

Ngoc Trinh

Lakeview College of Nursing

N431: Adult Health II

Care Plan #1

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Demographics

Date of Admission 2/2/2026	Client Initials J.S.	Age 84	Biological Gender Male
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies Sulfa Antibodies
Code Status Full code	Height 180 cm	Weight 103.8 kg	

Medical History

Past Medical History: Arthritis, Asthma, Congestive heart failure (CHF), Thoracentesis, Hypertension (HTN), Pleural effusion, Skin cancer, Stroke, Status post double coronary artery bypass (CABG).

Past Surgical History: Hernia repair, Total hip arthroplasty.

Family History: Father – Hypertension (HTN), Mother – Stroke, Diabetes.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):

The patient denies the use of smoking, tobacco, alcohol, and drugs.

Education: 4 years of college.

Living Situation: The patient states he lives with his wife.

Assistive devices: Walker

Admission History

Chief Complaint: The patient presented to the emergency department with a complaint of shortness of breath (SOB).

History of Present Illness (HPI)– OLD CARTS

The 84-year-old man, a Caucasian male, presented to the emergency department on 2/2/2026, complaining of SOB. The patient stated he felt SOB since the surgery 5 weeks ago. The patient stated, “When he coughs, he felt chest is tight”. The patient stated that it gets worse in the

morning at 0400, and he tried to sit up to relieve his symptoms. The patient rates his pain at 4/10 on the numerical scale.

Admission Diagnosis

Primary Diagnosis: Congestive heart failure

Secondary Diagnosis (if applicable): Acute decompensated heart failure.

Pathophysiology

HF occurs when decreased cardiac function impairs the heart's ability to pump sufficient blood to meet metabolic demands or can only do so at high filling pressures (Capriotti & Frizzell, 2023). On a micro level, reduced myocardial contractility and/or relaxation leads to a decreased effective stroke volume (Capriotti & Frizzell, 2023). The body attempts to compensate by activating neurohormonal pathways, mainly the sympathetic nervous system (SNS) and renin-angiotensin-aldosterone system (RAAS), to maintain blood pressure and perfusion to vital organs (Capriotti & Frizzell, 2023). Stimulation of the SNS increases heart rate and contractility, as well as constricting blood vessels to shunt blood and increase perfusion to vital organs (Capriotti & Frizzell, 2023). However, this also increases systemic vascular resistance, which increases cardiac workload (Capriotti & Frizzell, 2023). In addition, arteriolar vasoconstriction increases systemic vascular resistance, causing afterload (Capriotti & Frizzell, 2023). This increased workload contributes to greater myocardial oxygen demand and can worsen myocardial ischemia (Capriotti & Frizzell, 2023). RAAS activation causes vasoconstriction via increased angiotensin II and salt/water retention via aldosterone release (Capriotti & Frizzell, 2023). Sodium and water retention increase intravascular volume, which increases preload (Capriotti & Frizzell, 2023).

Chronically, these compensatory effects contribute to ventricular remodeling, decreased pump function, and progression of HF (Capriotti & Frizzell, 2023).

Acute decompensated HF occurs when an inciting event triggers a sudden worsening of congestion (Hinkle et al., 2022). Triggers can vary but often include ischemia, dysrhythmias, medication nonadherence, infections, or excess salt/fluid intake (Capriotti & Frizzell, 2023). Increased left-sided filling pressures lead to increased pulmonary capillary hydrostatic pressures (Hinkle et al., 2022). Fluid moves into the pulmonary interstitium and alveoli by way of pulmonary edema (Hinkle et al., 2022). Pulmonary edema leads to mismatched ventilation/perfusion as well as thickening of the diffusion membrane, which impairs oxygen diffusion (Capriotti & Frizzell, 2023). The primary symptoms that result are dyspnea, tachypnea, and decreased exercise tolerance (Hinkle et al., 2022). When lying supine, venous return increases, further worsening pulmonary congestion and edema (Capriotti & Frizzell, 2023). These changes cause orthopnea and episodes of paroxysmal nocturnal dyspnea when lying flat during the night (Capriotti & Frizzell, 2023). Fluid overload can also extend past the pulmonary interstitium into the pleural space, causing pleural effusions (Hinkle et al., 2022). Pleural effusions compress the lung, limiting its ability to expand during inspiration and causing further shortness of breath (Hinkle et al., 2022).

HF has multiple adverse effects on other body systems as well (Hinkle et al., 2022). Cardiac output is decreased, which diminishes renal perfusion and can exacerbate sodium and water retention (Capriotti & Frizzell, 2023). This combination of factors may lead to cardiorenal dysfunction (Hinkle et al., 2022). Decreased renal perfusion may manifest as rising creatinine levels and a decreasing eGFR, which may become evident during acute decompensation and/or with aggressive diuresis (Hinkle et al., 2022). Electrolyte abnormalities are common during

treatment of HF (Capriotti & Frizzell, 2023). Loop diuretics commonly cause hypokalemia, which predisposes the patient to dysrhythmias, particularly if there is underlying cardiac disease (Capriotti & Frizzell, 2023).

The client's history and symptoms were most consistent with acute decompensated HF complicated by pulmonary edema and pleural effusions (Capriotti & Frizzell, 2023). They described shortness of breath when lying down and during the early morning, which can occur with orthopnea/paroxysmal nocturnal dyspnea secondary to pulmonary congestion (Hinkle et al., 2022). Their diagnostic testing supported this primary diagnosis: chest x-ray showed cardiomegaly, vascular congestion in the central distribution, interstitial opacities consistent with pulmonary edema, and bilateral pleural effusions, consistent with fluid overload and increased cardiac filling pressures (Capriotti & Frizzell, 2023). NT-proBNP was also elevated, which is common when stretch of the ventricular walls is increased as in volume overload states (Hinkle et al., 2022). The client's EKG showed abnormal conduction and ectopy, which can decrease pumping efficiency and exacerbate HF (Capriotti & Frizzell, 2023). A CT angiogram ruled out pulmonary embolus, an alternative diagnosis for acute-onset dyspnea, but confirmed bilateral pleural effusions and patchy atelectasis, which may also worsen respiratory symptoms (Hinkle et al., 2022).

Goals of treatment include improving oxygenation and ventilation, relieving pulmonary congestion, reducing workload on the heart, and treating underlying causes (Capriotti & Frizzell, 2023). Patients with acute decompensated HF are commonly treated with interventions like positioning to maximize ventilation, supplemental oxygen as needed, IV loop diuretics to relieve pulmonary edema by removing excess fluid from the body, and vasodilators when indicated to reduce preload and myocardial oxygen demand, decreasing chest tightness/pain (Capriotti &

Frizzell, 2023). Frequent monitoring should be implemented, including intake and output, daily weights, frequent lung assessments, telemetry monitoring for dysrhythmias, and serial labs to assess renal function and electrolytes (Capriotti & Frizzell, 2023). Monitoring should also include replacing potassium if hypokalemia is present or develops during treatment, particularly with at-risk patients who may develop dysrhythmias (Capriotti & Frizzell, 2023). Clinical data supporting this diagnosis and used to guide treatment in this client included pulmonary congestion and pleural effusions on imaging studies, elevated NT-proBNP, EKG changes, low potassium, and rising creatinine/eGFR trends (Capriotti & Frizzell, 2023).

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2023). *Pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. J. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Potassium	3.4	3.1	3.5 - 5.1mmol/L	The potassium level is abnormally low due to hypokalemia from loop diuretics (Taylor et al., 2023).
Anion gap	15.0	18.0	<18.0 mmol/L	The anion gap is high due to metabolic acidosis from decreased tissue perfusion in heart failure (Taylor et al., 2023).
Creatinine,	1.29	1.60	0.70 – 1.30 mg/dL	The creatinine level is abnormally high due to

Blood				reduced renal perfusion from decreased cardiac output (Taylor et al., 2023).
GFR, Estimated	55	42	≥ 60	The estimated GFR is abnormally low due to decreased renal blood flow and impaired filtration (Taylor et al., 2023).
Glucose	110	93	70 – 99 mg/dL	The glucose level is abnormally high due to a stress response during acute illness (Taylor et al., 2023).
GFR, Est. Non-African	53	41	≥ 60	The non-African estimated GFR is abnormally low due to decreased renal perfusion and reduced filtration (Taylor et al., 2023).
GFR, Est. African	>60	50	≥ 60	The GFR is abnormally low due to reduced renal perfusion and decreased filtration from poor cardiac output (Taylor et al., 2023).
Troponin 1	141.8	N/a	≤ 35.0 mg/L	The troponin level is abnormally high due to myocardial injury/ischemia (Taylor et al., 2023).
NT - proBNP	6,921.4	N/a	< 450.0 Pg/mL	The NT-proBNP level is abnormally high due to ventricular stretch from fluid volume overload (Taylor et al., 2023).
RBC	3.94	4.50	4.40 – 5.80 10(6)/mcL	The RBC count is abnormally low due to anemia from chronic

				disease and/or hemodilution from fluid overload (Taylor et al., 2023).
Hemoglobin	10.6	12.1	13.0 – 16.5 g/dL	The hemoglobin is abnormally low due to anemia (Taylor et al., 2023).
Hematocrit	34.3	39.0	38.0 – 50.0 %	The hematocrit is abnormally low due to anemia and possible hemodilution from excess fluid (Taylor et al., 2023).
MCHC	30.9	31.0	31.0 – 36.0 g/dL	The MCHC is abnormally low due to hypochromic anemia, commonly seen with iron deficiency or chronic disease (Taylor et al., 2023).
RDW	16.5	16.6	11.8 – 15.5 %	The RDW is abnormally high due to variation in RBC size seen with anemia (Taylor et al., 2023).
Neutrophils	69.4	57.8	40.0 – 68.0 %	The neutrophils are abnormally high due to a stress/inflammatory response (Taylor et al., 2023).
Immature granulocyte	0.5	0.4	0.0 – 0.4 %	Immature granulocytes are abnormally high due to increased bone marrow response from stress or possible infection (Taylor et al., 2023).

Previous diagnostic prior to	Previous diagnostic results and	Current Diagnostic Test & Purpose	Clients Signs and Symptoms	Results and correlate to client diagnosis and condition
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admission (ER, clinic etc.) if pertinent to admission diagnosis	correlation to client admission			
	<p>EKG 12-lead</p> <p>Purpose: Evaluate ejection fraction (EF), ventricular function, and valve problems to guide HF management (Pagana et al., 2025).</p> <p>Date: 7/10/2023</p>		Stroke	The EKG is abnormal with 1st-degree AV block and premature supraventricular beats, which can worsen cardiac function and contribute to shortness of breath.
		<p>EKG 12 lead</p> <p>Purpose: Detect dysrhythmias and ischemia that can trigger/worsen acute decompensation (Pagana et al., 2025).</p> <p>Date: 2/2/2026</p>	SOB, chest tightness.	Atrial fibrillation, low voltage QRS, abnormal EKG.
		<p>XR chest single-view portable</p> <p>Purpose: Check for pulmonary</p>	SOB, coughing, and worse when lying	The chest X-ray shows cardiomegaly, central vascular congestion, pulmonary edema, and

		<p>congestion/edema, pleural effusion, and cardiomegaly in suspected HF exacerbation (Pagana et al., 2025).</p> <p>Date: 2/2/2026</p>	down.	<p>bilateral pleural effusions, which support worsening fluid overload. Left basilar atelectasis can also contribute to shortness of breath.</p>
		<p>Computed tomography (CT) angio chest with or without contrast with post processing.</p> <p>Purpose: To rule out a PE and check the aorta and chest vessels for problems while evaluating shortness of breath (Pagana et al., 2025).</p> <p>Date: 2/2/2026</p>	<p>Pulmonary embolism (PE) suspected high probability.</p>	<p>The CT shows no pulmonary embolism, but it does show small–moderate bilateral pleural effusions with bibasilar atelectasis, which supports fluid-related breathing problems. It also notes post-CABG changes, a dilated ascending aorta (4.7 cm), and left rib fractures (1st–4th).</p>

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's diagnostic and laboratory test reference* (17th ed.). Mosby. ISBN 9780323828666

Active Orders

Active Orders	Rationale
Activity Order	To guide safe activity levels and prevent overexertion while short of breath.
Admission weight	To get a baseline for fluid status.
Already on antithrombotic medication	To lower the risk of blood clots that can occur with reduced mobility and cardiac disease.
Ambulate patient	To prevent complications like blood clots and deconditioning as tolerated.
Daily weight	To monitor fluid retention or fluid loss from treatment.
Elevated HOB	To improve breathing and decrease lung congestion.
Insert/ maintain peripheral IV	To provide access for IV diuretics, meds, and labs.
Intake & output qualitative	To track hydration status and kidney response to treatment.
Strict I/O	To closely monitor fluid balance during diuresis and pulmonary edema.
Telemetry monitoring	To monitor for dysrhythmias and conduction changes seen on the abnormal EKG.

Up as tolerated	To allow activity based on symptoms
Vital signs per unit routine.	To monitor response to treatment and watch for worsening (BP, HR, RR, SpO ₂).

Hospital Medications (Must List ALL)

Brand/ Generic	Nitrostat/ Nitroglycerin	Zofran/ Ondansetron	Zofran/ Ondansetron	Pprevnar/ pneumococcal	Glycolax/ Polyethylene	Klor-Con/ Potassium
Dose, frequency, route	0.4 mg/ E5 min/ Sublingual	4mg/ E6H PRN/ PO	4mg/ E6H PRN/ IV	0.5 mL/IM/ Vaccine	17g/ BID PRN/PO	20 mEq. 50mL/hr/ Once/ IV
Classification (Pharmacological and therapeutic and action of the drug)	<p>Pharmacological: Nitrate; antianginal agent (Drugs.com, 2025).</p> <p>Therapeutic: Antianginal/ vasodilator (Jones & Bartlett, 2024).</p> <p>Action: Relaxes vascular smooth muscle to dilate veins and arteries (Drugs.com, 2025).</p>	<p>Pharmacological: 5-HT₃ (serotonin) receptor antagonist (Drugs.com, 2025).</p> <p>Therapeutic: Antiemetic (Jones & Bartlett, 2024).</p> <p>Action: Blocks serotonin (5-HT₃) receptors to prevent and treat nausea and vomiting (Drugs.com, 2025).</p>	<p>Pharmacological: 5-HT₃ (serotonin) receptor antagonist (Drugs.com, 2025).</p> <p>Therapeutic: Antiemetic (Jones & Bartlett, 2024).</p> <p>Action: Blocks serotonin (5-HT₃) receptors to prevent and treat nausea and vomiting (Drugs.com, 2025).</p>	<p>Pharmacological: Pneumococcal conjugate vaccine (Drugs.com, 2025).</p> <p>Therapeutic: Vaccine / immunizing agent (Jones & Bartlett, 2024).</p> <p>Action: Stimulates the immune system to make antibodies that protect against pneumococcal infection (Drugs.com,</p>	<p>Pharmacological: Osmotic laxative (Drugs.com, 2025).</p> <p>Therapeutic: Laxative (Jones & Bartlett, 2024).</p> <p>Action: Draws water into the bowel to soften stool and promote a bowel movement (Drugs.com, 2025).</p>	<p>Pharmacological: Electrolyte replacement (potassium salt) (Drugs.com, 2025).</p> <p>Therapeutic: Potassium supplement (Jones & Bartlett, 2024).</p> <p>Action: Replaces potassium to restore normal potassium levels and support cardiac and muscle function (Drugs.com, 2025).</p>

				2025).		
Reason Client Taking	To relieve chest pain/pressure (Jones & Bartlett, 2024).	To prevent or treat nausea, dizziness (Drugs.com, 2025)	To prevent or treat nausea, dizziness (Drugs.com, 2025)	To prevent pneumococcal pneumonia and invasive disease (Jones & Bartlett, 2024).	To prevent constipation during hospitalization (Jones & Bartlett, 2024).	To treat hypokalemia (Jones & Bartlett, 2024).
Two contraindications (pertinent to the client)	1.Hypotension (Drugs.com, 2025). 2.Use with PDE-5 inhibitors due to severe hypotension risk (Drugs.com, 2025).	1. Hepatic impairment (Drugs.com, 2025) 2. Electrolyte imbalance (Jones & Bartlett, 2024).	1. Hepatic impairment (Drugs.com, 2025) 2. Electrolyte imbalance (Jones & Bartlett, 2024).	1. Severe allergy to the vaccine (Drugs.com, 2025). 2.Moderate/severe acute illness with fever (Jones & Bartlett, 2024).	1. Bowel obstruction (Drugs.com, 2025). 2. Severe abdominal pain, nausea/vomiting of unknown cause (Jones & Bartlett, 2024).	1.Hyperkalemia (Drugs.com, 2025). 2.Severe renal impairment/poor urine output, which increases potassium retention risk (Jones & Bartlett, 2024).
Two side effects or adverse effects (Pertinent to the client)	1.Headache (Drugs.com, 2025). 2.Dizziness (Drugs.com, 2025).	1. Cardiac arrhythmia (Jones & Bartlett, 2024). 2. Lightheadedness (Drugs.com, 2025)	1. Cardiac arrhythmia (Jones & Bartlett, 2024). 2. Lightheadedness (Drugs.com, 2025)	1. Injection-site pain/redness/swelling (Drugs.com, 2025). 2. Fever or fatigue (Drugs.com, 2025).	1. Diarrhea (Drugs.com, 2025). 2.Bloating/cramping (Drugs.com, 2025).	1. IV site pain/phlebitis (Drugs.com, 2025). 2. Hyperkalemia, which can cause dangerous dysrhythmias (Drugs.com, 2025).
List two teaching needs for the medication	1. Sit or lie down before taking; do not stand up quickly to	1. Report palpitations, dizziness, or fainting (Jones &	1. Report palpitations, dizziness, or fainting (Jones &	1.Expect mild arm soreness; use a cool compress if needed (Jones	1.Mix the powder in 4–8 oz of liquid and drink as directed	1.Report burning and pain at the IV site right away (Jones & Bartlett, 2024).

pertinent to the client	prevent dizziness/falls (Jones & Bartlett, 2024). 2. Take 1 tablet under the tongue at chest pain onset; if pain is not relieved after 1 dose, call 911 and may repeat every 5 minutes up to 3 doses as directed (Drugs.com, 2025).	Bartlett, 2024). 2. Report constipation (Jones & Bartlett, 2024).	Bartlett, 2024). 2. Report constipation (Jones & Bartlett, 2024).	& Bartlett, 2024). 2. Seek care for signs of a severe allergic reaction, such as hives, swelling, trouble breathing (Drugs.com, 2025).	(Drugs.com, 2025). 2. Report severe diarrhea, dehydration symptoms, or no bowel movement after use (Jones & Bartlett, 2024).	2. Report signs of high potassium, such as weakness, tingling, or palpitations (Drugs.com, 2025).
Two Key nursing assessment(s) prior to administration	1. Check blood pressure and heart rate before each dose (Jones & Bartlett, 2024). 2. Assess chest pain (location, severity, onset) and monitor response (Jones & Bartlett, 2024).	1. Assess Cardiac history, such as CHF and HTN (Jones & Bartlett, 2024). 2. Assess hydration status (Drugs.com, 2025).	1. Assess Cardiac history, such as CHF and HTN (Jones & Bartlett, 2024). 2. Assess hydration status (Drugs.com, 2025).	1. Check for vaccine allergies and a history of prior reactions (Jones & Bartlett, 2024). 2. Assess current illness/fever status before giving (Jones & Bartlett, 2024).	1. Assess bowel pattern, last BM, abdominal distention/pain, and bowel sounds (Jones & Bartlett, 2024). 2. Monitor hydration status and stools for diarrhea (Jones & Bartlett, 2024).	1. Check current potassium level and renal function, like urine output (Jones & Bartlett, 2024). 2. Assess telemetry/ECG for dysrhythmias and monitor IV site during infusion (Jones & Bartlett, 2024).
Brand/ Generic	Klor-con/ Potassium	Senokot/ Senna	Aldactone/ Spironolactone	Proventil/ Albuterol	Cordarone/ Amiodarone	Eliquis/ Apixaban
Dose, frequency,	20 mEq/ Daily with breakfast/	8.6 mg/ 2 time daily/ PO	25 mg/BID/ PO	2.5 mg/ Q4H/ Nebulization	200 mg/Q2H/ PO	5 mg/ Q2H/ PO

route Classification (Pharmacological and therapeutic and action of the drug)	PO Pharmacological: Electrolyte replacement such as potassium salt (Drugs.com, 2025). Therapeutic: Potassium supplement (Jones & Bartlett, 2024). Action: Replaces potassium to maintain normal potassium levels and support cardiac and muscle function (Drugs.com, 2025).	Pharmacological: Stimulant laxative (Drugs.com, 2025). Therapeutic: Laxative (Jones & Bartlett, 2024). Action: Stimulates intestinal motility and increases fluid in the bowel to promote a bowel movement (Drugs.com, 2025).	Pharmacological: Potassium-sparing diuretic; aldosterone antagonist (Drugs.com, 2025). Therapeutic: Diuretic / antihypertensive; heart failure medication (Jones & Bartlett Learning, 2024). Action: Blocks aldosterone to increase sodium and water excretion while retaining potassium , which reduces fluid overload (Drugs.com, 2025).	Pharmacological: Short-acting beta2-adrenergic agonist (SABA) bronchodilator (Drugs.com, 2025). Therapeutic: Bronchodilator (Jones & Bartlett Learning, 2024). Action: Relaxes bronchial smooth muscle to open airways (Drugs.com, 2025).	Pharmacological: Class III antiarrhythmic (Drugs.com, 2025). Therapeutic: Antiarrhythmic (Jones & Bartlett Learning, 2024). Action: Slows cardiac conduction and helps maintain a regular rhythm (Drugs.com, 2025).	Pharmacological: Factor Xa inhibitor anticoagulant (Drugs.com, 2025). Therapeutic: Anticoagulant / antithrombotic (Jones & Bartlett Learning, 2024). Action: Blocks factor Xa to reduce clot formation (Drugs.com, 2025).
Reason Client Taking	To treat low potassium (Jones & Bartlett, 2024).	To prevent constipation from decreased activity (Jones & Bartlett, 2024).	To reduce fluid retention and improve symptoms in CHF (Jones & Bartlett, 2024).	To relieve wheezing/shortness of breath by opening the airways (Jones & Bartlett, 2024).	To prevent abnormal heart rhythms seen on telemetry/EKG (Jones & Bartlett, 2024).	Treat blood clot (Jones & Bartlett, 2024).

<p>Two contraindications (pertinent to the client)</p>	<p>1.Hyperkalemia (Drugs.com, 2025).</p> <p>2.Severe renal impairment, such as risk of potassium buildup (Jones & Bartlett, 2024).</p>	<p>1.Bowel obstruction (Drugs.com, 2025).</p> <p>2.Severe dehydration/electrolyte imbalance (Jones & Bartlett, 2024).</p>	<p>1.Hyperkalemia (Drugs.com, 2025).</p> <p>2. Severe renal impairment/anuria (Jones & Bartlett, 2024).</p>	<p>1.Hypersensitivity to albuterol (Drugs.com, 2025).</p> <p>2.Tachyarrhythmias (Jones & Bartlett, 2024).</p>	<p>1.Severe bradycardia or heart block without a pacemaker (Drugs.com, 2025).</p> <p>2.QT prolongation (Jones & Bartlett, 2024).</p>	<p>1.Active bleeding (Drugs.com, 2025).</p> <p>2.Severe liver disease or bleeding disorders (Jones & Bartlett, 2024).</p>
<p>Two side effects or adverse effects (Pertinent to the client)</p>	<p>1.GI irritation (nausea/abdominal discomfort) (Drugs.com, 2025).</p> <p>2.Hyperkalemia leading to dysrhythmias (Drugs.com, 2025).</p>	<p>1. Abdominal cramping (Drugs.com, 2025).</p> <p>2. Diarrhea, which can worsen electrolyte loss (Drugs.com, 2025).</p>	<p>1.Hyperkalemia (Drugs.com, 2025).</p> <p>2.Hypotension/dizziness (Drugs.com, 2025).</p>	<p>1.Tachycardia and palpitations (Drugs.com, 2025).</p> <p>2.Tremor/anxiety (Drugs.com, 2025).</p>	<p>1.Bradycardia or hypotension (Drugs.com, 2025).</p> <p>2.Pulmonary toxicity (Drugs.com, 2025).</p>	<p>1.Bleeding/bruising (Drugs.com, 2025).</p> <p>2. Anemia (Jones & Bartlett, 2024).</p>
<p>List two teaching needs for the medication pertinent to the client</p>	<p>1.Take with food and a full glass of water and do not crush extended-release tablets (Jones & Bartlett, 2024).</p> <p>2. Report signs of high potassium, like</p>	<p>1. Take with a full glass of water (Jones & Bartlett, 2024).</p> <p>2. Report diarrhea, dizziness, or weakness (Jones & Bartlett, 2024).</p>	<p>1. Avoid salt substitutes/high-potassium foods unless approved (Jones & Bartlett, 2024).</p> <p>2.Report muscle weakness, tingling, or palpitations</p>	<p>1.Report chest pain or a racing heartbeat after use (Jones & Bartlett, 2024).</p> <p>2.Use as prescribed; if needing it more often, notify the provider</p>	<p>1.Report worsening shortness of breath or cough (Drugs.com, 2025).</p> <p>2.Avoid grapefruit (Drugs.com, 2025).</p>	<p>1.Report signs of bleeding such as black stools, blood in urine, and unusual bruising (Drugs.com, 2025).</p> <p>2.Avoid NSAIDs unless approved; use a soft toothbrush or electric razor</p>

	weakness or palpitations (Drugs.com, 2025).		(signs of high potassium) (Drugs.com, 2025).	(Jones & Bartlett, 2024).		(Jones & Bartlett, 2024).
Two Key nursing assessment(s) prior to administration	1. Check potassium level and trend before giving (Jones & Bartlett, 2024). 2. Assess renal function and urine output (Jones & Bartlett, 2024).	1. Assess last BM, abdominal pain or distention, and bowel sounds (Jones & Bartlett, 2024). 2. Monitor stools and electrolytes if frequent stools occur (Jones & Bartlett, 2024).	1. Check potassium and renal function (BUN/Cr, GFR) (Jones & Bartlett, 2024). 2. Check blood pressure and assess edema/weight trends (Jones & Bartlett, 2024).	1. Assess lung sounds, RR, O ₂ saturation, and work of breathing (Jones & Bartlett, 2024). 2. Check heart rate and monitor for palpitations/dysrhythmias (Drugs.com, 2025).	1. Check apical pulse, BP, and telemetry/ECG before giving (Jones & Bartlett, 2024). 2. Assess respiratory status and review electrolytes such as (K ⁺ /Mg ²⁺) (Jones & Bartlett, 2024).	1. Assess for bleeding and review labs such as Hgb, Hct, or platelets (Jones & Bartlett, 2024). 2. Check renal function and medication interactions (Jones & Bartlett, 2024).
Brand/ Generic	Bayer/ Aspirin	Lipitor/ Atorvastatin	Tums/ Calcium Carbonate	Jardiance/ Empagliflozin	Zetia/ Ezetimibe	Ferrous Sulfate/ Iron
Dose, frequency, route	81mg/ Daily/PO	60 mg/ Daily/ PO	1000mg/ Q8H/ PO	10 mg/ Daily/ PO	10 mg/ Daily/ PO	325 mg/ Daily/ PO
Classification (Pharmacological and therapeutic and action of the drug)	Pharmacological: Antiplatelet (Drugs.com, 2025). Therapeutic: Antiplatelet; cardiovascular prophylaxis (Jones & Bartlett, 2024).	Pharmacological: HMG-CoA reductase inhibitor (Drugs.com, 2025). Therapeutic: Antihyperlipidemic (Jones & Bartlett, 2024).	Pharmacological: Antacid; calcium salt (Drugs.com, 2025). Therapeutic: Antacid; calcium supplement (Jones & Bartlett, 2024).	Pharmacological: SGLT2 inhibitor (Drugs.com, 2025). Therapeutic: Antidiabetic; heart failure medication (Jones & Bartlett, 2024).	Pharmacological: Cholesterol absorption inhibitor (Drugs.com, 2025). Therapeutic: Antihyperlipidemic (Jones & Bartlett, 2024).	Pharmacological: Iron salt and hematinic (Drugs.com, 2025). Therapeutic: Antianemic (Jones & Bartlett, 2024). Action: Replaces iron

	Action: Prevents platelets from clumping to reduce clot formation (Drugs.com, 2025).	Action: Lowers LDL cholesterol by decreasing cholesterol production in the liver (Drugs.com, 2025).	Action: Neutralizes stomach acid and can supplement calcium (Drugs.com, 2025).	Action: Increases glucose excretion in urine and causes mild diuresis, which can improve heart failure symptoms (Drugs.com, 2025).	Action: Decreases cholesterol absorption in the small intestine to lower LDL (Drugs.com, 2025).	needed to make hemoglobin and improve oxygen-carrying capacity (Drugs.com, 2025).
Reason Client Taking	To prevent blood clots and lower the risk of heart attack/stroke with cardiac history (Jones & Bartlett, 2024).	To lower cholesterol and reduce cardiovascular risk with coronary artery disease/CABG history (Jones & Bartlett, 2024).	To relieve heartburn or indigestion (Jones & Bartlett, 2024).	To help control blood sugar and support heart failure management (Jones & Bartlett, 2024).	To reduce the risk of future cardiac events in a patient with coronary artery disease and prior CABG (Jones & Bartlett, 2024).	To treat iron-deficiency anemia such as low Hgb/Hct (Jones & Bartlett, 2024).
Two contraindications (pertinent to the client)	1. Active bleeding or bleeding disorder (Drugs.com, 2025). 2. Allergy to aspirin/NSAIDs (Drugs.com, 2025).	1. Active liver disease or unexplained persistent elevated liver enzymes (Drugs.com, 2025). 2. Pregnancy (Drugs.com, 2025).	1. Hypercalcemia (Drugs.com, 2025). 2. History of kidney stones (Jones & Bartlett, 2024).	1. Severe renal impairment (Drugs.com, 2025). 2. History of diabetic ketoacidosis (Jones & Bartlett, 2024).	1. Active liver disease (Drugs.com, 2025). 2. Hypersensitivity to ezetimibe (Drugs.com, 2025).	1. Iron overload disorders (Drugs.com, 2025). 2. Non-iron-deficiency anemia (Jones & Bartlett, 2024).
Two side effects or adverse effects	1. GI irritation/bleeding (Drugs.com, 2025).	1. Muscle pain/weakness (Drugs.com, 2025).	1. Constipation (Drugs.com, 2025).	Genital/urinary tract infections (UTI)	1. Diarrhea/abdominal pain (Drugs.com, 2025).	1. Constipation (Drugs.com, 2025).

(Pertinent to the client)	2025). 2.Increased bruising /bleeding (Drugs.com, 2025).	2.Elevated liver enzymes (Drugs.com, 2025).	2.Hypercalcemia with excessive use (Drugs.com, 2025).	(Drugs.com, 2025). Dehydration/ low blood pressure (Drugs.com, 2025).	2025). 2.Elevated liver enzymes (Drugs.com, 2025).	2.Dark and black stools (Drugs.com, 2025).
List two teaching needs for the medication pertinent to the client	1.Take with food; report black stools or vomiting blood (Jones & Bartlett, 2024). 2.Avoid other NSAIDs unless approved (Jones & Bartlett, 2024).	1.Report unexplained muscle pain, weakness, or dark urine (Drugs.com, 2025). 2.Avoid large amounts of grapefruit juice (Drugs.com, 2025).	1.Do not exceed the recommended dose; report signs of high calcium (Jones & Bartlett, 2024). 2.Separate from other meds by at least 2 hours (Jones & Bartlett, 2024).	1.Drink fluids as allowed and report dizziness (Jones & Bartlett, 2024). 2.Report UTI symptoms such as burning, urgency, fever (Drugs.com, 2025).	1.Report unexplained muscle pain or weakness (Jones & Bartlett, 2024). 2.Keep follow-up labs for cholesterol and liver function (Jones & Bartlett, 2024).	1.Take with food if GI upset occurs; avoid taking with antacids/dairy at the same time (Jones & Bartlett, 2024). 2.Increase fluids/fiber and report severe constipation (Jones & Bartlett, 2024).
Two Key nursing assessment(s) prior to administration	1. Assess for bleeding or bruising and review labs such as Hgb or Hct (Jones & Bartlett, 2024). 2.Check for history of GI bleed or aspirin allergy (Drugs.com, 2025).	1. Review liver labs (AST/ALT) (Jones & Bartlett, 2024). 2.Assess for muscle pain/weakness and check CK if ordered (Jones & Bartlett, 2024).	1.Assess GI symptoms (heartburn/pain) and bowel pattern (Jones & Bartlett, 2024). 2.Review calcium level and renal history if available (Jones & Bartlett, 2024).	1.Check blood glucose and watch for signs of hypoglycemia if used with other diabetes meds (Jones & Bartlett, 2024). 2.Review renal function and assess hydration or	1.Review lipid panel and adherence to diet/meds (Jones & Bartlett, 2024). 2.Check liver labs (AST/ALT), especially if also on a statin (Drugs.com,	1.Review Hgb/Hct and iron studies if available (Jones & Bartlett, 2024). 2. Assess bowel pattern and abdominal discomfort (Jones & Bartlett, 2024).

			2024).	blood pressure (Drugs.com, 2025).	2025).	
Brand/ Generic	Nature's bounty/ Fish oil	Flonase/ Fluticasone	Lasix/ Furosemide	Synthroid/ Levothyroxine	Loratadine/ Claritin	Milk of Mag/ Magnesium hydroxide
Dose, frequency, route	1000 mg/ Daily/ PO	1-2 spray/ BID PRN/ Nasal	20 mg/ Daily/ IV	25 mcg/ Every morning before breakfast/PO	10 mg/ Daily/ PO	400 mg/ Daily/ PO
Classification (Pharmacological and therapeutic and action of the drug)	Pharmacological: Omega-3 fatty acids (Drugs.com, 2025). Therapeutic: Antihyperlipidemic supplement / cardiovascular support (Jones & Bartlett, 2024). Action: Lowers triglycerides and has mild anti-inflammatory and antiplatelet effects (Drugs.com, 2025).	Pharmacological: Corticosteroid (Drugs.com, 2025). Therapeutic: Antiallergic/ anti-inflammatory nasal spray (Jones & Bartlett, 2024). Action: Decreases nasal inflammation to relieve congestion, sneezing, and runny nose (Drugs.com, 2025).	Pharmacological: Loop diuretic (Drugs.com, 2025). Therapeutic: Diuretic / antihypertensive (Jones & Bartlett, 2024). Action: Increases excretion of sodium and water to reduce fluid overload and congestion (Drugs.com, 2025).	Pharmacological: Thyroid hormone (T4) (Drugs.com, 2025). Therapeutic: Thyroid replacement (Jones & Bartlett, 2024). Action: Replaces thyroid hormone to normalize metabolism and energy levels (Drugs.com, 2025).	Pharmacological: Second-generation antihistamine (Drugs.com, 2025). Therapeutic: Antiallergic (Jones & Bartlett, 2024). Action: Blocks histamine to reduce sneezing, itching, watery eyes, and runny nose (Drugs.com, 2025).	Pharmacological: Osmotic laxative; antacid (Drugs.com, 2025). Therapeutic: Laxative and antacid (Jones & Bartlett, 2024). Action: Draws water into the intestines to soften stool and promote a bowel movement (Drugs.com, 2025).
Reason Client Taking	To support heart health and help	To treat allergic rhinitis/ nasal	To treat fluid overload/pulmonary edema	To treat hypothyroidism (Jones &	To treat allergy symptoms or	To treat constipation (Jones &

	manage lipids (Jones & Bartlett, 2024).	congestion (Jones & Bartlett, 2024).	and improve shortness of breath (Jones & Bartlett, 2024).	Bartlett, 2024).	allergic rhinitis (Jones & Bartlett, 2024).	Bartlett, 2024).
Two contraindications (pertinent to the client)	1.Allergy to fish/seafood (Drugs.com, 2025). 2.High bleeding risk or use of anticoagulants/ antiplatelets (use caution) (Jones & Bartlett, 2024).	1.Hypersensitivity to fluticasone (Drugs.com, 2025). 2.Recent nasal surgery or nasal sores (Jones & Bartlett, 2024).	1.Anuria (Drugs.com, 2025). 2.Severe electrolyte depletion (Jones & Bartlett, 2024).	1.Untreated adrenal insufficiency (Drugs.com, 2025). 2.Acute MI/active cardiac ischemia (Jones & Bartlett, 2024).	1.Hypersensitivity to loratadine (Drugs.com, 2025). 2.Severe liver disease (Jones & Bartlett, 2024).	1.Severe renal impairment (Drugs.com, 2025). 2.Bowel obstruction (Drugs.com, 2025).
Two side effects or adverse effects (Pertinent to the client)	1.Fishy aftertaste/ belching (Drugs.com, 2025). 2.Increased bleeding/ bruising (Drugs.com, 2025).	1.Nosebleed (Drugs.com, 2025). 2.Nasal irritation/ sore throat (Drugs.com, 2025).	1.Hypokalemia (Drugs.com, 2025). 2.Dehydration/ hypotension (Drugs.com, 2025).	1.Tachycardia /palpitations (Drugs.com, 2025). 2.Chest pain if dose is too high (Drugs.com, 2025).	1.Headache (Drugs.com, 2025). 2.Drowsiness (Drugs.com, 2025).	1.Diarrhea (Drugs.com, 2025). 2.Hypermagnesemia such as weakness, low BP, especially with kidney problems (Drugs.com, 2025).
List two teaching needs for the medication pertinent to the client	1.Report unusual bleeding or easy bruising (Drugs.com, 2025). 2.Take with food to reduce GI upset (Jones & Bartlett, 2024).	1. Aim spray away from the nasal septum to reduce nosebleeds (Jones & Bartlett, 2024). 2.Report frequent nosebleeds or	1.Report dizziness; change positions slowly (Jones & Bartlett, 2024). 2.Report weakness or palpitations (Jones &	1.Take on an empty stomach 30–60 minutes before breakfast (Jones & Bartlett, 2024). 2.Report signs of too much	1.Avoid driving if drowsy (Jones & Bartlett, 2024). 2.Do not take extra OTC allergy meds without checking labels (Jones	1.Take with a full glass of water (Jones & Bartlett, 2024). 2.Report diarrhea, weakness, or dizziness (Drugs.com, 2025).

		signs of infection (Jones & Bartlett, 2024).	Bartlett, 2024).	thyroid hormone such as racing heart, chest pain, anxiety (Drugs.com, 2025).	& Bartlett, 2024).	
Two Key nursing assessment(s) prior to administration	1.Assess for bleeding/ bruising, especially if also taking aspirin or Eliquis (Jones & Bartlett, 2024). 2.Review lipid history if available and check for fish allergy (Jones & Bartlett, 2024).	1.Assess nasal symptoms and inspect for irritation/ bleeding (Jones & Bartlett, 2024). 2.Review history of frequent nosebleeds or recent nasal surgery (Jones & Bartlett, 2024).	1.Check BP, lung sounds, edema, daily weight, and I&O (Jones & Bartlett, 2024). 2.Review potassium and renal function such as BUN/Cr/GFR (Drugs.com, 2025).	1.Review TSH/T4 labs if available (Jones & Bartlett, 2024). 2.Check heart rate and assess for chest pain or palpitations (Drugs.com, 2025).	1.Assess allergy symptoms and nasal drainage or congestion (Jones & Bartlett, 2024). 2.Review liver history and other medications to avoid duplication (Jones & Bartlett, 2024).	1.Assess last BM, abdominal pain/distention, and bowel sounds (Jones & Bartlett, 2024). 2.Review renal function such as BUN/Cr/GFR and magnesium level if available (Drugs.com, 2025).
Brand/ Generic	Lopressor/ Metoprolol tartrate	Minerals/ Multivitamin				
Dose, frequency, route	12.5 mg/BID/ PO	1 tab/ Daily/ PO				
Classification (Pharmacological and therapeutic and action of the drug)	Pharmacological: Beta-1 selective beta blocker (Drugs.com, 2025). Therapeutic: Antihypertensive; antianginal;	Pharmacological: Vitamin and mineral supplement (Drugs.com, 2025). Therapeutic: Nutritional supplement				

	<p>rate control (Jones & Bartlett, 2024).</p> <p>Action: Slows heart rate and decreases cardiac workload and oxygen demand (Drugs.com, 2025).</p>	<p>((Jones & Bartlett, 2024).</p> <p>Action: Provides essential vitamins and minerals to support normal body function and prevent deficiency (Drugs.com, 2025).</p>				
Reason Client Taking	To control heart rate/BP and reduce cardiac workload with CHF/CAD history (Jones & Bartlett, 2024).	To prevent or treat vitamin/mineral deficiency and support nutrition during recovery (Jones & Bartlett, 2024).				
Two contraindications (pertinent to the client)	<p>1. Severe bradycardia (Drugs.com, 2025).</p> <p>2. 2nd/3rd-degree heart block (Drugs.com, 2025).</p>	<p>1. Hypersensitivity to any ingredient (Drugs.com, 2025).</p> <p>2. Hypervitaminosis or iron overload if the product contains iron (Jones & Bartlett, 2024).</p>				
Two side	1. Bradycardia	1. Nausea/GI				

<p>effects or adverse effects (Pertinent to the client)</p>	<p>(Drugs.com, 2025).</p> <p>2.Hypotension/dizziness (Drugs.com, 2025).</p>	<p>upset (Drugs.com, 2025).</p> <p>2.Constipation (Jones & Bartlett, 2024).</p>				
<p>List two teaching needs for the medication pertinent to the client</p>	<p>1.Check pulse; report HR < provider parameters or dizziness/fainting (Jones & Bartlett, 2024).</p> <p>2.Do not stop suddenly (Jones & Bartlett, 2024).</p>	<p>1. Take with food to reduce stomach upset (Jones & Bartlett, 2024).</p> <p>2. Do not take extra supplements without provider approval (Jones & Bartlett, 2024).</p>				
<p>Two Key nursing assessment(s) prior to administration</p>	<p>1.Check apical pulse and BP before giving (Jones & Bartlett, 2024).</p> <p>2.Monitor telemetry and assess for worsening shortness of breath or fatigue (Drugs.com, 2025).</p>	<p>1.Review diet and intake and check for deficiency risk (Jones & Bartlett, 2024).</p> <p>2.Review current meds and supplements to avoid duplication and interactions (Jones & Bartlett, 2024).</p>				

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Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Lasix (Furosemide)	This medication was chosen because it helps remove excess fluid and improve pulmonary edema/pleural effusions and shortness of breath.	1.Hypokalemia (Drugs.com, 2025) 2. Worsening renal function (Drugs.com, 2025)
2. Nitrostat (nitroglycerin)	This medication was chosen because it helps to relieve chest tightness and decrease cardiac workload	1.Hypotension (Drugs.com, 2025) 2.Headache (Drugs.com, 2025)
3. Klor-Con (potassium chloride)	This medication was chosen because it helps correct low potassium and lower dysrhythmia risk.	1.Hyperkalemia (Drugs.com, 2025) 2. GI irritation/nausea (Drugs.com, 2025)

Medications Reference (1) (APA)

Drugs.com. (2025). *Prescription drug information, interactions & side effects*. Drugs.com.

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

Jones & Bartlett Learning. (2024). *NDH: Nurse's Drug Handbook: Twenty-Four Edition*. World headquarters.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:	Alertness: Patient was alert and oriented x 4 Orientation: The patient was alert and oriented and was able to verify name, DOB, location (OSF hospital), and the reason for admission. Distress: The patient showed no signs of distress. Overall appearance: The patient was well-groomed and presented with good hygiene. Infection Control precautions: Contact precaution Client Complaints or Concerns: No current complain or concern.
VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:	Temp: 97.5 F Temporal Resp rate: 22 respirations per minute Pulse: 91 bpm B/P: 112/76 mmHg Oxygen: 93 % Room air Delivery Method: N/A
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	Time: 1350 Scale: Numeric Scale Location: N/A Severity: 0/10 Characteristics: N/A Interventions: N/A
IV ASSESSMENT: Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment: Fluid Type/Rate or Saline Lock:	Size of IV: 20 G Location of IV: Posterior, left forearm Date on IV: 2/2/2026 Patency of IV: No complication, IV patent, flushes with normal saline well Signs of erythema, drainage, etc.: Dry, no sign of redness, pain, or infiltration. IV dressing assessment: Clean, dry, intact. Fluid Type/Rate or Saline Lock: Saline Lock
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes:	Skin color: Color is appropriate for ethnicity. Character: Dry, intact, normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Capillary refill is less than 3 seconds in fingers and toes bilaterally.

<p>Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Temperature: Skin is warm and dry upon palpation. Turgor: Loose and elastic Rashes: None reported/assessed Bruises: Bruised, scab. Wounds: None reported/assessed Braden Score: 21; Fall Risk Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head/Neck: Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, and no nodules. Bilateral carotid pulses are palpable; no lymphadenopathy in the head or neck is visible. Ears: Hearing intact. Eyes: PERLA; the pupil size 3 mm; EOM was normal. Sclera appears white with no inflammation or drainage bilaterally. Nose: Septum is midline, turbinate is moist and pink bilaterally, and no visible bleeding or polyps. Bilateral frontal sinuses are nontender to palpation. Teeth: No signs of dental caries. Patient denies use of dentures.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Heart sounds: S1 and S2 auscultated. Aortic, Pulmonic, Erb's Point, Tricuspid, and Mitral heart sounds were auscultated. Regular S1, S2 sounds, no murmur noted. Cardiac rhythm (if applicable): Irregular. Peripheral Pulses: 3+ brachial, radial, popliteal, posterior tibial, dorsalis pedis bilaterally. Capillary refill: Fingertips blanched white in less than 3 seconds. Toes blanched in less than 3 seconds. Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: Left: leg 3+, ankle 3+ Right: leg 3+, ankle 3+</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Normal rate and pattern of respirations, respirations symmetrical and non-</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>Neurovascular status: Patient was alert and oriented x 4. The patient was alert and oriented and was able to verify name, DOB, location (OSF hospital), and the reason for admission. ROM: All extremities have a full range of motion (ROM). Supportive devices: Walker. Strength: Lower extremities are equally weak bilaterally. ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 88; High Risk Activity/Mobility Status: Dependent Activity Intolerance: Independent (up ad lib)</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>MAEW: Lower extremities are equally weak bilaterally. PERLA: Pupils constrict normally. Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: A/Ox4 Mental Status: Normal cognition, alert, and Oriented Speech: Clear Sensory: Intact, responds to commands and stimuli. LOC: Alert and oriented</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Coping method(s): The patient uses techniques like deep breathing to cope with the pain and discomfort. Developmental level: Integrity vs. Despair (Cherry, 2024). Religion & what it means to pt.: The patient identifies as Christian and expresses that his faith is a source of strength, providing his with emotional support during difficult times. Personal/Family Data (Think about home environment, family structure, and available family support): The patient has his wife to support.</p>

Discharge Planning

Discharge location: The patient will be discharged from the hospital to home/self-care

Home health needs: Home health skilled nursing for CHF monitoring (lung sounds, edema, daily weights), medication management, and lab draws (BMP for potassium and renal function). Physical therapy is needed for endurance and safe ambulation.

Equipment needs: Home scale for daily weights, shower chair, walker, blood pressure monitor, and oxygen if ordered.

Follow-up plan: Follow up with the primary care provider and cardiology within 1 week. Repeat labs (BMP: potassium, BUN/Cr, GFR) within 3–7 days after discharge or medication changes. Follow up for the dilated ascending aorta as scheduled.

Education needs: Teach daily weights and when to call (rapid weight gain, swelling, worsening SOB, chest pain). Reinforce low-sodium diet and fluid restriction if ordered, medication adherence (diuretics, beta blocker, anticoagulant), bleeding precautions, and to seek care for worsening symptoms or dizziness/fainting.

Nursing Process

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

Nursing Diagnosis	Rationale	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidence 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 			

<p>d by” components</p> <ul style="list-style-type: none"> Listed in order by priority – highest priority to lowest priority pertinent to this client 				
<p>1.Impaired gas exchange related to alveolar fluid accumulation as evidenced by shortness of breath, orthopnea, and chest X-ray showing pulmonary congestion and bilateral pleural effusions (Phelps, 2023).</p>	<p>This diagnosis was chosen because fluid in the lungs decreases oxygen exchange and cause SOB.</p>	<p>Patient will maintain improved breathing with decreased shortness of breath and stable oxygenation within 24–48 hours (Phelps, 2023).</p>	<p>1. Monitor respiratory status, such as RR, lung sounds, O₂ saturation, work of breathing, and report worsening symptoms (Phelps, 2023).</p> <p>2.Position in high Fowler’s and keep the head of bed elevated to improve lung expansion and reduce dyspnea (Phelps, 2023).</p>	<p>The patient showed improved breathing with decreased SOB after interventions and verbalized understand of why upright positioning helps (Phelps, 2023).</p>
<p>2.Decreased Cardiac Output related to impaired cardiac pumping and conduction changes as</p>	<p>This diagnosis was chosen because impaired pumping and rhythm/conduction changes can reduce cardiac output, leading to</p>	<p>Patient will maintain adequate cardiac output as shown by stable BP/HR, improved symptoms (less chest tightness/SOB),</p>	<p>1. Monitor vital signs and cardiac rhythm (telemetry), and assess for chest pain, fatigue, or dizziness (Phelps, 2023).</p> <p>2. Administer cardiac medications as ordered (e.g., beta blocker/antianginal/di</p>	<p>The patient maintained stable vital signs and cardiac rhythm with decreased chest tightness/shortness of breath after</p>

evidenced by elevated NT-proBNP, abnormal EKG findings, and cardiomegaly (Phelps, 2023).	shortness of breath and worsening heart failure symptoms (Phelps, 2023).	and no worsening dysrhythmias within 24–48 hours (Phelps, 2023).	uretics) and monitor for response and adverse effects (Phelps, 2023).	interventions and treatment (Phelps, 2023).
3.Excess Fluid Volume related to sodium and water retention as evidenced by pulmonary congestion, pulmonary edema, and bilateral pleural effusions on imaging (Phelps, 2023).	This diagnosis was chosen because fluid overload worsens lung congestion and shortness of breath and can strain the heart (Phelps, 2023).	Patient will show improved fluid balance as evidenced by decreased dyspnea, reduced crackles/congestion, and stable or decreasing daily weight within 48 hours (Phelps, 2023).	1.Strict I&O and daily weights to evaluate fluid status and response to treatment (Phelps, 2023). 2.Administer diuretics as ordered and monitor for effectiveness, such as urine output, lung sounds, edema (Phelps, 2023).	The patient had increased urine output and improved breathing, with less lung congestion and stable/decreasing weight after interventions (Phelps, 2023).
4.Risk for Electrolyte Imbalance related to diuretic therapy and impaired renal function as evidenced by low potassium and worsening renal labs (creatinine	This diagnosis was chosen because low potassium and reduced kidney function increase the risk for dysrhythmias and complications during treatment (Phelps, 2023).	Patient will maintain electrolytes within safe range, shown by potassium trending toward normal and no dysrhythmias within 48 hours (Phelps, 2023).	1. Monitor BMP labs, such as K ⁺ , BUN/Cr, GFR, and report abnormal trends promptly (Taylor et al., 2023). 2.Administer potassium replacement as ordered and monitor telemetry for rhythm changes (Phelps, 2023).	Potassium improved toward normal and the patient remained free of dysrhythmias, with continued monitoring of renal function (Phelps, 2023).

increased and GFR decreased) (Phelps, 2023).				
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Other References (APA):

Phelps, L. (2023). *Sparks and Taylor's Nursing Diagnosis Reference Manual* (11th ed.).

Wolter's Kluwer.

Nursing Process Prioritization	Rationale
1. Impaired Gas Exchange	This diagnosis was chosen because fluid in the lungs decreases oxygen exchange and causes shortness of breath.
2. Decreased Cardiac Output	This diagnosis was chosen because impaired pumping and rhythm/conduction changes can reduce cardiac output, leading to shortness of breath and worsening heart failure symptoms.
3. Excess Fluid Volume	This diagnosis was chosen because fluid overload worsens lung congestion and shortness of breath and can strain the heart.
4. Risk for Electrolyte Imbalance	This diagnosis was chosen because low potassium and reduced kidney function increase the risk for dysrhythmias and complications during treatment.

Other References (APA):

- Capriotti, T., & Frizzell, J. P. (2023). *Pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.
- Cherry, K. (2024). *Erikson's Stages of Development: A closer look at the Eight Psychosocial Stages*. Very well mind. <https://www.verywellmind.com/erik-eriksons-stages-of-psychosocial-development-2795740>
- Drugs.com. (2025). *Prescription drug information, interactions & side effects*. Drugs.com. <https://www.drugs.com/>
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- Taylor, C., Lynn, P., & Bartlett, J. L. (2023). *Fundamentals of nursing: The art and science of person-centered care* (10th ed.). Wolters Kluwer.

