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Lakeview College of Nursing

N431: Adult Health II

Care Plan # 1

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Demographics

Date of Admission	**Client Initials**	**Age**	**Biological Gender**
2/3/26	R. A.	64 years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Retired	Widowed	Cephalexin - Diarrhea
Code Status	**Height**	**Weight**	
DNR/DNI	5’6”	108 kg (238 lb 1.6 oz)	

Medical History

Past Medical History: My patient has a past medical history of an acute kidney injury superimposed on chronic kidney disease (01/13/2021), acute chronic heart failure, unspecified heart failure type (08/07/2024), acute chronic heart failure reduced ejection fracture (8/07/2024), chest pain (07/20/2018), chronic cough (01/06/2021), congestive heart failure, COVID-19, decubitus ulcer of ischial area (left) stage IV (06/24/2022), diabetes mellitus, decubitus ulcer of toe of left foot associated with diabetes mellitus due to underlying condition, limited to breakdown of skin (07/26/2019), diabetic ulcer of toe of left foot associated with type 2 diabetes mellitus with fat layer exposed (09/05/2019), eczema, epistaxis (07/26/2019), gout, gross hematuria (11/05/2015), height cholesterol, hypertension, iron deficiency anemia due to chronic blood loss (01/17/2021), Mobitz (type 1) Wenckebach’s atrioventricular block (07/21/2018), myocardial infarct, old, myocardial infarction noncompliance with medication regimen (09/06/2019), non ST elevation myocardial infarction (1/15/2021), osteoarthritis, chest pain (07/20/2018), paroxysmal atrial fibrillation (01/17/2021), pneumonia of both lungs due to infectious organism (01/16/2021), status post-op angioplasty with stent (07/20/2018), sinus infection, type 2 myocardial infarction (01/05/2021), uremic encephalopathy (01/13/2021), uterine cancer and urinary tract infection.

Past Surgical History: Patient has a past surgical history of coronary angioplasty with stent placement, cholecystectomy, cardiac catheterization (03/08/2018; 01/06/2021), EGD colonoscopy (01/09/2021), lumbar fusion (04/26/2021), CT IR biopsy (06/28/2022), esophageal dilation (05/19/2023), pacemaker placement (2018), and cardiac angioplasty.

Family History: Family history includes cancer in the patient's father, two maternal uncles, and three sisters. Chronic obstructive pulmonary disease is in two brothers and one sister. Diabetes mellitus is present in four brothers, the mother, and the maternal grandmother. There is a history of myocardial infarction in the maternal grandfather, the maternal grandmother, and one maternal uncle. Heart disease is present in the mother. Hypertension is reported in the mother and three maternal uncles. One sister has migraines. Parkinson's disease is present in one brother. Rheumatoid arthritis is present in both sisters. Thyroid disease is present in two brothers and one sister. There is a history of tuberculosis in the father and paternal grandmother.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): My patient does not smoke any tobacco-based products or smokeless products. She also does not drink alcohol. There is current drug use with the use of hydrocodone. She has been taking hydrocodone ever since her son was born.

Education: My patient graduated from high school and attended college, earning a degree in early education.

Living Situation: Currently lives alone in a one-story house with no stairs. Son and his family live next door and help every day. Home health comes every day to help with groceries, laundry, and adult daily living (ADLs). My patient has two living brothers who help with appointments.

Assistive devices: My patient does have a motorized wheelchair, a Hoyer lift, and a shower chair.

Admission History

Chief Complaint: Shortness of Breath

History of Present Illness (HPI)– OLD CARTS

Patient stated, “I woke up having some chest discomfort and tightness in my chest. I had my caregiver go get some medication to see if some cold medicine would help since I have had a slight cough. Nothing worked.” The patient said the discomfort lasted 4 days before they went to the clinic to see their primary care provider. While at the clinic, they did some tests and sent her back home. She then stated, “After we got back from the clinic, I got a call from the clinic stating that my results came back and I needed to head to the emergency room. My son came to pick me up and took me. They did some tests down in the ER and decided to get admitted because of congestive heart failure.” She said that the only medication she tried at home was the cold medicine, but it did not help with the symptoms. She also had chills without a fever, a runny nose, and was constipated. The caregiver recommended going to the primary care provider after a couple of days because it is harder for her to fight infections since she is unable to get up and move around.

Admission Diagnosis

Primary Diagnosis: Congestive Heart Failure

Secondary Diagnosis (if applicable): N/A

Pathophysiology – CHF

Congestive heart failure (CHF) is a progressive disease that happens when the heart does not pump enough blood throughout the body to meet the body’s needs. Looking at congestive heart failure at a cellular level, it can start from either stress or an injury to the myocardium. Congestive heart failure can be brought on by a disease (Capriotti, 2024). These diseases can

include cardiomyopathy, coronary artery disease, and/or hypertension. Damage to the heart muscle can be caused by insufficient calcium levels, which leads to reduced contractility (Shams et al., 2025). The contraction of the heart depends on the calcium ions. When contractions are weaker, it is due to disturbed calcium cycling.

As the cardiac output decreases, the body tries to compensate to maintain appropriate perfusion. This can stimulate the renin-angiotensin-aldosterone system (RAAS), which leads to sodium and water retention (Shams et al., 2025). These mechanisms can temporarily improve blood pressure and perfusion. Chronic activation increases preload and afterload, placing greater strain on the heart (Shams et al., 2025). The strain can cause fluid retention, increasing blood volume. The amount of increased blood volume results in pulmonary edema and can lead to venous congestion (Capriotti, 2024). It can also lead to myocardial cell death and apoptosis.

Patients who have heart failure can experience orthopnea, dyspnea, chest pain, fatigue, and edema (Capriotti, 2024). Physical examinations can vary with the different stages of heart failure. Patients can present with wheezing, jugular vein distention, reduced capillary refill, poor mentation, reduced urine output, and weight gain (Capriotti, 2024). Oxygen therapy and nebulizer treatments can support the presence of respiratory compromise that is related to heart failure. My client presented to the emergency department with shortness of breath, chills, a runny nose, and chest pain.

Congestive heart failure can be diagnosed by clinical presentation, physical examination, and diagnostic testing. A chest X-ray can be ordered to assess for pulmonary congestion or cardiomegaly. Another diagnostic tool is an echocardiography; this test can help show ventricular function and ejection fraction (Shams et al., 2025). Labs can be drawn to determine sodium levels. Hypokalemia can be seen in heart failure patients. Hypokalemia can cause

dysrhythmias, which can be shown on the echocardiography. Cardiac enzymes can be drawn to determine if there was any myocardial injury (Shams et al., 2025). There are other diagnostic studies that are more invasive, such as cardiac catheterization. My client had a chest X-ray done, which did not show cardiomegaly. A complete blood count was drawn, and an echocardiography was performed.

Treatment of congestive heart failure is focused on improving cardiac function and reducing fluid overload. Diuretics and heart medications such as ACE inhibitors, ARBs, and beta blockers are pharmacologic therapies that can help treat CHF (Shams et al., 2025). Oxygen therapy may be needed to help improve tissue oxygenation. It is important to monitor intake and output to assess the patient's fluid balance (Capriotti, 2024). Lifestyle modifications are recommended to help decrease future issues with congestive heart failure. My patient was put on two different types of diuretics, such as furosemide and spironolactone. They were also put on metoprolol to help decrease the oxygen demand in the myocardial cells. No oxygen was needed since their oxygen saturation was above 92% on room air.

Pathophysiology References (2) (APA):

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

Shams, P., Malik, A., & Chhabra, L. (2025). *Heart failure (congestive heart failure).* In StatPearls**.** StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK430873/

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Potassium	**3.1 mEq/L**	**3.4 mEq/L**	3.5-5.1 mEq/L	Low potassium can indicate hypokalemia and

			(Pagana, et al., 2025).	could be related to use of diuretics for management of CHF (Pagana, et al., 2025).
Chloride	**109 mEq/L**	**111 mEq/L**	98-107 mEq/L (Pagana, et al., 2025).	High chloride level could indicate hyperchloremia which may be associated with a fluid imbalance or renal compensation (Pagana, et al., 2025).
Creatinine, Blood	**1.04 mg/dL**	**1.06 mg/dL**	0.60-1.00 mg/dL (Pagana, et al., 2025).	A high creatinine level could indicate the kidneys are not functioning properly (Pagana, et al., 2025).
GFR	**59**	**57**	>60 (Pagana, et al., 2025).	A low GFR can indicate renal impairment as well as reduced renal perfusion (Pagana, et al., 2025).
Glucose	**141** mg/dL	**115** mg/dL	70-99 mg/dL (Pagana, et al., 2025).	An elevated glucose level could indicate stress, and the patient has diabetes mellitus (Pagana, et al.,

				2025).
Calcium	**8.5** mg/dL	**8.6** mg/dL	8.7-10.5 mg/dL (Pagana, et al., 2025).	Low calcium levels could indicate hypocalcemia which indicates an effect of cardiac muscles (Pagana, et al., 2025).
Albumin	**3.0 g/dL**	N/A	3.5-5.0 g/dL (Pagana, et al., 2025).	A low albumin level could suggest a poor nutritional status and could indicate edema is present (Pagana, et al., 2025).
A/G Ratio	**0.9**	N/A	1.0-2.2 (Pagana, et al., 2025).	Low A/G ratio could indicate edema and worsening CHF symptoms (Pagana, et al., 2025).
GFR NonAfrician	**53**	**52**	>60 (Pagana, et al., 2025).	A low GFR Non-African American can indicate renal impairment as well as reduced renal perfusion (Pagana, et al., 2025).
NT Probnp	**5,672**	**6,253.3**	<400 (Pagana, et	A high NT-proBNP shows severe heart failure and

			al., 2025).	could indicate fluid overload (Pagana, et al., 2025).
RBC	**3.60**	N/A	3.80-5.30 (Pagana, et al., 2025).	A low red blood cell count could indicate anemia (Pagana, et al., 2025).
Hemoglobin	**11.0 g/dL**	N/A	12.0-15.8 g/dL (Pagana, et al., 2025).	A low hemoglobin could indicate anemia (Pagana, et al., 2025).
Hematocrit	**34.7%**	N/A	36-47% (Pagana, et al., 2025).	A low hematocrit could indicate anemia (Pagana, et al., 2025).
MCV	**96.4**	N/A	82.0-96.0 (Pagana, et al., 2025).	A high MCV count could show the chronic anemia the patient has (Pagana, et al., 2025).
RDW	**15.9%**	N/A	11.8-15.5% (Pagana, et al., 2025).	A high RDW could suggest the chronic anemia (Pagana, et al., 2025).
Neutrophils	**75.5%**	N/A	47.0-73% (Pagana, et al., 2025).	A high neutrophil count can indicate a possible infection (Pagana, et al.,

				2025).
Lymphocytes	**14.3 µL**	N/A	18.0-42.0 µL (Pagana, et al., 2025).	A low lymphocyte count could indicate an infection (Pagana, et al., 2025).
Immature Granulocyte	**0.8%**	N/A	0.0-0.4% (Pagana, et al., 2025).	High immature granulocyte could a possible indicator of an infection (Pagana, et al., 2025).
Absolute Lymphocytes	**0.85 µL**	N/A	1.3-3.20 µL (Pagana, et al., 2025).	A low absolute lymphocyte count could been the patient is having stress or is immunocompromised (Pagana, et al., 2025).
Absolute Immature Granulocyte	**0.05 µL**	N/A	0.00-0.03 µL (Pagana, et al., 2025).	A high absolute immature granulocyte level could indicate inflammation (Pagana, et al., 2025).

Previous diagnostic prior to admission (ER, clinic etc.) if pertinent to	**Previous diagnostic results and correlation to client admission**	**Current Diagnostic Test & Purpose**	**Clients Signs and Symptoms**	**Results and correlate to client diagnosis and condition**

admission diagnosis				
EKG 12 Lead – EKG was ordered because the patient was experiencing chest pain. This test was done 7/10/2025.	The EKG showed a ventricular-paced rhythm. A biventricular pace was detected.	EKG 12 Lead – EKG was ordered because the patient was experiencing shortness of breath. This test was done 2/3/2026.	Patient was experiencing shortness of breath and mild child pain.	The EKG showed an abnormal EKG. Ventricular-paced rhythm. A biventricular pace was detected. Patient was admitted for congestive heart failure which the EKG can pick up any arrhythmias like atrial fibrillation which the patient does

				have.
No Prior Chest X-Ray to Admission.		XR Chest Single View – The chest x-ray was ordered because the patient was experiencing shortness of breath.	The chest x-ray did not show any abnormalities or any cardiomegaly.	The x-ray did not show anything that would be prominent to the admission diagnosis.

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
No CPR – Full Treatment	By having a code status, this helps respect the patient's advance directive by providing full medical treatment while withholding cardiopulmonary resuscitation.
Contact Isolation	Prevents any transmission of infectious organisms through direct contact.

Droplet Isolation	Reduces the spread of respiratory pathogens that could worsen the patient's shortness of breath.
IP Consult to Cardiology	Cardiology is needed with the patient having congestive heart failure and past medical history of cardiac stents, catheterizations, and pacemaker placement.
XR Chest Single View	The chest x-ray was ordered to determine the cause of shortness of breath that may have been related to congestive heart failure.
Aerosol Nebulizer – Initial Aerosol Nebulizer – Subsequent Oxygen Therapy Pulse Oximetry, Spot	Nebulizers can help maintain airway patency and support respiratory function. They can help decrease any respiratory distress. Having a standing order for oxygen needs can help if the patient requires it. Pulse oximetry spot checks are important to evaluate the effectiveness of oxygen levels and if there is any need for respiratory interventions.
Daily Weights	Daily weights are needed for patients with congestive heart failure. This can help detect any fluid retention or loss.
Insert/Maintain Peripheral IV	A peripheral IV provides access for

	administration of medications and fluids as needed.
Strict Intake and Output	Strict intake and output helps monitor closely for fluid balance and to help prevent volume overload.
Low Bed with Low Air Loss Surface (Alternate) 4 Sulbmax	A low air loss bed can help decrease pressure injuries for patients with limited mobility.
Notify Physician (Specify) Pulse < 50 or > 120, Respiratory Rate < 10 or > 30, Temperature > 101.5, Urinary Output < 240 mL/8 hr	These parameters can ensure the provider is notified to help prevent deterioration of the patient.
Perform POC Blood Glucose – 4x daily before meals at bedtime	My patient is a diabetic, this monitors their blood glucose levels and will determine the need for insulin.
Nursing Communication – Offer prune juice if available on patients diet	Prune juice can help prevent constipation.
Nursing Communication – Provide education to reduce/avoid constipating foods	By preventing constipating food will help decrease constipation with having immobility and decreased activity.
Nursing Communication – Promote adequate fluid intake and encourage increase fluid intake if not on fluid restriction	This order will help maintain hydration status to help balance fluid management for congestive heart failure and will help support bowel function.

Hospital Medications (Must List ALL)

Brand/ Generic	Allopurinol (Aloprim, Zyloprim)	Apixaban (Eliquis)	Ascorbic Acid (Vitamin C)	Atorvastatin (Lipitor, Atorvaliq)	Loratadine (Claritin)	Furosemide (Lasix, Furoscix)
Dose, frequency, route	300 mg tablet, orally, daily	2.5 mg tablet, orally, 2x daily	500 mg tablet, orally, daily	40 mg tablet, orally, daily (nightly)	5 mg tablet, orally, daily	40 mg, IV, 2x daily with meals
Classification (Pharmacological and therapeutic and action of the drug	Pharmacologic Class: Xanthine oxidase inhibitor Therapeutic Class: Antihyperuricemic agent, antigout MOA: Inhibits the enzyme xanthine oxidase, reducing urine uric acid levels (*2025: NDH: Nurse's drug handbook*, 2024).	Pharmacologic Class: Direct factor Xa inhibitor Therapeutic Class: anticoagulant MOA: Blocks the activity of Factor Xa which in turns leads to fibrin clot formation (*2025: NDH: Nurse's drug handbook*, 2024).	Pharmacologic Class: antioxidant, reducing agent, water-soluble vitamin Therapeutic Class: Vitamin, Immune Support MOA: Reverses oxidized to dehydroascorbic acid in the body. This allows it to act as an reducing agent and antioxidant (*2025: NDH: Nurse's drug handbook*, 2024).	Pharmacologic Class: hmg coa reductase inhibitors Therapeutic Class: Lipid-lowering agents MOA: Inhibits HMG-CoA reductase (*2025: NDH: Nurse's drug handbook*, 2024).	Pharmacologic Class: Histamine H1 receptor antagonists Therapeutic Class: Antihistamine, Antipruritic MOA: Functions as an antagonist of peripheral H1 receptors to help reduce allergy symptoms by blocking histamine (*2025: NDH: Nurse's drug handbook*, 2024).	Pharmacologic Class: Loop Diuretics Therapeutic Class: Diuretics MOA: Increases renal excretion of water (*2025: NDH: Nurse's drug handbook*, 2024).
Reason Client Taking	Patient has a history of gout.	Patient has a history of atrial	Patient has a history of iron	Patient is taking atorvastat	Patient is taking loratadine	Patient is taking furosemide

		fibrillation.	deficiency anemia.	in for high cholesterol and heart failure.	to help with allergies.	to help with water retention and to help decrease the amount of fluid to help with CHF symptoms.
Two contraindications (pertinent to the client)	1. Diabetes Mellitus 2. Hypertension	1. Renal impairment 2. Interactions with NSAIDs and anticoagulants	1. Diabetes Mellitus 2. Kidney disease	1. Myopathy 2. Renal impairment	1. Hypertension 2. Cardiovascular disease	1. Diabetes Mellitus 2. Electrolyte Depletion
Two side effects or adverse effects (Pertinent to the client)	1. Diarrhea 2. Fatigue	1. Chest pain 2. Back pain	1. Increased urination 2. Diarrhea	1. Increased blood sugars 2. Weakness	1. Hypertension 2. Anxiety	1. Hyperglycemia 2. Excessive urination
List two teaching needs for the medication pertinent to the client	1. Maintain a high fluid intake to help prevent any renal stones (*2025: NDH: Nurse's drug handbook,* 2024). 2. Take in the morning after a meal to help reduce any stomach upset (*2025: NDH: Nurse's drug handbook,* 2024).	1. Educate about bleeding risks that come with taking Eliquis (*2025: NDH: Nurse's drug handbook,* 2024). 2. Avoid any use of NSAIDs. Use a soft toothbrush (*2025: NDH:*	1. Best to take on an empty stomach or at least 2 hours after a meal (*2025: NDH: Nurse's drug handbook,* 2024). 2. Increase foods that are high in vitamin C (*2025: NDH: Nurse's*	1. Should be taken the same time everyday (*2025: NDH: Nurse's drug handbook,* 2024). 2. Can cause muscle pain and weakness (*2025: NDH: Nurse's drug*	1. Should be taking once daily (*2025: NDH: Nurse's drug handbook,* 2024). 2. Notify doctor if there is any difficulty with breathing (*2025: NDH: Nurse's drug handbook,*	1. Report any ringing in the ears (*2025: NDH: Nurse's drug handbook,* 2024). 2. Eat foods that are potassium-rich to help decrease potassium loss (*2025: NDH: Nurse's drug handbook,*

		Nurse's drug handbook, 2024).	*drug handbook*, 2024).	*handbook*, 2024).	2024).	2024).
Two Key nursing assessment(s) prior to administration	1. Asses renal function prior to administration (*2025: NDH: Nurse's drug handbook*, 2024). 2. Assess for joint pain, swelling or redness (*2025: NDH: Nurse's drug handbook*, 2024).	1. Assess for any signs of active bleeding (*2025: NDH: Nurse's drug handbook*, 2024). 2. Assess stool color and assess for hematuria (*2025: NDH: Nurse's drug handbook*, 2024).	1. Assess hemoglobin and hematocrit levels (*2025: NDH: Nurse's drug handbook*, 2024). 2. Assess skin color and signs of shortness of breath (*2025: NDH: Nurse's drug handbook*, 2024).	1. Assess patient for symptoms of myopathy prior to administration (*2025: NDH: Nurse's drug handbook*, 2024). 2. Assess patient's blood glucose levels (*2025: NDH: Nurse's drug handbook*, 2024).	1. Assess for renal or hepatic impairment (*2025: NDH: Nurse's drug handbook*, 2024). 2. Assess vital signs such as blood pressure and heart rate (*2025: NDH: Nurse's drug handbook*, 2024).	1. Assess patient's fluid intake and outpour (*2025: NDH: Nurse's drug handbook*, 2024). 2. Assess patient for any dizziness (*2025: NDH: Nurse's drug handbook*, 2024).
Brand/ Generic	Gabapentin (Neurontin, Gralise, Horizant, Gabarone)	Insulin Glargine (Lantus)	Metoprolol Succinate XL (Lopressor, Toprol XL, Kapspargo Sprinkle)	Miconazole 2% Powder	Multi Vitamin – Minerals	Pantoprazole (Protonix, Pantoloc)
Dose, frequency, route	300 mg capsule, Orally, 2x daily	15 units, Sub-Q, Nightly	25 mg, Orally, Daily	2%, daily	1 tab, Orally, Daily	40 mg Tablet, Daily before breakfast
Classifica	Pharmacologi	Pharmacol	Pharmacol	Pharmac	Pharmacolo	Pharmacolo

tion (Pharmacological and therapeutic and action of the drug	c Class: anticonvulsant MOA: Calms overreactive nerves by binding to a subunit of calcium channels in the brain and spinal cord to reduce glutamate (*2025: NDH: Nurse's drug handbook*, 2024).	ogic Class: Long-acting insulin Therapeutic Class: Antidiabetic MOA: Lowers blood glucose levels (*2025: NDH: Nurse's drug handbook*, 2024).	ogic Class: Beta Blockers Therapeutic: Antianginals, Antihypertensives MOA: Blocks stimulation of beta 1-adrenergic receptors (*2025: NDH: Nurse's drug handbook*, 2024).	ologic Class: Imidazole antifungal Therapeutic Class: Antifungal MOA: Disrupts fungal cell membranes (*2025: NDH: Nurse's drug handbook*, 2024).	gic Class: Vitamin/mineral supplement Therapeutic Class: Nutritional supplement MOA: Replaces mineral and vitamin deficiencies (*2025: NDH: Nurse's drug handbook*, 2024).	gic Class: Proton Pump Inhibitor Therapeutic Class: Antiulcer agents MOA: Binds to an enzyme in the presence of gastric pH that is acidic which prevents the final transport of hydrogen ions into the gastric lumen (*2025: NDH: Nurse's drug handbook*, 2024).
Reason Client Taking	Patient is taking gabapentin to help manage chronic neuropathic pain.	Patient is taking insulin glargine for diabetes.	Patient is taking metoprolol for high blood pressure.	Patient is taking miconazole power for skin breakdown in abdominal folds.	Patient is taking a multi vitamin for having poor appetite.	Patient is taking reduce acid reflux.
Two contraindications (pertinent to the client)	1. Respiratory depression 2. History of drug abuse	1. Hypoglycemic 2. Hypokalemia	1. Heart failure 2. AV Block	1. Skin sensitivity	1. Hypercalcemia 2. Blood thinners	1. Liver disease 2. Hypomagnesemia

				2. Raw skin		
Two side effects or adverse effects (Pertinent to the client)	1. Peripheral Edema 2. Dizziness	1. Hypoglycemia 2. Heart dysrhythmias	1. Decreased perfusion 2. Bradycardia	1. Local irritation 2. Breathing trouble	1. GI upset 2. Fluid retention	1. Headache 2. Diarrhea
List two teaching needs for the medication pertinent to the client	1. Do not stop medication abruptly (*2025: NDH: Nurse's drug handbook*, 2024). 2. Educate about mood changes and the risk for suicidal thoughts (*2025: NDH: Nurse's drug handbook*, 2024).	1. Educate on signs and symptoms of low blood sugar (*2025: NDH: Nurse's drug handbook*, 2024). 2. Educate about timing of when to give long acting insulin (*2025: NDH: Nurse's drug handbook*, 2024).	1. Educate about checking blood pressure and heart rate before taking medication (*2025: NDH: Nurse's drug handbook*, 2024). 2. Take extended-release medications with food (*2025: NDH: Nurse's drug handbook*, 2024).	1. Keep skin dry before applying (*2025: NDH: Nurse's drug handbook*, 2024). 2. Do not use on open skin (*2025: NDH: Nurse's drug handbook*, 2024).	1. Avoid taking extra supplements (*2025: NDH: Nurse's drug handbook*, 2024). 2. Do not exceed to recommended amount (*2025: NDH: Nurse's drug handbook*, 2024).	1. Take before meals (*2025: NDH: Nurse's drug handbook*, 2024). 2. Report if having diarrhea (*2025: NDH: Nurse's drug handbook*, 2024).
Two Key nursing assessment(s) prior to administration	1. Assess for edema in extremities (*2025: NDH: Nurse's drug handbook*, 2024).	1. Assess blood glucose level before administering (*2025:*	1. Assess patient's blood pressure (*2025: NDH: Nurse's*	1. Assess skin before applying (*2025: NDH: Nurse's*	1. Assess nutrition status (*2025: NDH: Nurse's drug*	1. Assess patient for abdominal pain prior to administration (*2025: NDH:*

	2. Assess level of consciousness (*2025: NDH: Nurse's drug handbook*, 2024).	*NDH: Nurse's drug handbook*, 2024). 2. Assess potassium serum levels (*2025: NDH: Nurse's drug handbook*, 2024).	*drug handbook*, 2024). 2. Assess patient's blood glucose levels prior to administering (*2025: NDH: Nurse's drug handbook*, 2024).	*drug handbook*, 2024). 2. Assess for any irritation around the area (*2025: NDH: Nurse's drug handbook*, 2024).	*handbook*, 2024). 2. Assess fluid intake and fluid status (*2025: NDH: Nurse's drug handbook*, 2024).	*Nurse's drug handbook*, 2024). 2. Monitor patient's bowel function prior to administration (*2025: NDH: Nurse's drug handbook*, 2024).
Brand/ Generic	Potassium Chloride SRT (K-Tab, K-Dur)	Spironolactone (Aldactone)	Symbicort (Budesonide, Formoterol)	Vitamin D3 (Cholecalciferol)	Acetaminophen (Tylenol)	Calcium Carbonate (TUMS)
Dose, frequency, route	20 mEq Tablet, Orally, 3x daily with meals	12.5 mg Tablet, Orally, Daily	2 puffs, Inhalation, 3x Daily	2,000 units Tablets, Daily	650 mg Tablets, Q4 PRN	1,000 mg Tablets, Orally, Q8 PRN
Classification (Pharmacological and therapeutic and action of the drug	Therapeutic Class: Mineral and electrolyte replacement/supplements MOA: Maintains acid-base balance and isotonicity (*2025: NDH: Nurse's drug handbook*, 2024).	Pharmacologic Class: Aldosterone antagonists Therapeutic Class: Potassium-sparing diuretic MOA: Promotes water and sodium excretion while maintainin	Pharmacologic Class: corticosteroid Therapeutic Class: Bronchodilator, Anti-inflammatory MOA: Relaxes airway muscles and reduces inflammation (*2025:*	Pharmacologic Class: Fat-soluble vitamin Therapeutic Class: Vitamin supplement MOA: Enhances absorption of calcium (*2025: NDH:*	Therapeutic Class: Antipyretics, nonopioid analgesics MOA: Inhibits synthesis that may serve as mediators of pain and fever (*2025: NDH: Nurse's drug handbook*,	Pharmacologic Class: Antacid, calcium supplement Therapeutic Class: Calcium Product MOA: Neutralizes gastric acidity (*2025: NDH: Nurse's drug handbook*,

		g potassium levels (*2025: NDH: Nurse's drug handbook*, 2024).	*NDH: Nurse's drug handbook*, 2024).	*Nurse's drug handbook*, 2024).	2024).	2024).
Reason Client Taking	Patient is taking potassium chloride to prevent hypokalemia.	Patient is taking spironolactone for fluid retention and hypertension.	Patient is taking Symbicort to help with shortness of breath.	Patient is taking Vitamin D3 for muscle function.	Patient has a standing order of acetaminophen to help with any mild pain or fever.	Patient has a standing order of calcium carbonate because they have low calcium levels.
Two contraindications (pertinent to the client)	1. Renal impairment 2. Heart complications	1. Hyperkalemia 2. Renal failure	1. Cardiovascular disease 2. Diabetes Mellitus	1. Hypercalcemia 2. Kidney disease	1. Renal impairment 2. Liver disease	1. Hypercalcemia 2. Kidney stones
Two side effects or adverse effects (Pertinent to the client)	1. Diarrhea 2. Irregular heartbeat	1. Hyperkalemia 2. Dizziness	1. Hyperglycemia 2. Headache	1. Hypercalcemia 2. Weakness	1. Liver damage 2. Nausea	3. Heart arrhythmias 4. Constipation
List two teaching needs for the medication pertinent to the client	1. Take medication with food and water (*2025: NDH: Nurse's drug handbook*, 2024). 2. Do not crush this medication (*2025: NDH:*	1. Avoid taking any salt substitutes (*2025: NDH: Nurse's drug handbook*, 2024). 2. Take medication	1. Rinse mouth out after each use (*2025: NDH: Nurse's drug handbook*, 2024). 2. Report any signs of chest	1. Take medication with food or with a snack (*2025: NDH: Nurse's drug handbook*, 2024).	1. Educate about max dose for Tylenol and the effects it has towards the liver (*2025: NDH: Nurse's drug handbook*,	1. Educate about increasing fiber (*2025: NDH: Nurse's drug handbook*, 2024). 2. Educate about increasing

	Nurse's drug handbook, 2024).	with food to help prevent a GI upset (*2025: NDH: Nurse's drug handbook*, 2024).	pain, and fast heartbeat (*2025: NDH: Nurse's drug handbook*, 2024).	2. Medication can be crushed if difficult to swallow (*2025: NDH: Nurse's drug handbook*, 2024).	2024). 2. Be careful when also taking over the counter cold and flu medication (*2025: NDH: Nurse's drug handbook*, 2024).	fluids (*2025: NDH: Nurse's drug handbook*, 2024).
Two Key nursing assessment(s) prior to administration	1. Assess potassium levels prior to administration (*2025: NDH: Nurse's drug handbook*, 2024). 2. If EKG was done recently, assess if there are any arrhythmias (*2025: NDH: Nurse's drug handbook*, 2024).	1. Assess patients' intake and output and their weight (*2025: NDH: Nurse's drug handbook*, 2024). 2. Assess potassium levels (*2025: NDH: Nurse's drug handbook*, 2024).	1. Assess respiratory status (*2025: NDH: Nurse's drug handbook*, 2024). 2. Assess for high blood pressure (*2025: NDH: Nurse's drug handbook*, 2024).	1. Assess vitamin D levels (*2025: NDH: Nurse's drug handbook*, 2024). 2. Assess calcium levels (*2025: NDH: Nurse's drug handbook*, 2024).	1. Assess of pain level (*2025: NDH: Nurse's drug handbook*, 2024). 2. Assess vital signs for fever (*2025: NDH: Nurse's drug handbook*, 2024).	1. Assess calcium levels (*2025: NDH: Nurse's drug handbook*, 2024). 2. Assess bowel function (*2025: NDH: Nurse's drug handbook*, 2024).
Brand/ Generic	Ipratropium-albuterol (DUO NEB, Atrovent HFA)	Hydrocodone-Acetaminophen (Norco)	Loperamide (Imodium A-D)	Magnesium hydroxide (Milk of Magnesia)	Melatonin (Pineal Hormone)	Ondansetron (Zofran)
Dose, frequency, route	3 mL, Nebulizer Solution, Q4	325 mg Tablet, Orally, Q8	2 mg Capsule, Orally,	30 mL, Orally, Daily	6 mg Tablet, Orally,	4 mg, Orally 4 mg, IV

	PRN	PRN	PRN	PRN	Nightly PRN	Q6 PRN
Classification (Pharmacological and therapeutic and action of the drug	Pharmacologic Class: Anticholinergics Therapeutic: Bronchodilator MOA: Bronchodilation without systemic anticholinergic effects (*2025: NDH: Nurse's drug handbook*, 2024).	Pharmacologic Class: Antitussive opioid analgesia/ nonopioid analgesic MOA: Binds to opiate receptor in CNS to reduce pain (*2025: NDH: Nurse's drug handbook*, 2024).	Pharmacologic Class: Opioid receptor agonist Therapeutic Class: Antidiarrheals MOA: Reduces the amount of stool (*2025: NDH: Nurse's drug handbook*, 2024).	Pharmacologic Class: Magnesium Salt, Magnesium Hydroxide Therapeutic Class: Laxative, Antacid MOA: Reduced stomach acid and increases water in the intestines to help induce bowel movements (*2025: NDH: Nurse's drug handbook*, 2024).	Pharmacologic Class: Sedative Therapeutic Class: Sedative/Hypnotics MOA: Regulates the hormone secreted by the pineal gland to help regulate the normal sleep/wake cycle (*2025: NDH: Nurse's drug handbook*, 2024).	Pharmacologic Class: Five ht3 Antagonists Therapeutic Class: Antiemetics MOA: Blocks serotonin receptor sites and located in the vagal nerve terminals (*2025: NDH: Nurse's drug handbook*, 2024).
Reason Client Taking	Patient has a standing order of ipratropium for shortness of breath.	Patient has a standing order of norco to help with moderate to severe pain.	Patient has a standing order of loperamide to help with any diarrhea.	Patient has a standing order for magnesium hydroxide to help with constipation.	Patient has a standing order to help them sleep if it is needed.	Patient has a standing order of ondansetron to help with any nausea.

Two contraindications (pertinent to the client)	1. Hypertension 2. Diabetes Mellitus	1. Respiratory depression 2. Risk for addiction	1. Constipation 2. Affect heart rhythm	1. Kidney disease 2. Electrolyte imbalances	3. Hypertension 4. Diabetes Mellitus	1. Congestive heart failure 2. Hepatic impairment
Two side effects or adverse effects (Pertinent to the client)	1. Congestion 2. Hypertension	1. Constipation 2. Dependence	1. Constipation 2. Nausea	1. Diarrhea 2. Slow heart rate	1. Dizziness 2. Diarrhea	3. Diarrhea 4. Shortness of breath
List two teaching needs for the medication pertinent to the client	1. Educate about the needs to check blood glucose levels while taking a DUO NEB (*2025: NDH: Nurse's drug handbook*, 2024). 2. Rinse mouth after use to help prevent throat irritation and dry mouth (*2025: NDH: Nurse's drug handbook*, 2024).	1. Norco has a high potential for addiction (*2025: NDH: Nurse's drug handbook*, 2024). 2. Increase fiber and fluids to help decrease the likelihood for constipation (*2025: NDH: Nurse's drug handbook*, 2024).	1. Do not take more than the recommended dose, it can lead to heart arrhythmia (*2025: NDH: Nurse's drug handbook*, 2024). 2. Stop taking. If diarrhea last longer than 48 hours (*2025: NDH: Nurse's drug handbook*, 2024).	1. Stay hydrated with taking milk of magnesia (*2025: NDH: Nurse's drug handbook*, 2024). 2. Do not continue to use if experiencing diarrhea (*2025: NDH: Nurse's drug handbook*, 2024).	1. Take it about one hour before going to bed to ensure there won't be daytime drowsiness (*2025: NDH: Nurse's drug handbook*, 2024). 2. It can interact with blood thinners (*2025: NDH: Nurse's drug handbook*, 2024).	1. Do not use if experience any heart arrhythmias (*2025: NDH: Nurse's drug handbook*, 2024). 2. Do not take if experiencing shortness of breath (*2025: NDH: Nurse's drug handbook*, 2024).
Two Key nursing	1. Assess breath sounds	1. Assess vital signs	1. Assess skin turgor	1. Monitor	1. Assess patient's	1. Assess for nausea

assessment(s) prior to administration	(*2025: NDH: Nurse's drug handbook,* 2024). 2. Assess for any wheezing (*2025: NDH: Nurse's drug handbook,* 2024).	for oxygen saturation prior to administration (*2025: NDH: Nurse's drug handbook,* 2024). 2. Assess for pain level prior to administration (*2025: NDH: Nurse's drug handbook,* 2024).	(*2025: NDH: Nurse's drug handbook,* 2024). 2. Assess frequency and consistency of stools (*2025: NDH: Nurse's drug handbook,* 2024).	magnesium levels prior to administering (*2025: NDH: Nurse's drug handbook*, 2024). 2. Assess for abdominal pain and cramping (*2025: NDH: Nurse's drug handbook*, 2024).	sleep patterns (*2025: NDH: Nurse's drug handbook,* 2024). 2. Obtain blood glucose and monitor lipid panel (*2025: NDH: Nurse's drug handbook,* 2024).	and vomiting (*2025: NDH: Nurse's drug handbook,* 2024). 2. Assess patients EKG and labs for hypokalemia (*2025: NDH: Nurse's drug handbook,* 2024).
Brand/ Generic	Polyethlene glycol (GlycoLax, Miralax)	Senna (Ex-Lax, Senokot)				
Dose, frequency, route	17 g, Orally, 2x Daily PRN	8.6 mg Tablet, Orally, 2x daily PRN				
Classification (Pharmacological and therapeutic and action of the drug	Pharmacologic Class: Osmotic Therapeutic Class: Laxatives MOA: Draws water into the lumen of the gastrointestinal tract to increase peristalsis	Pharmacologic Class: Stimulate Laxatives Therapeutic Class: Laxatives MOA: The components of senna alter water and electrolyte				

	(*2025: NDH: Nurse's drug handbook,* 2024).	s in the large intestines. This helps increase peristalsis (*2025: NDH: Nurse's drug handbook,* 2024).
Reason Client Taking	Patient has a standing order of polyethylene glycol to help with any constipation.	Patient has a standing order of senna to help with any constipation.
Two contraindications (pertinent to the client)	1. Abdominal pain 2. Abdominal distention	1. Dehydration 2. Electrolyte imbalance
Two side effects or adverse effects (Pertinent to the client)	1. Diarrhea 2. Nausea	1. Diarrhea 2. Electrolyte Imbalance
List two teaching needs for the medication pertinent to the client	1. This medication can cause abdominal cramping (*2025: NDH: Nurse's drug handbook,* 2024). 2. Do not continue to use if experiencing	1. Stay hydrated and drink plenty of fluids (*2025: NDH: Nurse's drug handbook,* 2024). 2. A common

	diarrhea (*2025: NDH: Nurse's drug handbook,* 2024).	side effect is diarrhea (*2025: NDH: Nurse's drug handbook,* 2024).	[redacted]
Two Key nursing assessment(s) prior to administration	1. Assess bowel sounds and any abdominal distention (*2025: NDH: Nurse's drug handbook,* 2024). 2. Assess consistency and amount of stool prior to administration (*2025: NDH: Nurse's drug handbook,* 2024).	1. Assess bowel sounds and any abdominal distention (*2025: NDH: Nurse's drug handbook,* 2024). 2. Assess consistency and amount of stool prior to administration (*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 Succinate	It helps reduce the oxygen demand in the myocardial cells. My patient has	1. Decreased perfusion 2. Bradycardia

	congestive heart failure which means their heart is going to working more.	
2. Furosemide	It helps reduce fluid overload. My patient was admitted for congestive heart failure, and the furosemide will help get rid of the extra fluid.	1. Hyperglycemia 2. Excessive urination
3. Spironolactone	It helps reduce sodium and water retention. My patient needs to get rid of excess water due to their congestive heart failure.	1. Hyperkalemia 2. Dizziness

Medications Reference (1) (APA)

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

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	Patient is alert and oriented x4. Patient is oriented to place, time, and situation. Patient was in a little distress in the morning with having increases shortness of breath. Respiratory gave a neb treatment while calmed down the patients breathing. Patient was wearing a night gown and was comfortable in the bed. Patient is on contact and droplet precaution for ESBL and rule out for respiratory issues. In the morning, patient had no concerns only complaint was feeling short of

	breath.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	0807 Temp: 97.1 RR: 20 Pulse: 59 BP: 167/76 Oxygen: 92% Room Air 1306 Temp: 97.1 RR: 20 Pulse: 60 BP: 163/79 Oxygen: 94% Room Air 1500 Temp: 96.8 RR: 20 Pulse: 61 BP: 162/78 Oxygen: 100% Room Air
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	1429 Scale: 0-10 Location: Chest and Back Severity: 7 Characteristics: Aching, Constant Interventions: Cluster care, Tylenol was given, made patient comfortable in the bed by repositioning 1530 (Re-assessment) Scale: 0-10 Location: Chest and Back Severity: 3
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 Right forearm; posterior Placed 02/03/2026 Presence of blood return, flushed with 10 cc saline flush No signs of redness, irritation, or drainage. Dressing is intact, dry, and clean Saline Lock
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:**	Skin color is pale, and dry around feet and ankles. Temperature is warm to touch. Skin turgor is less then 3 seconds. No signs of rashes or bruises. There is skin irritation around abdominal folds and perineum. Braden score is

Rashes: **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	12. There is a small red area around sacrum. Contact dermatitis noted on left gluteal upper sacrum. No drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is normocephalic. No lesions, lumps or bumps noted. Head is bilaterally symmetrical. PERRLA intact. EMOs intact. Conjunctive pink, sclera is white bilaterally. No redness or drainage noted. Patient does use glasses to help see. No lesions or deformities noted on ears bilaterally. Hearing intact bilaterally. No drainage noted. Septum midline. Nasal mucosa pink and moist. No nasal drainage noted. Oral mucosa pink and moist. Tongue midline, dentition intact. Trachea midline. No lymphadenopathy noted. No JVD noted. .
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:**	S1 and S2 noted upon auscultation. No murmurs. Apical pulse is irregular. Peripheral pulses are strong +2 on left and upper extremities. Pulse is weak +1 on left and right lower extremities. Capillary refill is less than 3 seconds on fingers. Capillary refill is 3 or more seconds on toes. No neck vein distention. Edema is present in lower extremities. Pitting +2 on left lower extremities, +1 on right lower extremity.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	No use of accessory muscles. Lung sounds listen anterior and posterior all fields. Lung sounds are diminished in lower lobs.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:**	Patient follows a regular diet at home and compliant. Current diet for hospital admission is cardiac, and patient is tolerating it however there are a few foods that my client does not like. Bowel sounds are present in all four quadrants, hyperactive. No masses or pain noted upon palpation. Abdomen is round, nondistended. No signs of wounds or drains. No ostomy or nasogastric tube. No feeding tubes. Patient is 5'6" and weight 108 kg (238 lb 1.6 oz).

Drains: **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Urine is pale yellow color. No odor present. No signs of pain, patient does have a foley. No dialysis. Perineum area is red and excoriated. No odor or discharged noted. 23 french triple lumen was replaced on 01/23/2026 by home health nurse.
Intake (in mLs) **Output (in mLs)**	Intake: 480 mL orally No IV fluids ordered. Breakfast 100% Lunch 0% Output: 1000 mL – Urine 1 stool – loose, brown, large
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	Patient is alert and oriented x4. Patient can perform active range of motion in upper extremities. Passive range of motion is needed for lower extremities due to baseline paraplegia. Upper body strength is good, able to move against resistance. Lower body has no voluntary movement. Patient uses a Hoyer lift to get out of bed and motorized wheelchair. Patient is not getting out of bed while in the hospital. Yes, the patient is a fall risk. Fall score is an 80. Patient is able to move around upper extremities and help bath and perform ADL's by using upper body strength. Patient is unable to help assist with transferring and bathing/dressing lower body.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐**	Patient moves all upper extremities, paraplegia to bilateral lower extremities at baseline. PERRLA intact. Strength is not equal. Strength on upper extremities equal. Strength in not equal bilateral on lower extremities due to baseline

Orientation: **Mental Status:** **Speech:** **Sensory:** **LOC:**	paraplegia. Patient is alert and oriented x4. Speech is constant and concise. No sensory deficits in upper extremities. Sensory deficits in lower extremities.
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):**	Patient confines in her family as a coping method being able to talk to them every day and have them visit. She also likes to watch tv and read. Patient is at the formal operational stage of Piaget's theory. They use abstract reasoning, and problem solving. Patient did not specify which religion they believe in. They did state they do go to church when her son is able to take her and was happy about the pastoral care in the hospital. Patient is very connected with their family and children. Their two living brothers help out with appointments and her son is able to come by every day to help around the house and with any needs.

Discharge Planning

Discharge location: No current discharge orders have been placed. Case management did come to visit the patient on the 4th in the morning. Patient feels comfortable returning home after hospital admission.

Home health needs: I would recommend the patient continue with home health and investigate having a caregiver who could stay overnight with the patient to help with any needs instead of relying on the patient's son. The current living situation does work very well for the patient and their family.

Equipment needs: No needs currently. Patient is not on any oxygen and has all necessary equipment to assist with ADLs and bathing at home.

Follow-up plan: Follow up with cardiologists and the primary care provider.

Education needs: Patient and family need education about diabetes, substance abuse, and skin breakdown.

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. Impaired gas exchange related to diminished lung sounds as evidenced by shortness of breath (Phelps, 2023).	I chose this nursing diagnosis because my patient was having frequent episodes of shortness of breath throughout the day and would get worse when experiencing anxiety.	Patient maintains an oxygen saturation above 92% on room air and decreases reports of shortness of breath before discharge.	**1.**Monitor oxygen saturation continuously and evaluate regularly (Phelps, 2023). **2.**Reposition patient every 2 hours to help maximize lung expansion (Phelps, 2023).	Patient was able to maintain oxygen level above an 92% on room air and we were able to turn every 2 hours.
2. Decreased cardiac output related to high blood pressure as evidenced by edema	I chose this nursing diagnosis because my patient was experiencing shortness of breath	Patient will show better cardiac output by showing less edema on lower extremities.	**1.** Assess patient's edema and lung sounds every 4 hours (Phelps, 2023). **2.** Elevate lower extremities to help reduce edema that is	Patient was able to tolerate having legs elevated on pillows when laying on back. Edema

(Phelps, 2023).	prior to hospital admission and while being in the hospital.		present (Phelps, 2023).	is still present in both legs.
3. Impaired physical mobility related to decreased range of motion in lower extremities as evidenced by dependence on assistive devices and caregivers (Phelps, 2023).	I chose this nursing diagnosis because my patient is unable to move their lower extremities which causes an impaired physical mobility.	Patient will be able to participate in mobility activities and maintain upper body strength during hospitalization.	**1.** Reposition patient every 2 hours to help reduce any pressure injuries (Phelps, 2023). **2** Encourage patient to participate in self-care activities as it can help prevent deconditioning and helps enhance independence (Phelps, 2023).	Patient was able to be turned and repositioned every 2 hours which help with stiffness and discomfort. She was ablet to help bathe upper body with minimal assistance.
4. Impaired skin integrity related to physical immobilization as evidenced by skin disruption (Phelps, 2023).	I chose this nursing diagnosis because my patient is a paraplegic and cannot move around which increases the risk of her skin integrity.	Patient will maintain intact skin with no develops of pressure injuries.	**1.** Inspect skin and bony prominence daily and reassess every 4 hours (Phelps, 2023). **2.** Use pressure-relieving mattress such as an air-loss mattress to help distribute pressure(Phelps, 2023).	Patient was able to maintain current skin condition. Wounds on sacrum did not look worse. Still read and covered. Patient was able to get a low-air loss bed to help with distributing pressure.

Other References (APA):

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

Nursing Process Prioritization	Rationale
1. Impaired gas exchange related to diminished lung sounds as evidenced by shortness of breath (Phelps, 2023).	I chose this nursing diagnoses because my patient was having frequent episodes of shortness of breath throughout the day.
2. Decreased cardiac output related to high blood pressure as evidenced by edema (Phelps, 2023).	I chose this nursing diagnosis because my patient was experiencing shortness of breath prior to hospital admission and while being in the hospital.
3. Impaired physical mobility related to decreased range of motion in lower extremities as evidenced by dependence on assistive devices and caregivers (Phelps, 2023).	I chose this nursing diagnosis because my patient is unable to move their lower extremities which causes an impaired physical mobility.
4. Impaired skin integrity related to physical immobilization as evidenced by skin disruption (Phelps, 2023).	I chose this nursing diagnosis because my patient is a paraplegic and cannot move around which increases the risk of her skin integrity.

Other References (APA):

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