

Samantha Garcia

Lakeview College of Nursing

N431: Adult Health II

Care Plan # 1

**Professor** Jami Dowell

1/31/26

### Demographics

Date of Admission 1/24/26	Client Initials PS	Age 83	Biological Gender Female
Race/Ethnicity White/ non-Hispanic	Occupation retired	Marital Status Widowed	Allergies Cephalexin, diphenhydramine, Augmentin, tioconazole, hydrocodone, lamotrigine, levofloxacin, nystatin, propoxyphene-sp.
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 systolic-sp. 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 12<sup>th</sup> grade, and trade school (beauty school).

Living Situation: Lives at home alone.

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

## Admission History

**Chief Complaint:** Patient's son found her on floor in bedroom. Patient stated she fell out of bed.

The patient is on Xarelto and Plavix, ~~concern for~~ posing bleeding risk. Patient's son said she looked very pale, so he brought her in. On arrival, the patient's blood pressure was 60/41. Hemoglobin was 4.5 and platelets were 114. Patient stated she has had black tarry stools for about 3-three months. An occult stool was collected and was positive. The 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 to clean myself 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~~ signaling 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 her 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 patient's 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 specialist was consulted for concerns of a GI bleed, and a colonoscopy was done to see if there was any signs of active bleeding. No active bleeding was found.

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. This patient may have poor renal function (Pagana, et al., 2025).
Calcium	8.2	8.2	8.7-10.5 mg/dL	This helps monitor patients with renal failure. This patient may have poor renal function (Pagana, et al., 2025).

Potassium	3.5	2.9	3.5-5.1 mmol/L	Patient had low potassium due to GI loss from bowel prep (Pagana, et al., 2025).
Creatinine	0.95	0.54	0.6-1.0 mg/dL	This value indicates impaired renal function. This patient may have poor kidney function (Pagana, et al., 2025).
Glucose	161	229	70-99 mg/dL	This can be off with diabetics. 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. This patient was NPO for 48 hours due to bowel prepping. She could have had inflammation in her bowels (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. This patient was NPO for 48 hours due to bowel prepping. She could have had inflammation in her bowels (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. This patient has chronic lung disorders (Pagana, et al.,

				2025).
Monocytes	6.0	13.0	4.0-12.0%	This helps indicate infection, neoplasm, allergy, or immunosuppression. This patient has chronic lung disorders (Pagana, et al., 2025).
Immature granulocyte	0.9	0.6	0.0-0.4%	This helps indicate infection, neoplasm, allergy, or immunosuppression This patient has chronic lung disorders (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. This patient has chronic lung disorders (Pagana, et al., 2025).
Absolute immature	0.11	0.04	0.0-0.03	This helps indicate

granulocyte			10(3) mL	infection, neoplasm, allergy, or immunosuppression. This patient has chronic lung disorders (Pagana, et al., 2025).
Occult stool	Positive	N/A	Negative	This helps indicate a GI bleed. This patient may have had blood loss in the GI (Pagana, et al., 2025).

**NEED REFERENCE HERE FOR LABS PER RUBRIC EVEN THOUGH NOT ON**

**TEMPLATE---always go by the rubric as a double check.**

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 Purpose: Is to diagnose disease and injuries (Pagana, et al., 2025).	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.	Atrial

		<p>Purpose: records the electrical signals of the heart to check for different heart arrhythmias (Pagana, et al., 2025).</p>	Low potassium level.	fibrillation with rapid ventricular rate.
N/A	N/A	<p>1/27/26: CT head without contrast</p> <p>Purpose: Is to diagnose disease and injuries (Pagana, et al., 2025).</p>	Altered mental status.	Nothing acute.
N/A	N/A	<p>1/27/26: MRI brain without contrast</p> <p>Purpose: Is to create detailed images of soft tissues, organs, and bones for diagnosing</p>	Altered mental status.	<p>Limited exam due to noncompliance.</p> <p>Nothing acute.</p>

		<p>musculoskeletal injuries, neurological conditions, and structural abnormalities (Pagana, et al., 2025).</p>		
N/A	N/A	<p>1/28/26: Colonoscopy Purpose: To examine the entire large intestine and rectum to screen for cancer, detect polyps, diagnose GI diseases, and investigate symptoms such as bleeding, abdominal pain, or chronic diarrhea (Pagana, et al.,</p>	<p>Severe anemia. Positive occult stool.</p>	<p>Cecal inflammation, sigmoid diverticulosis, distal rectal inflammation with ulcers. No signs of active bleeding.</p>

		2025).		
--	--	--------	--	--

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, and was receiving supplemental IV potassium.
Notify physician of bradycardia or ventricular arrhythmias	This order was placed because the patient 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 needs 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/ mom eatasone	Stiolto Respimat/ tiotropium olodaterol	Protonix/ pantopraz ole	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
Classificati on (Pharmaco logical and therapeutic and action of the drug		T: Antihypertens ive P: beta blocker A: lowers b/p BP by beta- blocking effects; reduces elevated renin plasma levels; blocks beta 2- adrenergic receptors in the bronchial, vascular smooth muscle only at high doses;	P: Glucocort icoid T: Anti- inflamat ory A: Inhibits the activity of cells and mediators active in the inflamat ory response, possibly by decreasin	P: Anticholine rgic T: Bronchodila tor A: Prevents acetylcholin e from attaching to muscarinic receptors on membrane of smooth muscle cells, thereby blocking acetylcholin e's effects	P: Proton pump inhibitor T: Antiulcer Action: Interferenc es with gastric inhibition the hydrogen- potassium- adenosine triphospha tase enzyme system, or proton pump,	P: Electrolyt e cation T: Electrolyt e replaceme nt A: Acts as the major cation in intracellul ar fluid, activating many enzymatic reactions essential for

		negative chronotropic effect (2025: NDH: Nurse's drug handbook, 2024).	g influx of inflammatory cells into nasal passage and thereby decreasing nasal inflammation (2025: NDH: Nurse's drug handbook, 2024).	in the bronchi and bronchioles to relax smooth muscles and causes bronchodilators (2025: NDH: Nurse's drug handbook, 2024).	in gastric parietal cells (2025: NDH: Nurse's drug handbook, 2024).	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: Nurse's drug handbook, 2024).	-Diabetes Mellitus -asthma (2025: NDH: Nurse's drug handbook, 2024).	- hypertension -heart failure (2025: NDH: Nurse's drug handbook, 2024).	-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, 2024).
Two side effects or adverse effects (Pertinent to the	- hypoglycemia - hypokalemia (2025:	-Dyspnea -Hypo/ hyperglycemia (2025: NDH: Nurse's drug handbook,	- Bronchitis -Upper respiratory	- hypokalemia -arrhythmia (2025: NDH:	- Hyperglycemia -Dyspnea (2025: NDH:	1. arrhythmias 2. GI bleeding (2025:

client)	NDH: Nurse's drug handbook, 2024).	2024).	infection (2025: NDH: Nurse's drug handbook, 2024).	Nurse's drug handbook, 2024).	Nurse's drug handbook, 2024).	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, 2024).	-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 becomes red, cool, or burns more (2025: NDH: Nurse's drug handbook, 2024).
Two Key nursing assessment (s) prior to	-Assess blood glucose level	-Assess abrupt withdrawal, which may cause a MI	-Assess lung sounds -Assess	-Assess lung sounds -Assess oxygen	-Check for use of NSAIDs, anticoagul	-Assess serum potassium level

administration	-Assess baseline creatinine (2025: NDH: Nurse's drug handbook, 2024).	-Assess blood pressure and heart rate (2025: NDH: Nurse's drug handbook, 2024).	oxygen saturation (2025: NDH: Nurse's drug handbook, 2024).	saturation (2025: NDH: Nurse's drug handbook, 2024).	ants, and antiplatelet drugs. -Assess for any GI symptoms (2025: NDH: Nurse's drug handbook, 2024).	-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 through unknown mechanism. However, it is thought drug may potentiate the effects	T: smoking deterrent P: nicotinic agonist A: agonist at nicotinic receptors in peripheral central nervous systems; acts at sympathetic ganglia, on chemoreceptors of aorta, carotid bodies; also affects adrenaline- releasing catecholamines (2025: NDH: Nurse's drug handbook, 2024).	P: Opioid agonist T: Opioid analgesic Controlled substance scheduled : IV A: Binds with mu receptors and inhibits the reuptake of norepinephrine and serotonin, which may account for tramadol'	P: HMG- CoA reductase inhibitor T: Antihyperlipidemic A: Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in liver by increasing the number of LDL receptors on liver cells to	P: Centrally acting alpha agonist T: Analgesic, antihypertensive, behavior modifier A: Stimulates peripheral alpha- adrenergic receptors in the CNS to produce transient vasoconstrictive and then stimulate	P: Selective serotonin and norepinephrine reuptake inhibitor T: Antidepressant, neuropathic and musculoskeletal pain reliever (2025: NDH: Nurse's drug handbook , 2024).

	of GABA (2025: NDH: Nurse's drug handbook, 2024).		s analgesic effect (2025: NDH: Nurse's drug handbook, 2024).	enhance LDL uptake and breakdown (2025: NDH: Nurse's drug handbook, 2024).	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).	
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 client)	- pulmonary impairment -renal impairment (2025: NDH: Nurse's drug handbook, 2024).	-Diabetes Mellitus -Coronary/renal/hepatic disease (2025: NDH: Nurse's drug handbook, 2024).	- electrolyte abnormalities -asthma (2025: NDH: Nurse's drug handbook, 2024).	-renal impairment -diabetes mellitus (2025: NDH: Nurse's drug handbook, 2024).	- hypotension - Dehydration (2025: NDH: Nurse's drug handbook, 2024).	-Renal impairment - hypertension (2025: NDH: Nurse's drug handbook, 2024).
Two side effects or	- respiratory	-hypotension -headache	- hypotensi	-acute renal failure	- hypotensio	- Hypertens

adverse effects (Pertinent to the client)	depression - hypotension (2025: NDH: Nurse's drug handbook, 2024).	(2025: NDH: Nurse's drug handbook, 2024).	on - hypoglycemia (2025: NDH: Nurse's drug handbook, 2024).	-diabetes mellitus (2025: NDH: Nurse's drug handbook, 2024).	n - fatigue (2025: NDH: Nurse's drug handbook, 2024).	ion -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, palpitations, 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 to report chest pain, dizziness, with position changes, excessive drowsiness, rash, urine retention, and vision changes. -Instruct patient how to take own blood pressure and pulse before administration (2025: NDH: Nurse's drug handbook, 2024).	-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).
Two Key nursing assessment (s) prior to administration	-assess behavior changes -assess for depression (2025:	-Assess smoking cessation -Assess for smoking withdrawal(20	-Assess baseline creatinine -assess B/P (2025:	-Assess baseline creatinine -Assess glucose level (2025:	-Assess heart rate and B/P -assess baseline creatinine	-Assess renal functions.  -Assess mood,

	NDH: Nurse's drug handbook, 2024).	25: NDH: Nurse's drug handbook, 2024).	NDH: Nurse's drug handbook , 2024).	NDH: Nurse's drug handbook, 2024).	(2025: NDH: Nurse's drug handbook, 2024).	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			
Classificati on (Pharmac ological and therapeutic and action of the drug	T: Anticonvu lsive, analgesic P: Gabba aminobuty ric acid analog A: binds to high- voltage- gated calcium channel in CNS tissue; this may lead to anticonvul sive action similar to the inhibitory neurotrans mitter GABA;	P: Dibenzothiaze pine T: Antipschotic A: May produce antipsyvhotic effects by interfering with dopamine binding to dopamine type 2- receptor sites in the brain and by antagonizing serotonin 5- HT2, dopamine type 1. Histamine H1, and alpha1- adrenergic and alpha2-	P: Antidepre ssant T: triazolopy ridine A: selectivel y inhibits serotonin uptake by brain; potentiate s behaviora l changes (2025: NDH: Nurse's drug handbook , 2024).			

	anxiolytic, analgesic, and antiepileptic properties (2025: NDH: Nurse's drug handbook, 2024).	adrenergic receptors (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 client)	- respiratory depression -platelets decrease (2025: NDH: Nurse's drug handbook, 2024).	-hypotension -anemia (2025: NDH: Nurse's drug handbook, 2024).	- Weakness -Acute renal failure (2025: NDH: Nurse's drug handbook, 2024).
List two teaching needs for	- Warn against stopping	-Advise patient not to stop	-Urge patient to not take

the medication pertinent to the client	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).	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).	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	1. Dyspnea 2.Hypo/hyperglycemia (2025:

	deadly if not controlled.	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

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:</p>	<p>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 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.</p>
<p>VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:</p>	<p>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</p>
<p>PAIN ASSESSMENT:</p>	<p>Time</p>

Time: Scale: Location: Severity: Characteristics: Interventions:	0730 Numerical 0-10 Patient rated pain 0	1430 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:	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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Skin color is pale. Upper arms have scattered bruises. Skin is warm and dry. No rashes present. Turgor is elastic. 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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:	.Clear S1 and S2. No murmurs, gallops, or rubs. Apical pulse auscultated at 5 <sup>th</sup> 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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	Patient has shortness of breath on exertion. No retractions or accessory muscle use. Chest rise and fall are equal bilaterally.	



<p>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>          Fall Score: high          Activity/Mobility Status:              Activity Tolerance:          Independent (up ad lib)          Needs assistance with equipment          Needs support to stand and walk</p>	<p>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.</p>
<p>NEUROLOGICAL:          MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>          PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>          Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs  <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/>          Orientation:          Mental Status:          Speech:          Sensory:          LOC:</p>	<p>Patient moves all extremities slowly. PERRLA is bilaterally intact. No visible signs of drainage. Moderate weakness is present. Patient strength is equal and moderately weak to bilaterally lower extremities. Patient is alert and oriented x3. Speech is clear and concise. No sensory deficits.</p>
<p>PSYCHOSOCIAL/CULTURAL:          Coping method(s): watching television and visiting with family          Developmental level:          Religion &amp; what it means to pt.: N/A          Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>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.</p>

### 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\*

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<p>Rationale</p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p>Outcome Goal (1 per dx)</p>	<p>Interventions (2 per goal)</p>	<p>Evaluation of interventions</p>
<p>1. Ineffective tissue perfusion related to acute blood loss and pallor as evidenced by low hemoglobin levels (Phelps, 2023).</p>	<p>Patient had a severe blood loss.</p>	<p>Patient will report relief of shortness of breath, chest pain, and fatigue (Phelps, 2023).</p>	<ol style="list-style-type: none"> <li>1. Transfuse blood.</li> <li>2. Find the cause of blood loss by colonoscopy (Phelps, 2023).</li> </ol>	<p>Patient’s hemoglobin stabilized at 9.9. No active bleeding found, patient’s hemoglobin stable.</p>
<p>2. Decreased Cardiac Output related to reduced oxygen transport as evidenced by tachycardia, dizziness, and hypotension (Phelps, 2023).</p>	<p>Patient became tachycardia, dizzy, and had sever hypotension.</p>	<p>Patient’s heart rate and blood pressure will remain stable (Phelps,</p>	<ol style="list-style-type: none"> <li>1. Monitor vital signs regularly.</li> <li>2. Transfuse blood (Phelps, 2023).</li> </ol>	<p>Patient’s vital signs were stable. Patients’ blood pressure increased and tachycardia resolved.</p>

		2023).		
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. 2. Instruct 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.







