2. Assess oxygen saturation. 2024).	1. Check for use of NS AIDs, anticoagulants, and antiplatelet drugs. 2. Assess for any GI symptoms (2025: NDH: Nurse's drug handbook, 2024).	1. Assess serum potassium level. 2. Assess for heart arrhythmias (2025: NDH: Nurse's drug handbook, 2024).
Brand/ Generic	Lyrica/ pregabalin	Crestor/ rosuvastati	Aldactone/ spironolact	Desyrel/ trazodone	Tylenol/ acetaminop	Proventil/ albuterol

		n	one		hen	0.083%
Dose, frequency, route	225mg, daily HS, oral	40mg, daily HS, oral	25mg, daily, oral	200mg, daily HS, oral	650mg, Q4h PRN	2.5mg/3ml, Q4h PRN, inhalation
Classification (Pharmacological and therapeutic and action of the drug)	T: Anticonvulsive, analgesic P: GABA aminobutyric acid analog A: binds to high-voltage-gated calcium channel in CNS tissue; this may lead to anticonvulsive action similar to the inhibitory neurotransmitter GABA; anxiolytic, analgesic, and antiepileptic properties (2025: NDH: Nurse's drug handbook, 2024).	P: HMG-CoA reductase inhibitor T: Antilipemic A: Inhibits the enzyme, 3-hydroxy-3-methylglutaryl-coenzyme A reductase, which reduces lipid levels by increasing the number of hepatic low-density lipoprotein receptors on the cell surface to increase uptake and catabolism of LDL (2025: NDH: Nurse's drug handbook, 2024).	P: Potassium-sparing diuretic T: Diuretic A: Competes with aldosterone for receptors, thereby preventing sodium and water reabsorption and causing their excretion through the distal convoluted tubules (2025: NDH: Nurse's drug handbook, 2024).	P: Antidepressant T: triazolopyridine A: selectively inhibits serotonin uptake by brain; potentiates behavioral changes (2025: NDH: Nurse's drug handbook, 2024).	P: nonsalicylate, para-aminophenol derivative T: antipyretic, nonopioid analgesic Action: inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system (2025: NDH: Nurse's drug handbook, 2024).	P: adrenergic T: Bronchodilator Action: attacks the beta2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert adenosine triphosphate to cyclic adenosine monophosphate (2025: NDH: Nurse's drug handbook, 2024).
Reason Client	Patient is taking this	Patient is taking this	Patient is taking this	Patient is taking	Patient is taking this	Patient is taking this

Taking	medication for neuropathy.	medication for dyslipidemia.	medication for Congestive heart failure.	this medication for sleep.	medication for mild pain.	medication for COPD.
Two contraindications (pertinent to the client)	<ol style="list-style-type: none"> Heart failure hypertension (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> renal impairment -heart failure (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> electrolyte imbalance -heart failure (2025: NDH: Nurse's drug handbook, 2024). 	Hypertension -renal impairment (2025: NDH: Nurse's drug handbook, 2024).	-renal impairment - hypertension (2025: NDH: Nurse's drug handbook, 2024).	- hypertension -heart failure (2025: NDH: Nurse's drug handbook, 2024).
Two side effects or adverse effects (Pertinent to the client)	<ol style="list-style-type: none"> Heart failure Hypoglycemia (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> Peripheral neuropathy Hypertension (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> Dyspnea Hyponatremia (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> Congestive heart failure (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> Hypertension Peripheral edema (2025: NDH: Nurse's drug handbook, 2024). 2024). 	<ol style="list-style-type: none"> Hypertension Dyspnea (2025: NDH: Nurse's drug handbook, 2024).

				nd bo ok , 20 24).		
Key nursing assessment(s) prior to administration	<ol style="list-style-type: none"> 1. Assess for hypoglycemia 2. Assess for CNS depression (2025 : NDH : Nurse's drug handbook, 2024) 	<ol style="list-style-type: none"> 1. Assess liver function. 2. Assess for muscle pain, weakness, and tenderness (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> 1. Assess blood pressure and heart rate. 2. Assess electrolyte level (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> 1. Assess vital signs 2. Assess serum sodium level (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> 1. Assess patient pain level. 2. Assess liver functions (2025: NDH: Nurse's drug handbook, 2024). 	<ol style="list-style-type: none"> 1. Assess lung sounds 2. Assess heart rate and oxygen saturation (2025: NDH: Nurse's drug handbook, 2024).

				24).		
Brand/ Generic	Tums/ calcium carbonate					
Dose, frequen cy, route	1000mg, Q8h PRN, oral					
Classifi cation (Pharma cologica l and therape utic and action of the drug	P: antacid, calcium supplement T: calcium product A: neutralizes gastric acidity (2025: NDH: Nurse's drug handbook, 2024).					
Reason Client Taking	Patient is taking this for indigestion.					
Two contrain dication s (pertine nt to the client)	1. Elect rolyte s imbal ance 2. Heart failur e (2025: NDH: Nurse's drug handbook, 2024).					
Two side effects or adverse effects	1. Hypo tensi on 2. Perip heral					

(Pertinent to the client)	<p>vasodilation. (2025 : NDH : Nurse's drug handbook, 2024)</p>
<p>Key nursing assessment(s) prior to administration</p>	<ol style="list-style-type: none"> <li data-bbox="410 711 537 997">1. Assess serum calcium levels . <li data-bbox="410 1041 537 1514">2. Assess GI symptoms(2025: NDH : Nurse's drug handbook, 2024)

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Zithromax	This patient has pneumonia.	1. Hyperglycemia 2. Edema
1. Lasix	The patient has acute congestive heart failure with exacerbation of COPD. This medication will help get extra fluid off his body to make it easier for him to breath.	1. Hypokalemia 2. Hyponatremia
2. Potassium	This patient is receiving Lasix to get of fluid his body but his potassium levels are lowering from receiving Lasix. Without this medication, the patient can have a serious cardiac issue happen.	1. Peripheral edema 2. Dyspnea

Medications Reference (1) (APA)

2025 NDH: *Nurse's drug handbook*. (2024). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation:	Patient is alert and oriented x4. Oriented to person, place, time, and situation. Patient is well-groomed and no signs of acute distress. Patient is
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Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:	wearing a hospital gown with non-skid socks. Patient was on droplet and contact precautions to rule out infectious respiratory infections. Patient was negative for respiratory panel. Patient is now on standard precautions.
VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:	97.7 (temporally) 18 90 158/82 93% on 3 liter nasal canula
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	0700 Numerical 0-10 Patient rated pain 0. 1515 Numerical 0-10 Patient rated pain 0.
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:	IV is a 20-gauge in the left anterior wrist, inserted 10/5/25. IV is patent, dressing is clean and dry. No signs of erythema or drainage. IV is saline locked.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:	Skin color is pale with red cheeks. Upper arms have scattered bruises. Patient has skin tears to the bilateral elbows. Patient has a Mepilex dressing to the bilateral elbows that were placed 10/5/25. Both dressings are clean, dry, and intact. Skin to the bilateral lower extremities were dry and flaky. Skin is warm. No rashes present. Braden scale is a 19. No drains present.
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck are symmetrical. Trachea is midline. No JVD noted. No palpation of lymph nodes. Nose is symmetrical. No signs of drainage or discharge. Patient missing all teeth. Patient states he has dentures, but they are not with him.
CARDIOVASCULAR:	Clear S1 and S2. No murmurs, gallops, or rubs.

<p>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>Apical pulse auscultated at 5th intercostal space midclavicular line. Normal rate and rhythm. Capillary refill less than 3 seconds. No JVD noted. Bilateral radial pulse palpable 2+, bilateral pedal pulses palpable 1+. No edema present. Patient states no chest pain.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Patient has shortness of breath on exertion. No retractions or accessory muscle use. Chest rise and fall are equal bilaterally.</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"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Patient eats a no added salt diet at home. Current diet is a cardiac diet. Patient is tolerated diet well. Patient is 5 foot 11 inches. Patient weighs 240 pounds and 8.4 ounces. Bowel sounds are present in all 4 quadrants and normoactive. Patient's last bowel movement 10/6/25. Patient had a medium formed stool. No pain or masses upon palpation. Abdomen is round, distended, and firm. No ostomy, nasogastric, or feeding / PEG tubes.</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	<p>Urine is clear yellow and no odor. Patient voided 700ml in urinal. No pain with urination. No dialysis. Perineal is free from excoriation. No internal or external catheter used.</p>

<p>Intake (in mLs)</p> <p>Output (in mLs)</p>	<p>Intake in 24 hours is 1,810ml. Output in 24 hours is 1,470ml.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Activity Tolerance: Independent (up ad lib) Needs assistance with equipment Needs support to stand and walk</p>	<p>Patient is alert and oriented x4. Patient has no mobility impairments. Patient moves all extremities well. Patient has equal and weak strength in bilateral upper extremities and bilateral lower extremities. Patient used a walker to move around. Patient is independent in all ADLs, but could use set up assistance. Patient needs frequent breaks to complete ADLs since he gets short of breath with exertion. Fall risk scale is 91. This means patient is a high fall risk. Patient is tolerated activity well with frequent breaks. Patient needs no assistance with equipment and minimal assistance to stand.</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>Patient moves all extremities well. PERRLA is bilaterally intact. No visible signs of drainage. Generalized weakness is present. Patient strength is equal and slightly weak bilaterally to upper and lower extremities. Patient is alert and oriented x4. Speech is clear and concise. No sensory deficits.</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>Patient coping method is watching tv and reading. Patient is at the Piaget's formal operation stage. Patient does not have a religious preference. Patient states he is a veteran. He has no close family, but talks to family over the phone occasionally.</p>

Discharge Planning

Discharge location: Patient is discharging to home.

Home health needs: Patient would benefit from home health services but does not need help at the moment.

Equipment needs: Patient is currently using a walker and wheelchair at home and would benefit from a lifted toilet seat, and grab bar.

Follow up plan: Patient needs to follow up with his primary care provider, and cardiologist.

Education needs: Patient needs to be educated on dietary management, management of congestive heart failure, and management of Chronic obstructive pulmonary disease.

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. Ineffective airway clearance related to increased sputum	Patient has been coughing thick mucus up.	Patient will maintain airway clearance as evidenced by effective	1. Assess rate, rhythm, and depth of respiration. 2. Auscultate lung fields, noting	Patient was able to cough up thin sputum and is coughing less frequently.

production as evidenced by productive cough and difficulty expectorating sputum (Phelps, 2023).		coughing, reduced sputum production, and clear lung sounds, and oxygen saturation levels maintained at 90% or above (Phelps, 2023).	decreased or absent airflow and adventitious breath sounds (Phelps, 2023).	Patient is exhibiting clear lung sounds.
2. Excess fluid volume related to fluid intake as evidenced by edema in the extremities (Phelps, 2023).	Patient has a history of CHF.	Patient will demonstrate stable fluid volume through balanced intake and output, normal baseline weight, and no peripheral edema (Phelps, 2023).	1. Administer diuretics. 2. Maintain upright position (Phelps, 2023).	Patients edema was gone and patient had increased mobility due to less dyspnea.
3. Impaired gas exchange related to COPD exacerbation as evidenced by shortness of breath (Phelps, 2023).	Patient has a history of COPD and has had increased dyspnea.	Patient will demonstrate an improvement in ventilation and oxygenation (Phelps, 2023).	1. Administer supplemental oxygen. 2 Encourage pursed lip breathing (Phelps, 2023).	Patient was educated on pursed lip breathing and has shown improvement in gas exchange with an oxygen saturation of 93%.

Nursing Process Prioritization	Rationale
1. Ineffective airway clearance related to increased sputum production as	Patient has been coughing thick mucus up.

evidenced by productive cough and difficulty expectorating sputum (Phelps, 2023).	
2. Excess fluid volume related to fluid intake as evidenced by edema in the extremities (Phelps, 2023).	Patient has a history of CHF.
3. Impaired gas exchange related to COPD exacerbation as evidenced by shortness of breath (Phelps, 2023).	Patient has a history of COPD and has had increased dyspnea.

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual*. Wolters Kluwer.

