

N321 Care Plan # 1

Lakeview College of Nursing

Rebecca Bishop

Demographics (3 points)

Date of Admission 09/06/19	Patient Initials M.S	Age 84	Gender F
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Widowed	Allergies Amoxicillin, Macrobid
Code Status Full	Height 157cm	Weight 87.8kg	

Medical History (5 Points)

Past Medical History: B12 deficiency, hypertension, urinary incontinence

Past Surgical History: Bilateral cataract removal, cholecystectomy, R mastectomy

Family History: Hypertension, macular disease

Social History (tobacco/alcohol/drugs): None

Assistive Devices: Cane, Glasses

Living Situation: Lives by herself

Education Level: Highest education is high school

Admission Assessment

Chief Complaint (2 points): Shortness of breath

History of present illness (10 points): Pt presented at the ED with SOB and chest pain. Pt stated, "she had never felt this type of chest pain or being quickly out of breath." Activity made her chest hurt more; it would give her a sharp/dull pain. This chest pain/SOB was very onset with no warning. Pt had a Xray, labs, TEE, and then eventually a cardioversion. The TEE showed signs of no clots. When trying the cardioversion, the pt's heart rhythm went back to normal and then bounced back into A-fib in less than 10 seconds. The MD recommended she will switch to Eliquis when discharged from the hospital. MD stated that the patient will be perfectly safe at home with A-Fib as long as she takes the medication

(Eliquis.) Pt also commented she would like this to get figured out so she can go back to her daily living.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): A-Fib

Secondary Diagnosis (if applicable):Hypertension

Pathophysiology of the Disease, APA format (20 points):

Pathophysiology References (2) (APA):

Hinkle, J.L., & Cheever, K.H. (2018.) *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams and Wilkins.

University of Toronto. (2008). Pathophysiology. Retrieved from <http://www.afib.utorontoeit.com/pathophysiology.html>

Laboratory Data (15 points)

CBC **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4-5.5	4.83	4.77	
Hgb	12-15	15.2	14.8	
Hct	42-52	45.4	44.6	
Platelets	150-400	171	160	

WBC	4500-11000	10.4	5.9	
Neutrophils	2.0-7.0	9.1	4.4	a
Lymphocytes	20-40%	0.7	1.0	
Monocytes	1-10%			
Eosinophils	<7%			
Bands	<3%			

Chemistry **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	135-145	142	144	
K+	3.5-5.0	4.2	3.7	
Cl-	97-107	109	108	a
CO2	20-30	24	30	
Glucose	70-110	157	118	a
BUN	10-20	38	20	
Creatinine	0.7-1.4	0.74	0.59	
Albumin	3.5-5		3.4	
Calcium	8.6-10.2	8.6	8.4	
Mag	1.7-2.2	1.8	1.5	a
Phosphate	2.5-4.5	3.7		
Bilirubin	0.3-1	0.6		

Alk Phos	30-120	61		
AST	0-35	22		
ALT	4-36	37		
Amylase				
Lipase				
Lactic Acid				

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR				
PT				
PTT				
D-Dimer	<0.4		2.04	
BNP	0-100		828	a
HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c				
TSH	0.4-4.0	2.28		

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity			yellow	
pH			5.5	
Specific Gravity			>1.030	
Glucose			-	
Protein			1+A	
Ketones			-	
WBC				
RBC				
Leukoesterase				

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture		Negative		
Blood Culture	N/A			
Sputum Culture	N/A			
Stool Culture	N/A			

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (5 points): TEE, Xray

Diagnostic Test Correlation (5 points):

Diagnostic Test Reference (APA):

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Home Medications (5 required)

Brand/Generic	Lopressor/Metoprolol	Eliquis/Apixaban	Protonix/Pantoprazole	Zantac/Ranitidine	Pepcid/Famotidine
Dose	30mg	5mg	40mg	150mg	20mg
Frequency	1 time daily	1 tab bid	1 tab daily	1 tab bid	1 tab daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Beta-blocker	Anticoagulant	Antacid	antacid	Antacid and antihistamine

Mechanism of Action	Blocking the action of certain natural chemicals	Decreasing the clotting ability of the blood	Decreasing high levels of stomach acid	Decreasing high levels of stomach acid	Decreasing high levels of stomach acid
Reason Client Taking	Lowers the heart rate	Preventing clotting of the blood forming in the heart	GERD	GERD	GERD
Contraindications (2)	Low blood sugar Diabetes	Surgery dialysis	Hypersensitivity to reactions anaphylaxis and anaphylactic shock	Stomach cancer porphyria	Hypersensitivity Infection
Side Effects/Adverse Reactions (2)	Dizziness Nausea	Easy bruising Bleeding gums	Headache Nausea	Headache Dizziness	Constipation headache
Nursing Considerations (2)	-Take atypical pulse before administering -Do not crush	-Do not take a missed dose on top of an on-time dose -	Assess for epigastric pain Administer with or without food	Assess for epigastric pain Administer with or without food	Assess for epigastric pain Administer with or without food

Hospital Medications (5 required)

Brand/Gener ic	Duragesic/Fen tanyl	Bactrim DS/Sulfametho xazole	Colace/Doc usate	Apple cider Vinegar	Ginger root
Dose	25mcg=0.5ml iv push	80mg	100mg	450mg	250mg
Frequency	PRN	1 tab daily	1 tab bid	Once daily	Once daily
Route	IV	Oral	Oral	Oral	Oral
Classification	Pain management	Antibiotic	Stool softener	Aids in digestion	Aids in digestion
Mechanism of Action	Binds to opioid receptors	Blocks the production of tetrahydrofolic acid	Lowers the surface tension at the oil-water interface of the feces	Changes how food is absorbed in the stomach	Changes how food is absorbed in the stomach
Reason Client Taking	Pt in pain	Pt has an infection	Constipatio n	Blood sugar control	Stomach issues
Contraindica tions (2)	Exposure to heat Hypersensitivi ty	Hypersensitivit y Immune thrombocytop enia	Hypersensit ivity GI bleed	Hypersensit ivity Stomach acid	Heartbu rn Cardiac arrhyth mias
Side Effects/Adve rse Reactions (2)	Respiratory depression nausea	Loss of appetite Nausea	Diarrhea gas	Delayed stomach emptying Erosion of tooth enamel	Increase bleeding tendency diarrhea
Nursing Consideratio ns (2)	Avoid use in severe hepatic impairment Significant pt harm with errors	Hepatic impairment Do not crush	Assess for abdominal distension Bitter taste	Don't crush Don't take on empty stomach	Don't crush Don't take on empty stomach

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook*. Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	AOx4
INTEGUMENTARY (2 points): Skin color: Pallor Character: Smooth texture, normal tone Temperature: Warm to touch Turgor: Bounces back within a second Rashes: From AED Bruises: From AED Wounds: None upon assessment Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:	Pt has a mix of a rash/bruise from the use of AED pads to shock her heart. This is found on her upper left chest and on the middle upper upper of her back

<p>HEENT (1 point): Head/Neck: Normal upon assessment Ears: Pearly grey Eyes: PERLA Nose: cilia seen, moist mucosa. Teeth:</p>	<p>No abnormalities</p>
<p>CARDIOVASCULAR (2 points): Heart sounds: Present S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: felt no abnormalities Capillary refill: within 3 seconds Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Pt has a heart abnormality that goes with A Fib. Wasn't normal upon assessment but isn't a gallop or murmur</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Breath sounds normal</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Normal Current Diet: Cardiac Height: Weight: Auscultation Bowel sounds: Last BM: 0930 on 10/09/19 Palpation: Pain, Mass etc.: Inspection: Distention: N/A Incisions: N/A Scars: N/A Drains: N/A Wounds: N/A Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>.</p>

<p>GENITOURINARY (2 Points): Color: Light yellow Character: Light yellow, no smell Quantity of urine: no smell Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Normal upon inspection Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Glasses, walker Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 50 Activity/Mobility Status: Assist with 1, gait belt, and walker Independent (up ad lib) <input type="checkbox"/> No Needs assistance with equipment <input type="checkbox"/> Yes Needs support to stand and walk <input type="checkbox"/> Yes</p>	<p>Pt has a history of ADL incontinence</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation:x4 Mental Status: Speech: Sensory: LOC:</p>	<p>Pt has more weakness in her legs compared to her arms</p>
<p>PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): Watching tv Developmental level: High school Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Pt enjoys and looks forward to watching the Ellen show. Pt seems to have good family dynamics.</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0821	120	160/94	22	36.4	94
0937	120	119/88	21	37	95

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	0-10	Chest	0		
0930	0-10	Chest	2	dull	Taking breaks with activity

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge Location of IV: Left AC Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	Saline

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
N/A NPO	N/A

Nursing Care

Summary of Care (2 points)

Overview of care:

Procedures/testing done: EKG, cardioversion

Complaints/Issues: Pt would like to have her heart back to normal

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Activity as tolerated, Normal diet, take breaks when needed

Physician notifications: Pt to have a cardioversion in Cath lab

Future plans for patient:

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): Not needed

Equipment needs (if applicable): Not needed

Follow up plan: Follow up in the clinic to have another cardioversion scheduled.

Education needs: Pt will switch to Eliquis when discharged from the hospital. MD stated that the patient will be perfectly safe at home with A-Fib as long as she takes the medication (Eliquis)

Nursing Diagnosis (15 points)

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none">• Include full nursing diagnosis with “related to” and “as evidenced by” components	<ul style="list-style-type: none">• Explain why the nursing diagnosis was chosen		<ul style="list-style-type: none">• How did the patient/family respond to the nurse’s actions?• Client response, status of goals and outcomes, modifications to plan.

<p>1. Activity intolerance related to A-fib as evidence by SOB</p>	<p>This nursing diagnosis was chosen because the patient gets more tired with exercise with her heart rate going up</p>	<p>1. Take more breaks when needed 2. Use assistive devices when doing activities</p>	<ul style="list-style-type: none"> Pt and family agree this is for her best safety
<p>Bruising related to A-fib as evidence by use of blood thinners</p>	<p>This nursing diagnosis was chosen because this is a new medication the patient was put on</p>	<p>1 Use a soft bristle toothbrush 2 use electric razor</p>	<ul style="list-style-type: none"> Pt understands that Eliquis thins the blood therefore makes you bleed longer if cut
<p>1. Urine leakage related to stress incontinence as evidence by skin breakdown 2.</p>	<p>This nursing diagnosis was due to her previous history of urinary incontinence</p>	<p>1. Not drinking fluids before bedtime 2. Making more bathroom breaks</p>	<p>Pt understand that the collection of urine can cause skin breakdown and therefore cause for infection</p>

Other References (APA):

Hinkle, J.L., & Cheever, K.H. (2018.) *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams and Wilkins.

Concept Map (20 Points):

Subjective Data

- Pt has a higher pain score with activity
- Shortness of breath
- Pain within the chest

Nursing Diagnosis/Outcomes

- Pt is a high fall risk so it is important that that is one of the number one thing to watch out for. Pt likes to get up on her own even though she understands this goes against her safety. The bed and chair alarms are set at all times.
- Pt is put on a new blood thinner so it is important to express electric shaving and soft bristle toothbrushes. Even a small cut is hard to stop on blood thinners.
- Pt has a previous history of urine incontinence due to stress. It is accidental for her to make more trips to the restroom and stop drinking fluids before bed. This also makes her safer with not getting up in the middle of the night.
- Pt understands the importance and the safety measures that are not just for the hospital but to be continued at home.

Objective Data

- BNP 828
- D-Dimer 2.04
- BP 160/94
- Resting heart rate 120

Patient Information

Pt is an 84 year old female who presented with SOB and chest pain. With labs and extra testing the pt was diagnosed with A-fib. Pt is not a smoker, is a high fall risk, and a full code

Nursing Interventions

- Take more breaks when needed
- Use assistive devices when doing activities
- Remove any items from the floor to prevent falls

