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N431: Adult Health II

Care Plan # 1

Jami Dowell

1/31/26

Demographics

Date of Admission	Client Initials	Age	Biological Gender
1/24/26	PS	83	Female
Race/Ethnicity White/ non-hispanic	Occupation retired	Marital Status Widowed	Allergies Cephalexin, diphenhydramine, augmentin, tioconazole, hydrocodone, lamotrigine, levofloxacin, nystatin, propoxphene
Code Status Full code	Height 5’6 167.6cm	Weight 143 pounds 65.2kg	

Medical History

Past Medical History: Allergic rhinitis, asthma, back pain, chronic systolc congestive heart failure, depression, emphysema, GERD, IBS, hyperlipidemia, atrial fibrillation, subclavian arterial stenosis, panic disorder, overactive bladder, OCD, type 2 diabetes, hypertension

Past Surgical History: hysterectomy, back surgery, hip surgery

Family History: Aneurysm in her son (age 32); congestive heart failure in her mother and her father.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient is a 32.5 pack/year cigarette smoker

Education: Completed 12th grade, and trade school (beauty school).

Living Situation: Lives at home alone.

Assistive devices: Uses a walker at home and in the hospital. Wear dentures.

Admission History

Chief Complaint: Patients son found her on floor in bedroom. Patient stated she fell out of bed. Patient is on Xarelto and Plavix, concern for bleeding risk. Patient’s son said she looked very

pale so he brought her in. On arrival patients blood pressure was 60/41. Hemoglobin was 4.5 and platelets were 114. Patient stated she has had black tarry stools for about 3 months. Occult stool was collected and was positive. Patient received two units of packed red blood cells.

History of Present Illness (HPI)– OLD CARTS

Patient stated, “I’ve been having black stools for about three months now. I just thought it was something I was eating.” “The doctor said it could be an upper GI bleeding since my stools have been black.” “Well they gave me stuff so clean my self out so I have been having accidents in the bed since I’m weak right now.” “It feels like my bottom is on fire.” “Having more stools makes it worse.” “Not spreading yet at least.” “I’ve been having constant stools for two days now since they gave me stuff to clean me out last night and the night before.” “Its bad probably a 9-10.”

Admission Diagnosis

Primary Diagnosis: Severe anemia

Secondary Diagnosis (if applicable): GI bleed

Pathophysiology

There are various possible etiologies for anemia. The physiological response to anemia varies according to the etiology and rate of onset. With anemia caused by acute blood loss, a sudden reduction in oxygen-carrying capacity occurs, along with a rapid decrease in intravascular volume, with resultant hypoxia and hypovolemia (Capriotti, 2024).

Anemia is the most common disorder that affects RBCs. Oxygen delivery to the tissue is inadequate either because of deficient hemoglobin, abnormal hemoglobin, or a low number of

RBCs. Polycythemia, the opposite kind of disorder, is a condition of too many RBCs in circulation (Capriotti, 2024).

Anemia is the major pathophysiological condition affecting RBCs. It can be defined as a decreased RBC mass that becomes clinically apparent when levels of hemoglobin and hematocrit are less than normal. A complete blood count measures all RBCs and RBC characteristics. Different types of anemia produce different CBC results (Capriotti, 2024).

Gastrointestinal bleeding is when there is blood loss from any of the several organs included in your digestive system. It can occur from any part of the GI tract that runs from your mouth to your anus. An acute GI bleed is when there is a sudden, severe bleeding that's a sign of a medical emergency (Cleveland Clinic, 2022).

This patient was found by her son on the floor next to her bed. The patient was extremely weak and son noticed she was extremely pale. The son thought a trip to the emergency room would be a good idea. On arrival to the emergency room patients' blood pressure was 60/41. Hemoglobin was 4.5 and platelets were 114. Patient stated in the emergency room she has had black tarry stools for about 3 months. An occult stool was collected and was positive. The patient received two units of packed red blood cells. GI was consulted for concerns of a GI bleed.

Pathophysiology References (2) (APA):

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

Cleveland Clinic. (2022). *Gastrointestinal (GI) Bleeding: Symptoms, Diagnosis, Treatment*. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/23391-gastrointestinal-gi-bleeding

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
RBC	2.39	4.62	3.80-5.30 10(6)/mcL	This helps indicate anemia. This is low because the patient may have a bleed somewhere or is anemic (Pagana, et al., 2025).
Hgb	4.5	9.9	12-15.8 g/dL	This helps indicate anemia. This is low because the patient may have a bleed somewhere or is anemic (Pagana, et al., 2025).
Platelets	114	121	140-440 10(3)/mcL	This is can indicate an accelerated destruction caused by some drugs (Pagana, et al., 2025).
Chloride	113	106	98-107 mmol/L	The patient can have low chloride due to congestive heart failure or hypokalemia (Pagana, et

				al., 2025).
CO2	16	22	22-30 mmol/L	Patient has asthma and emphysema not allowing for proper gas exchange (Pagana, et al., 2025).
BUN	25	4	10-20 mg/dL	This is a rough measurement of renal function and GFR. Also measurement of liver function (Pagana, et al., 2025).
Calcium	8.2	8.2	8.7-10.5 mg/dL	This helps monitor patients with renal failure (Pagana, et al., 2025).
Potassium	3.5	2.9	3.5-5.1 mmol/L	Patient had low potassium due to GI loss frombowel prep (Pagana, et al., 2025).
Creatinine	0.95	0.54	0.6-1.0 mg/dL	This value indicates impaired renal function (Pagana, et al., 2025).
Glucose	161	229	70-99 mg/dL	Patient has a history of diabetes (Pagana, et al.,

				2025).
Total protein	5.1	5.6	6.0-8.0 g/dL	This can be caused by infection, inflammation, and hematologic malignancy (Pagana, et al., 2025).
Albumin	3.2	3.4	3.5-5.0 g/dL	This can be caused by infection, inflammation, and hematologic malignancy (Pagana, et al., 2025).
Hematocrit	17.8	34.8	36.0-47.0%	This helps indicate anemia. This is low because the patient may have a bleed somewhere or is anemic (Pagana, et al., 2025).
MCV	74.5	75.3	82.0-96.0 fL	This can help diagnose anemia. This is low because the patient may have a bleed somewhere or is anemic (Pagana, et al., 2025).

MCH	18.8	21.4	26.0-34.0 pg	This can help diagnose anemia. This is low because the patient may have a bleed somewhere or is anemic (Pagana, et al., 2025).
MCHC	25.3	28.4	31.0-36.0 g/dL	This can help diagnose anemia. This is low because the patient may have a bleed somewhere or is anemic (Pagana, et al., 2025).
RDW	19.4	20.2	11.8-15.5%	This can help diagnose anemia. This is low because the patient may have a bleed somewhere or is anemic (Pagana, et al., 2025).
Lymphocytes	6.6	13.3	18.0-42.0%	This helps indicate infection, neoplasm, allergy, or immunosuppression (Pagana, et al., 2025).

Monocytes	6.0	13.0	4.0-12.0%	This helps indicate infection, neoplasm, allergy, or immunosuppression (Pagana, et al., 2025).
Immature granulocyte	0.9	0.6	0.0-0.4%	This helps indicate infection, neoplasm, allergy, or immunosuppression (Pagana, et al., 2025).
Absolute lymphocytes	0.78	0.91	1.30-3.20 10(3) mcL	This helps indicate infection, neoplasm, allergy, or immunosuppression (Pagana, et al., 2025).
Absolute immature granulocyte	0.11	0.04	0.0-0.03 10(3) mcL	This helps indicate infection, neoplasm, allergy, or immunosuppression (Pagana, et al., 2025).
Occult stool	Positive	N/A	Negative	This helps indicate a GI bleed (Pagana, et al., 2025).

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	1/24/26: CT Head w/out contrast	Fall; hit head. On Xarelto and Plavix.	Nothing acute, no stroke, mass, or hemorrhage. Noted cerebral atrophy.
N/A	N/A	1/25/26: EKG	Rapid heart rate. Low potassium level.	Atrial fibrillation with rapid ventricular rate.
N/A	N/A	1/27/26: CT head without contrast	Altered mental status.	Nothing acute.
N/A	N/A	1/27/26: MRI brain without contrast	Altered mental status.	Limited exam due to noncompliance. Nothing acute.
N/A	N/A	1/28/26: colonoscopy	Severe anemia. Positive occult stool.	Cecal inflammation, sigmoid

				diverticulosis, distal rectal inflammation with ulcers. No signs of active bleeding.

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
For blood sugars of 70mg/dL or less follow protocol; Notify physician of glucose less than 50; Notify physician of glucose greater than 350; perform POC blood glucose AC and HS	This order is for the nurses to be aware of when the physician needs to be notified since this patient is diabetic and receiving sliding scale insulin.
Maintain IV while on telemetry	This order was placed to make sure the patient keeps a patent IV while on the floor.
Telemetry monitoring	This order was placed because this patient was having arrhythmias, had low potassium, ad was receiving supplemental IV potassium.
Notify physician of bradycardia or ventricular	This order was placed because the patient

arrhythmias	received cardiac medications that could potentially make the patient bradycardic or go into another arrhythmia.
Promote adequate fluid intake	This patient had poor kidney function and received bowel prep. This was to promote the patient to drink fluids orally to avoid IV fluids.
Orthostatic vital signs	This patient became dizzy, so this order was placed to rule out orthostatic hypotension.
Place SCD's	This order was placed before the patient went down for a colonoscopy for DVT prophylaxis.
Soap suds enema	The patient had this order due to being non-compliant with the oral bowel prep.
Strict I and O	This order was placed because the patient has congestive heart failure and needs to have fluids monitored.
Transfusion reaction management	This order was placed because the patient needed a blood transfusion for her anemia.
Verify discontinuation of anticoagulants and antiplatelets	This order was placed to make sure all possible medications that may cause bleeding were stopped.
Verify informed consent for blood transfusion	This was placed because it is crucial to

	always get consent for a blood transfusion.
Verify consent for colonoscopy	This was placed because it is crucial to always get consent for a colonoscopy.
Consult Physical therapy and Occupational Therapy	This order was placed because this patient was extremely weak and need therapy to regain strength.
Consult GI	This order was placed because the patient had a significant drop in her hemoglobin, had a positive occult stool, and had black stools for the past three months.

Hospital Medications (Must List ALL)

Brand/ Generic	Humalog/ lispro	Toprol- XL/ metoprolol	Asmanex HFA/ momeatasone	Stiolto Respimat/ tiotropium olodaterol	Protonix/ pantoprazole	Klor-Con 10/ potassium chloride
Dose, frequency, route	Sliding scale, AC & HS, subq	25mg, daily, oral	200mcg/ ACT, 2 puffs BID, inhalation	2.5-2.5mcg/ ACT, 2 puffs daily, inhalation	40mg, daily, oral	20mEq/ 100ml, x1 order given twice, IVPB
Classification (Pharmacological and therapeutic and action of the drug		T: Antihypertensive P: beta blocker A: lowers b/p by beta-blocking effects; reduces	P: Glucocorticoid T: Anti-inflammatory A: Inhibits the activity of	P: Anticholinergic T: Bronchodilator A: Prevents acetylcholine from attaching to	P: Proton pump inhibitor T: Antiulcer Action: Interferences with gastric inhibition	P: Electrolyte cation T: Electrolyte replacement A: Acts as the

		elevated renin plasma levels; blocks beta 2-adrenergic receptors in the bronchial, vascular smooth muscle only at high doses; negative chronotropic effect (2025: NDH: Nurse's drug handbook, 2024).	cells and mediators active in the inflammatory response, possibly by decreasing influx of inflammatory cells into nasal passage and thereby decreasing nasal inflammation (2025: NDH: Nurse's drug handbook, 2024).	muscarinic receptors on membrane of smooth muscle cells, thereby blocking acetylcholine's effects in the bronchi and bronchioles to relax smooth muscles and causes bronchodilators (2025: NDH: Nurse's drug handbook, 2024).	the hydrogen-potassium-adenosine triphosphatase enzyme system, or proton pump, in gastric parietal cells (2025: NDH: Nurse's drug handbook, 2024).	major cation in intracellular fluid, activating many enzymatic reactions essential for physiological processes, including nerve impulse transmission and cardiac and skeletal muscle contraction (2025: NDH: Nurse's drug handbook, 2024).
Reason Client Taking	Patient takes this medication for diabetes type 2.	Patient takes this medication for hypertension/ Afib.	Patient takes this medication for asthma.	Patient takes this medication for asthma.	Patient takes this medication for GERD.	Patient takes this medication for low potassium.
Two contraindications (pertinent to the client)	- Hypoglycemia unawareness - hypokalemia risk (2025: NDH:	-Diabetes Mellitus -asthma (2025: NDH: Nurse's drug handbook, 2024).	- hypertension -heart failure (2025: NDH: Nurse's drug handbook	-CHF -diabetes mellitus (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

	Nurse's drug handbook, 2024).		, 2024).			, 2024).
Two side effects or adverse effects (Pertinent to the client)	- hypoglycemia - hypokalemia (2025: NDH: Nurse's drug handbook, 2024).	-Dyspnea -Hypo/ hyperglycemia (2025: NDH: Nurse's drug handbook, 2024).	- Bronchitis -Upper respiratory infection (2025: NDH: Nurse's drug handbook, 2024).	- hypokalemia -arrhythmia (2025: NDH: Nurse's drug handbook, 2024).	- Hyperglycemia -Dyspnea (2025: NDH: Nurse's drug handbook, 2024).	1. arrhythmias 2. GI bleeding (2025: NDH: Nurse's drug handbook, 2024).
List two teaching needs for the medication pertinent to the client		-Caution patient to not stop medication abruptly -Tell patient to contact provider if breathing difficulties occur, edema, or other signs of heart failure worsen, or if other persistent, serious or unusual adverse reactions occur (2025: NDH: Nurse's drug handbook, 2024).	-Instruct patient how to administer form of mometasone prescribed. -Tell patient to take drug exactly as prescribed and not to change dosage without consulting with prescriber first (2025: NDH: Nurse's drug handbook,	-Instruct patient on proper use of inhalant device -Tell patient to notify prescriber of any other persistent, serious, or unusual adverse reactions (2025: NDH: Nurse's drug handbook, 2024).	-Instruct patient to notify prescriber if diarrhea occurs and becomes prolonged or severe as additional therapy may be needed. -Review bleeding and infection control measures with patient (2025: NDH: Nurse's drug handbook, 2024).	-Teach patient how to take a radial pulse and advise them to notify prescriber about significant changes in heart rate or rhythm. -Teach patient to notify staff immediately if IV site become red, cool, or burns more (2025:

			2024).			NDH: Nurse's drug handbook, 2024).
Two Key nursing assessment (s) prior to administration	-Assess blood glucose level -Assess baseline creatinine (2025: NDH: Nurse's drug handbook, 2024).	-Assess abrupt withdrawal, which may cause a MI -Assess blood pressure and heart rate (2025: NDH: Nurse's drug handbook, 2024).	-Assess lung sounds -Assess oxygen saturation (2025: NDH: Nurse's drug handbook, 2024).	-Assess lung sounds -Assess oxygen saturation (2025: NDH: Nurse's drug handbook, 2024).	-Check for use of NSAIDs, anticoagulants, and antiplatelet drugs. -Assess for any GI symptoms (2025: NDH: Nurse's drug handbook, 2024).	-Assess serum potassium level -Assess for heart arrhythmias (2025: NDH: Nurse's drug handbook, 2024).
Brand/ Generic	Klonopin/ clonazepam	Nicoderm cq/ nicotine	Ultram/ tramadol	Lipitor/ atorvastatin	Catapres/ clonidine	Cymbalta / duloxetine
Dose, frequency, route	0.5mg, BID PRN, oral	21mg/24 hours, daily, transdermal patch	50mg, daily PRN, oral	40mg, HS, oral	0.2mg, BID, oral	30mg, daily, oral
Classification (Pharmacological and therapeutic and action of the drug	P: Benzodiazepine T: Anticonvulsant, antipanic controlled substance schedule: IV A: Acts to prevent panic and seizures	T: smoking deterrent P: nicotinic agonist A: agonist at nicotinic receptors in peripheral central nervous systems; acts at sympathetic ganglia, on chemoreceptors of aorta,	P: Opioid agonist T: Opioid analgesic Controlled substance scheduled: IV A: Binds with mu receptors and inhibits the	P: HMG-CoA reductase inhibitor T: Antihyperlipidemic A: Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA	P: Centrally acting alpha agonist T: Analgesic, antihypertensive, behavior modifier A: Stimulates peripheral alpha-	P: Selective serotonin and norepinephrine reuptake inhibitor T: Antidepressant, neuropathic and musculoskeletal

	through unknown mechanism. However, it is thought drug may potentiate the effects of GABA (2025: NDH: Nurse's drug handbook, 2024).	carotid bodies; also affects adrenaline-releasing catecholamines (2025: NDH: Nurse's drug handbook, 2024).	reuptake of norepinephrine and serotonin, which may account for tramadol's analgesic effect (2025: NDH: Nurse's drug handbook, 2024).	reductase and cholesterol synthesis in liver by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown (2025: NDH: Nurse's drug handbook, 2024).	adrenergic receptors in the CNS to produce transient vasoconstrictive and then stimulate central alpha-adrenergic receptors in the brain stem to reduce heart rate, peripheral vascular resistance, and systolic and diastolic blood pressure (2025: NDH: Nurse's drug handbook, 2024).	pain reliever (2025: NDH: Nurse's drug handbook, 2024).
Reason Client Taking	Patient takes this medication for anxiety.	Patient takes this medication for nicotine dependence.	Patient takes this medication for moderate to severe pain.	Patient takes this medication for hyperlipidemia.	Patient takes this medication for hypertension.	This patient is taking this medication for mood disorder.
Two contraindications (pertinent to the	-pulmonary impairment -renal	-Diabetes Mellitus -Coronary/ renal/hepatic disease (2025:	-electrolyte abnormalities	-renal impairment -diabetes mellitus (2025:	-hypotension -Dehydrati	-Renal impairment -hypertens

client)	impairment (2025: NDH: Nurse's drug handbook, 2024).	NDH: Nurse's drug handbook, 2024).	-asthma (2025: NDH: Nurse's drug handbook, 2024).	NDH: Nurse's drug handbook, 2024).	on (2025: NDH: Nurse's drug handbook, 2024).	ion (2025: NDH: Nurse's drug handbook, 2024).
Two side effects or adverse effects (Pertinent to the client)	- respiratory depression - hypotension (2025: NDH: Nurse's drug handbook, 2024).	-hypotension -headache (2025: NDH: Nurse's drug handbook, 2024).	- hypotension - hypoglycemia (2025: NDH: Nurse's drug handbook, 2024).	-acute renal failure -diabetes mellitus (2025: NDH: Nurse's drug handbook, 2024).	- hypotension - fatigue (2025: NDH: Nurse's drug handbook, 2024).	- Hypertension -Cough (2025: NDH: Nurse's drug handbook, 2024).
List two teaching needs for the medication pertinent to the client	-Instruct patient to take as prescribed. -Instruct patient to report difficulty urinating, palpations, persistent drowsiness, and other disruptive adverse reactions (2025: NDH: Nurse's drug handbook, 2024).	-Inform patient that it may take several attempts to stop smoking. -Instruct patient how to properly use nicotine product and read the box instructions (2025: NDH: Nurse's drug handbook, 2024).	-Caution patient to not stop medication abruptly. - Instruct patient to inform all prescribers of tramadol therapy because of potential drug interactions (2025: NDH: Nurse's drug handbook, 2024).	-Reinforce the benefits of therapy and urge patient to comply. -Advise patient with diabetes to monitor blood glucose levels closely (2025: NDH: Nurse's drug handbook, 2024).	-Instruct patient too report chest pan, dizziness, with position changes, excessive drossiness, rash, urine retention, and vision changes. -Instruct patient how to take own blood pressure and pulse before administration (2025: NDH:	-Instruct patient that full effect of duloxetine may take weeks to occur -Advise patient not to stop duloxetine abruptly (2025: NDH: Nurse's drug handbook, 2024).

					Nurse's drug handbook, 2024).	
Two Key nursing assessment (s) prior to administration	-assess behavior changes -assess for depression (2025: NDH: Nurse's drug handbook, 2024).	-Assess smoking cessation -Assess for smoking withdrawal(2025: NDH: Nurse's drug handbook, 2024).	-Assess baseline creatinine -assess B/P (2025: NDH: Nurse's drug handbook, 2024).	-Assess baseline creatinine -Assess glucose level (2025: NDH: Nurse's drug handbook, 2024).	-Assess heart rate and B/P -assess baseline creatinine (2025: NDH: Nurse's drug handbook, 2024).	-Assess renal functions. -Assess mood, affect, anxiety, and depression severity (2025: NDH: Nurse's drug handbook, 2024).
Brand/ Generic	Lyrica/ pregabalin	Seroquel/ quetiapine	Desyrel/ trazodone			
Dose, frequency, route	150mg, TID, oral	50mg, HS, oral	150mg, HS, oral			
Classification (Pharmacological and therapeutic and action of the drug	T: Anticonvulsive, analgesic P: Gabba aminobutyric acid analog A: binds to high-voltage-gated calcium channel in CNS tissue; this	P: Dibenzothiazepine T: Antipschotic A: May produce antipsyvhotic effects by interfering with dopamine binding to dopamine type 2- receptor sites in the	P: Antidepressant T: triazolopyridine A: selectively inhibits serotonin uptake by brain; potentiates behavioral changes			

	may lead to anticonvulsive action similar to the inhibitory neurotransmitter GABA; anxiolytic, analgesic, and antiepileptic properties (2025: NDH: Nurse's drug handbook, 2024).	brain and by antagonizing serotonin 5-HT2, dopamine type 1. Histamine H1, and alpha1-adrenergic and alpha2-adrenergic receptors (2025: NDH: Nurse's drug handbook, 2024).	(2025: NDH: Nurse's drug handbook, 2024).
Reason Client Taking	Patient takes this medication for pain.	Patient takes this medication for mood disorder.	Patient takes this medication for insomnia.
Two contraindications (pertinent to the client)	- renal disease - respiratory impairment (2025: NDH: Nurse's drug handbook, 2024).	-hypokalemia -CHF (2025: NDH: Nurse's drug handbook, 2024).	- Dehydration -Seizure disorders (2025: NDH: Nurse's drug handbook, 2024).
Two side effects or adverse effects (Pertinent to the	- respiratory depression -platelets decrease (2025:	-hypotension -anemia (2025: NDH: Nurse's drug handbook, 2024).	- Weakness -Acute renal failure (2025:

client)	NDH: Nurse's drug handbook, 2024).		NDH: Nurse's drug handbook, 2024).
List two teaching needs for the medication pertinent to the client	- Warn against stopping abruptly. -Instruct diabetic patients to inspect their skin while taking this medication because of possible development of skin sores or ulcers (2025: NDH: Nurse's drug handbook, 2024).	-Advise patient not to stop medications abruptly because it can exacerbate symptoms or produce withdrawal symptoms -Instruct patient to rise slowly from lying down or seated position to reduce risk of dizziness or fainting (2025: NDH: Nurse's drug handbook, 2024).	-Urge patient to not take medication on an empty stomach because this may increase dizziness -Instruct not to abruptly stop medication (2025: NDH: Nurse's drug handbook, 2024).
Two Key nursing assessment (s) prior to administration	-Assess baseline creatinine -Assess for behavior changes (2025: NDH: Nurse's drug handbook, 2024).	- monitor glucose - assess for usual behavior changes (2025: NDH: Nurse's drug handbook, 2024).	- assess for orthostatic hypotension - assess unusual behaviors (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. metoprolol	The patient has atrial fibrillation. This can be deadly if not controlled.	1. Dyspnea 2.Hypo/hyperglycemia (2025: NDH: Nurse's drug handbook, 2024).
2.potassium	This patient's potassium level is really low. This can cause dysrhythmias.	1.Arrhythmias 2.GI bleeding (2025: NDH: Nurse's drug handbook, 2024).
3. clonidine	The patient has hypertension. Without controlling her hypertension it can cause multiple organs to fail.	1.Hypotension 2. Fatigue (2025: NDH: Nurse's drug handbook, 2024).

Medications Reference (1) (APA)

Skidmore-Roth, L. (2024). *Mosby's 2024 Nursing Drug Reference* (37th ed.). Elsevier.

Jones & Bartlett Learning. (2025). *NDH Nurse's Drug Handbook* (24th ed.). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions:	Alert and oriented to person, place, and situation, confused on day month and year, but knows who the president is. No signs or acute distress. Patient states she needs to bathe but needs to go down for her colonoscopy and then would like to shower. Patient hair is messy and needs to be

Client Complaints or Concerns:	washed but rest of body is well groomed and patient has a new gown on. Patient is on standard precautions. Patient states she is tired of the bowel prep because her butt is sore.
VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:	Temp: 98.1 orally Resp Rate: 16 regular rate and rhythm, non-labored Pulse: 98 auscultated apically, irregular rhythm B/P: 133/96 automatic machine done in left arm supine Oxygen: 97% pulse ox Delivery method: room air
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	Time 0730 1430 Numerical 0-10 Numerical 0-10 Patient rated pain 0 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:	 20 gauge Left posterior forearm Inserted 1/27/26 Clean, dry, and intact No signs of erythema or drainage Transparent film, clean dry, and intact Saline locked
INTEGUMENTARY: Skin color: pale Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: 17 Drains present: Y☐ N ☒ Type:	 Skin color is pale. Upper arms have scattered bruises. Skin is warm and dry. No rashes present. Braden scale is a 17. No drains present.
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth: dentures	 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 has dentures, but they are in a denture cup soaking.

CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y ☐ N ☒ Edema Y ☐ N ☒ Location of Edema:	.Clear S1 and S2. No murmurs, gallops, or rubs. Apical pulse auscultated at 5th intercostal space midclavicular line. Irregular rate and rhythm. Capillary refill less than 2 seconds. No JVD noted. Bilateral radial pulse palpable 2+, bilateral pedal pulses palpable 1+. No edema present. Patient states no chest pain.
RESPIRATORY: Accessory muscle use: Y☐ N ☒ Breath Sounds: Location, character	Patient has shortness of breath on exertion. No retractions or accessory muscle use. Chest rise and fall are equal bilaterally.
GASTROINTESTINAL: Diet at home: cardiac Current Diet: Is Client Tolerating Diet? Height: 5’6 Weight: 143 lbs Auscultation Bowel sounds: Last BM: 1/28/26 Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: left hip from hip surgery, lumbar spine from previous back surgery Drains: Wounds: Ostomy: Y ☐ N ☒ Nasogastric: Y ☐ N ☒ Size: Feeding tubes/PEG tube Y ☐ N ☒ Type:	Patient eats a cardiac diet at home. Current diet is a general. Patient is tolerated diet well. Patient is 5 foot 6 inches. Patient weighs 143 pounds. Bowel sounds are present in all 4 quadrants and hyperactive. Patient's last bowel movement 1/28/26. Patient had a large amount of liquid stool. No pain or masses upon palpation. Abdomen is round, non- distended, and soft. No ostomy, nasogastric, or feeding / PEG tubes
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☒ Dialysis: Y ☐ N ☒ Inspection of genitals: Catheter: Y ☐ N ☒ Type: Size:	Urine is clear yellow and no odor. Patient voided 650ml in commode and depend combined. Patient is not normally incontinent although has been incontinent since bowel prepping her. No pain with urination. No dialysis. Perineal is free from excoriation. No internal or external catheter used.

Intake (in mLs) Output (in mLs)	In 24 hours patient has had 1,440ml intake and 650ml output.
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y☒ N ☐ Fall Risk: Y ☒ N☐ Fall Score: high Activity/Mobility Status: Activity Tolerance: Independent (up ad lib) Needs assistance with equipment Needs support to stand and walk	Patient is alert and oriented x3 to person, place, and situation. Patient is confused at date, month, and year but knows the president. Patient has mild weakness to her bilateral lower extremities. Patient has equal strength in bilateral upper extremities and bilateral lower extremities. Patient used a walker to move around. Patient needs assistance in all ADLs. Patient needs frequent breaks to complete ADLs since she 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 assistance with equipment and maximal assistance to stand.
NEUROLOGICAL: MAEW: Y ☒ N☐ PERLA: Y ☒ N☐ Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☒ Orientation: Mental Status: Speech: Sensory: LOC:	Patient moves all extremities slowly. PERRLA is bilaterally intact. No visible signs of drainage. Moderate weakness is present. Patient strength is equal and moderatley weak to bilaterally lower extremities. Patient is alert and oriented x3. Speech is clear and concise. No sensory deficits.
PSYCHOSOCIAL/CULTURAL: Coping method(s): watching television and visiting with family Developmental level: Religion & what it means to pt.: N/A Personal/Family Data (Think about home environment, family structure, and available family support):	Patient coping method is watching tv and visiting with family. Patient is at the Erikson's ego integrity vs despair stage. Patient does not have a religious preference. Patient states she is very close family. She also states she has no religious preference.

Discharge Planning

Discharge location: Patient is discharging to SNF for rehab.

Home health needs: Patient would benefit from rehab for strength or even long term care.

Equipment needs: Patient is currently using a walker 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, GI, and cardiologist.

Education needs: Patient needs to be educated on dietary management, management of anemia, and management of congestive heart failure.

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

Nursing Diagnosis • 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 • Explain why the nursing diagnosis was chosen	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
1. Ineffective tissue perfusion related to acute blood loss and pallor as evidenced by low hemoglobin levels	Patient had a severe blood loss.	Patient will report relief of shortness of breath, chest pain, and fatigue (Phelps, 2023).	1. Transfuse blood. 2. Find the cause of blood loss by colonoscopy (Phelps, 2023).	Patient's hemoglobin stabilized at 9.9. No active bleeding found, patient's hemoglobin stable.

(Phelps, 2023).				
2. Decreased Cardiac Output related to reduced oxygen transport as evidenced by tachycardia, dizziness, and hypotension (Phelps, 2023).	Patient became tachycardia, dizzy, and had sever hypotension.	Patient's heart rate and blood pressure will remain stable (Phelps, 2023).	1. Monitor vital signs regularly. 2. Transfuse blood (Phelps, 2023).	Patient's vital signs were stable. Patients' blood pressure increased and tachycardia resolved.
3. Electrolyte imbalance related to changes in regulation of potassium as evidenced by alterations in the electrical conductivity of the heart (Phelps, 2023).	Patient's potassium level has decreased.	Patient will not experience dysrhythmias (Phelps, 2023).	1. Administer prescribed IV potassium. 2.Monitor strict I & O (Phelps, 2023).	Patient T wave decreased and she flipped back into sinus rhythm.
4. Fatigue related to decreased hemoglobin as evidenced by inability to maintain physical activity (Phelps, 2023).	Patient was so weak that she almost had multiple falls in the hospital.	Patient will report an increase in energy and ability to perform tasks (Phelps, 2023).	1. Administer blood. 2Instruct on energy conservation (Phelps, 2023).	Patient feeling less fatigued. Patient was able to perform ADLs with minimal help.

Other References (APA):

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

Nursing Process Prioritization	Rationale
1. Ineffective tissue perfusion related to acute blood loss and pallor as evidenced by low hemoglobin levels (Phelps, 2023).	Patient had a severe blood loss.
2. Decreased Cardiac Output related to reduced oxygen transport as evidenced by tachycardia, dizziness, and hypotension (Phelps, 2023).	Patient became tachycardia, dizzy, and had sever hypotension.
3. Electrolyte imbalance related to changes in regulation of potassium as evidenced by alterations in the electrical conductivity of the heart (Phelps, 2023).	Patient's potassium level has decreased.
4. Fatigue related to decreased hemoglobin as evidenced by inability to maintain physical activity (Phelps, 2023).	Patient was so weak that she almost had multiple falls in the hospital.

Other References (APA):

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