N321 Care Plan #1

Lakeview College of Nursing

Kaytlynn Roberts

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
9/15/2019	MAS	55	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Disabled	Married	1.Promethazine – (Elevated BP) 2. HydrOXYzine – (Rash)
Code Status	**Height**	**Weight**	
Full	155cm	88kg	

Medical History (5 Points)

Past Medical History: Ongoing: OCD, Polypharmacy, PTSD, Smoker, Status post coronary artery stent placement, Status post placement of implantable loop recorder, Tremor, Allergic Rhinitis, Anxiety, Atrophic vaginitis, Bilateral carotid artery stenosis, Coronary artery disease, Chronic back/chest pain, Chronic headaches, Compulsive skin picking, Depression, Type II diabetes mellitus, Generalized osteoarthritis, Gastritis, GERD with esophagitis, H/O discitis, Hypertensive cardiovascular disease, Iron deficiency anemia, Mild mitral regurgitation, Obesity, Obstructive sleep apnea. **Historical:** Bilateral cataracts, Degenerative joint disease of the left knee (s/p total arthroplasty 11/7/17), Degenerative joint disease of the right knee (s/p total arthroplasty 11/13/18)

Past Surgical History: Drug-eluting coronary artery stent (06/11/19), Esophagogastroduodenoscopy biopsy (04/23/19), Arthroplasty left knee total (11/07/17), Arthroplasty right knee total (11/13/18), Colonoscopy, Breast lumpectomy, Cardiac catheterization, Carpal tunnel release, Cataract extraction, Cesarean section, Colectomy, Elbow, Extraction of wisdom tooth, Lumbar spine surgery, Nasal septoplasty, Neck

Family History: Breast cancer – Sister, Dementia – Grandfather, Heart attack – Father (deceased)/Mother, Hypertension – Sister, Lung cancer – Brother/Father (deceased)/Mother, Parkinson disease – Grandfather (mother's side), Stroke – Mother, Uterine cancer – Sister.

Social History (tobacco/alcohol/drugs): Alcohol – denies use, Tobacco – former smoker (cessation more than 30 days ago), Substance abuse – denies abuse.

Assistive Devices: Walker, cane, CPAP/Bipap, and Glucose monitoring

Living Situation: Spouse, Home/independent.

Education Level: High school

Admission Assessment

Chief Complaint (2 points): Chest pain with radiation down the right arm accompanied with shortness of breath. (Stent was placed in June, loop recorder)

History of present Illness (10 points):.This is a 55-year-old female with a history of coronary artery disease, hypertension, and diabetes who presents with "pressurized mid-chest pain" that radiates down the right arm rated a 6/10 on admission. The patient states that she has been having pain for a day and a half starting 09/16/19. The patient states that there are no alleviating or aggravating factors. The patient took Narco previous to admission without any improvement in the severity of her pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Rule out Acute coronary syndrome (ACS)

Secondary Diagnosis (if applicable):.Rule out gastroesophageal reflux disease (GERD)

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

There are many different reasons why cardiac muscle cells can suffer an ischemic state. One reason cardiac muscle cells can be depleted of oxygen is when a thrombus (blood clot) forms and obstructs the blood flow to the heart muscle. When a thrombus forms in the heart muscle it is called a coronary thrombosis. Coronary thrombosis can be due to endothelial injury such as hyperlipidemia which my client presents with. “If the coronary artery diameter is blocked by 50% to 70%, an inadequate amount of blood flows past the blockage, resulting in ischemia” (Capriotti, Frizzell, pg.349).

Acute coronary syndrome can also be caused by the accumulation of arteriosclerotic plauque. As arteriosclerotic plauque ages it becomes brittle and breaks apart. As pieces of plaque travel through the bloodstream they become “lodged in a small diameter arteriole which causes an obstruction on blood flow” (Capriotti, Frizzell, pg.350). Another cause of acute coronary syndrome is coronary artery vasospasm. The spasm causes an obstruction in the blood flow through the coronary artery resulting in ischemia to the surrounding tissues. (Capriotti, Frizzel, 2016).

The least common pathophysiological process is related to anemia. During anemia there are not enough red blood cells to properly carry oxygen to all parts of the body. Due to the lack of blood flow, cardiac muscles may become ischemic. Clients with acute coronary syndrome can present with a feeling of pressurized chest pain, and “radiating pain into the epigastric region, jaw, right arm, or back” (Capriotti, Frizzell, pg.350). A patient who has acute coronary syndrome will have a positive Levine’s sign, tachycardia, or

an irregular heart rhythm. There are many diagnostic tests available to rule out ACS including, “blood pressure measurement, serum electrolytes, ECG and thallium stress test” (Capriotti, Frizzell, pg. 351). My patient had an ECG that came back normal with no significant changes. Treatments for acute coronary syndrome include, aspirin, nitrates and oxygen “if SaO2 is lower than 95%” (Capriotti, Frizzell, pg. 351). My patient is currently on aspirin and took a nitrate before admission to the hospital with no relief of symptoms. (Capriotti, Frizzel, 2016).

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

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	**3.80-5.41 mcl**	**3.60 mcl**	**NA**	**My patient is anemic which can result in a decreased amount of red blood cells.**
Hgb	**11.3-155.2 g/dL**	**10.8 g/dL**	**NA**	**My patient has iron deficiency anemia resulting in a lack of iron which makes it more difficult to produce Hgb.**
Hct	**33.2-45.3%**	**33.3%**	**NA**	**WNL**
Platelets	**149-393 k/mcl**	**203 k/mcl**	**NA**	**WNL**
WBC	**4.0-11.7 k/mcl**	**5.5 k/mcl**	**NA**	**WNL**
Neutrophils	**45.3-79.0%**	**48.7%**	**NA**	**WNL**
Lymphocytes	**11.8-45.9%**	**31.6%**	**NA**	**WNL**

Monocytes	**4.4-12%**	**15.4%**	**NA**	**Due to possible inflammation and new medications.**
Eosinophils	**0.0-6.3%**	**3.6%**	**NA**	**WNL**
Bands	**NA**	**NA**	**NA**	**WNL**

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 mmol/L**	**142 mmol/L**	**NA**	**WNL**
K+	**3.5-5.0 mmol/L**	**4.5 mmol/L**	**NA**	**WNL**
Cl-	**98-106 mmol/L**	**105 mmol/L**	**NA**	**WNL**
CO2	**21-31 mmol/L**	**31 mmol/L**	**NA**	**WNL**
Glucose	**74-109 mg/dL**	**119 mg/dL**	**108 mg/dL**	**My patient is a type II diabetic which can result in low or high glucose levels.**
BUN	**7-25 mg/dL**	**12 mg/dL**	**NA**	**WNL**
Creatinine	**0.50-0.90 mg/dL**	**0.85 mg/dL**	**NA**	**WNL**
Albumin	**3.5-5 g/dL**	**3.6 g/dL**	**NA**	**WNL**
Calcium	**9.0-10.5 mEq/dL**	**8.5 mEq/dL**	**NA**	**WNL**
Mag	**1.3-2.1 mEq/L**	**2.1 mEq/dL**	**NA**	**WNL**
Phosphate	**2.5-4.5 mg/dL**	**NA**	**NA**	**NA**
Bilirubin	**0.3-1 mg/dL**	**0.4 mg/dL**	**NA**	**WNL**
Alk Phos	**35-105 units/L**	**36 units/L**	**NA**	**WNL**
AST	**0.0-32 units/L**	**17 units/L**	**NA**	**WNL**

ALT	**4-33 units/L**	**17 units/L**	**NA**	**WNL**
Amylase	**30-220 units/L**	**NA**	**NA**	**NA**
Lipase	**0.0-160 units/L**	**NA**	**NA**	**NA**
Lactic Acid	**0.5-1 mmol/L**	**NA**	**NA**	**NA**

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	**0.8-1.1**	**NA**	**NA**	**NA**
PT	**11-12.5**	**NA**	**NA**	**NA**
PTT	**30-40 seconds**	**NA**	**NA**	**NA**
D-Dimer	**<0.4 mcg/mL**	**NA**	**NA**	**NA**
BNP	**0.5-30 pg/mL**	**NA**	**NA**	**NA**
HDL	**>55 mg/dL**	**NA**	**NA**	**NA**
LDL	**<130 mg/dL**	**NA**	**NA**	**NA**
Cholesterol	**50-60 mg/dL**	**NA**	**NA**	**NA**
Triglycerides	**35-135 mg/dL**	**NA**	**NA**	**NA**
Hgb A1c	**4-5.9%**	**NA**	**NA**	**NA**
TSH	**0.4-4.2 mU/L**	**NA**	**NA**	**NA**

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 Admissio	Today's Value	Reason for Abnormal

		n		
Color & Clarity	**NA**	**NA**	**NA**	**NA**
pH	**NA**	**NA**	**NA**	**NA**
Specific Gravity	**NA**	**NA**	**NA**	**NA**
Glucose	**NA**	**NA**	**NA**	**NA**
Protein	**NA**	**NA**	**NA**	**NA**
Ketones	**NA**	**NA**	**NA**	**NA**
WBC	**NA**	**NA**	**NA**	**NA**
RBC	**NA**	**NA**	**NA**	**NA**
Leukoesterase	**NA**	**NA**	**NA**	**NA**

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	**NA**	**NA**	**NA**	**NA**
Blood Culture	**NA**	**NA**	**NA**	**NA**
Sputum Culture	**NA**	**NA**	**NA**	**NA**
Stool Culture	**NA**	**NA**	**NA**	**NA**

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

Henry, N. J. E., McMichael, M., Johnson, J., DiStasi, A., Ball, B. S., Holman, H. C., Lemon, T.

(2016). *Rn adult medical surgical nursing: review module*. Leawood, KS: Assessment Technologies Institute.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): ECG and Chest x-ray

Diagnostic Test Correlation (5 points): This test was completed in order to check for ST depressions or ST elevations. Chest X-ray was completed to confirm or deny diagnosis of acute coronary syndrome.

Diagnostic Test Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	**Plavix/ Clopidogrel**	**Klonopin/ Clonazepam**	**Nuerontin/ Gabapentin**	**Prinivil/ Lisinopril**	**Nitroglycerin/ Nitrostat**
Dose	75mg	1mg	100mg	5mg	0.4mg
Frequency	Daily	TID	TID	Daily	Q5M (Not to exceed 3 doses/5 minutes)
Route	PO tab	PO tab	PO tab	PO tab	SL
Classification	Platelet aggregation inhibitor	Anticonvulsant, antispanic	Anticonvulsant	Antihypertensive, vasodilator	Antianginal, antihypertensive, rectal analgesics, vasodilator
Mechanism of Action	Binds to ADP receptors on the surface	Prevents seizures by potentiating the effects of	The exact mechanism of action is unknown but it	May reduce blood pressure and development of heart failure	Reduces preload and afterload, decreasing myocardial

	of activated platelets. This leads to the deactivation of fibrinogen which is needed for platelets to aggregate and form a thrombi.	GABA	similar to GABA which inhibits the rapid firing of neurons associated with seizures.	by affecting the renin-angiotensin-aldosterone syste by inhibiting the ACE, enalapril.	workload and oxygen demand. It dilates coronary arteries, increasing blood flow to ischemic myocardial tissue.
Reason Client Taking	To reduce thrombotic events such as MI and stroke	To treat akinetic and myoclonic seizures	To manage postherpetic neuralgia	To treat hypertension	To prevent acute anginal attacks
Contraindications (2)	Active pathological bleeding	Acute narrow angle glaucoma Hepatic disease	Hypersensitivity to gabapentin or its components	Aliskiren use in patients with diabetes or renal impairment History of angioedema	Severe anemia Hypotension
Side Effects/Adverse Reactions (2)	Chest pain Hypertension	Palpitations Anemia	Anemia Weight gain	Chest pain Hyperlipidemia	Palpitations Hypotension
Nursing Considerations (2)	Monitor patient who takes aspirin closely because risk of bleeding is increased	Monitor drug level, CBC, and liver enzymes Don't stop the drug abruptly to avoid withdrawal symptoms and seizures	Know that capsules can be opened and mixed with applesauce Administer initial dose at bedtime (HS)	Monitor blood pressure closely, if excessive hypotension develops expect to withhold medication. Monitor for dehydration, which can lead to hypotension.	Place SL tablet under the patients tongue and make sure it dissolves completely Do not break or crush E.R. capsules. Have patient swallow them whole.

Hospital Medications (5 required)

Brand/ Generic	**Norvasc/ Amlodipine**	**Aspirin/ ASA**	**Protonix/ Pantoprazole**	**Remeron/ Mirtazapine**	**Pristiq/ Desvenlafaxine**
Dose	5mg	81mg	75mg	15mg	100mg
Frequency	Daily	Daily	Daily	Daily - HS	Daily

Route	PO tab	PO tab	PO tab	PO tab	PO tab
Classification	Antianginal/ Antihypertensive	Anti-inflammatory, Antiplatelet, Antipyretic, Nonopioid analgesic	Antiulcer, gastric acid proton pump inhibitor	Antidepressant	Antidepressant
Mechanism of Action	Inhibits the coronary artery muscle cell contractions and restoring blood flow, drug may relieve Prinzmental's angina	Aspirin relieves pain because this drug blocks prostaglandins. Prostaglandins play a role in pain transmission from the periphery to the spinal cord.	Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphate enzyme system, or proton pump, in gastric parietal cells. This prevents H+ from entering the stomach	May inhibit neuronal reuptake of norepinephrine and serotonin. Increased neuronal serotonin and norepinephrine levels may increase mood.	Prevents the reuptake of serotonin and epinephrine by nerves after they have been released.
Reason Client Taking	To relieve angina *Admission numeric pain scale 6/10	To relieve mild pain. *Admission numeric pain scale 6/10	To treat erosive esophagitis associated with GERD short-term	To treat major depression	To treat major depression
Contraindications (2)	Aliskiren therapy in patients with diabetes or renal impairment Hypersensitivity to amlodipine or its components	Allergy to tartrazine dye, asthma, bleeding problems Peptic ulcer disease	Hypersensitivity to pantoprazole Concurrent therapy with rilpivirine containing products	Use within 14 days of an MAO inhibitor Hypersensitivity to mirtazapine or its components	Hypersensitivity to desvenlafaxine succinate, venlafaxine hydrochloride or its components Use within 7 days of an MAO inhibitor
Side Effects/Adverse Reactions (2)	Hypotension Peripheral edema	Heartburn Bronchospasm	Chest pain Hyperlipidemia	Angina Hypertension	Constipation Drowsiness
Nursing Considerations (2)	Assess patient frequently for chest pain. Monitor blood pressure, hypotension may	Don't crush timed-release or controlled release aspirin tablets unless directed. Ask about tinnitus	Monitor patient's urine output because pantoprazole may cause acute interstitial nephritis	Be aware that this drug should not be discontinued abruptly because adverse	Avoid using alcohol Do not use herbal medications without consulting

	occur		Instruct patient to notify prescriber if diarrhea occurs and becomes prolonged or severe	reactions may occur Expect therapy to last 6 months or longer for acute depression.	physician.

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 No noted distress Patient had good overall appearance; clean and alert, ready for discharge.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Pink; no signs of cyanosis Warm, dry Tympanic: 36.5 C <3 seconds; WNL No noted rashes No noted bruises No noted wounds 20; WNL
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Normocephalic Normocephalic PERLA No noted deviated septum White; missing front four teeth; no denture

CARDIOVASCULAR (2 points): **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&S2 noted No noted murmur Normal RRR PP +2 <3 seconds; WNL No noted edema
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 Chest expansion symmetric Normal in all four quadrants: lungs clear to auscultation, no wheezes, SOB, crackles or stridor.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Normal; AEB 3 meals a day Cardiac diet; low sodium 155cm 88kg Bowel sounds present in all four quadrants; gastric motility noted 09/15/2019; Normal No pain upon palpation, no noted mass None noted None noted Elbow scar DT elbow surgery None noted None noted
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 Normal; pale yellow Transparent (clear) fluid 900mL

MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	Neurovascular status intact No atrophy, tremors, weakness, full ROM of all extremities None in current use Equal bilaterally 35 Independent; smooth gait, no crepitus No assist needed No assist needed
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 AOx4 Normal rate, tone, clear understanding Good; can hear, smell, taste and see. Full consciousness; alert, attentive, can follow commands
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	 Eating Normal; middle adulthood Nondomination – believes there is a God “I have all of the support in the world, I couldn’t ask for more from my husband and family.”

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P*	Resp Rate	Temp**	Oxygen
Administration	**74 bpm**	**110/62 mmHg**	**18 bpm**	**36.5 C**	**95%**
1300	**65 bpm**	**112/57 mmHg**	**18 bpm**	**36.5 C**	**97%**

***Right arm, automatic**
****Tympanic**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1200	**Numerical 0-10**	**NA**	**0/10**	**NA**	**NA**
1400	**Numerical 0-10**	**NA**	**0/10**	**NA**	**NA**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 gauge **Location of IV:** Peripheral antecubital right **Date on IV:** 9/16/19 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** No signs of erythema or drainage, IV patent **IV dressing assessment:** IV site has no swelling and is easily flushable.	Morphine IV push/saline lock (Quantity:1)

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Oral intake: 240 mL	**Urine output:** 900 mL

Nursing Care

Summary of Care (2 points)

Overview of care

Procedures/testing done: ECG, Routine Chemistry, Chest X-ray and a CBC with differential

Complaints/Issues: Mid-chest pain accompanied with shortness of breath

Vital signs (stable/unstable): Stable. Patient was hypotensive upon admission.

Tolerating diet, activity, etc.: Patient was able to tolerate the cardiac diet and needed no assistance with ambulation.

Physician notifications: None noted

Future plans for patient: Patient is going to follow a cardiac diet and learn how to crochet in order to avoid stress eating.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): None needed

Equipment needs (if applicable): None needed

Follow up plan: Patient is going to change her diet to a cardiac diet in order to alleviate the signs and symptoms.

Education needs: Educated the patient that she should consume a diet low in saturated fats and sodium.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

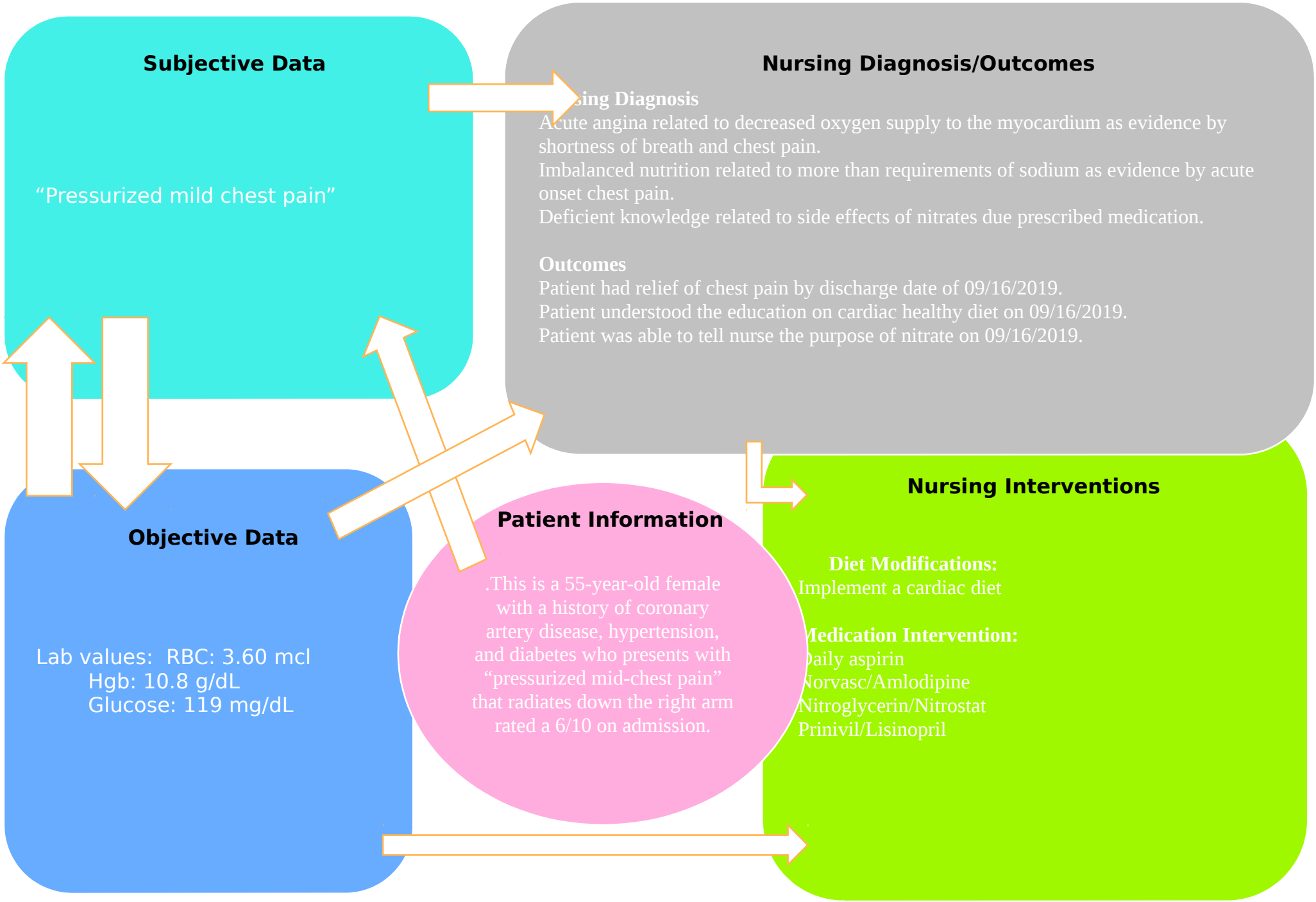
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1.Acute angina related to decreased oxygen supply to the myocardium as evidence by shortness of breath and chest pain	Patient was having acute angina due to high intake of saturated fats and sodium.	1." Teach patient to limit dietary intake of sodium chloride (NaCl) to less than 4g/day (mild restriction). Encourage use of food labels to	• Patients husband was supportive and excited to help his wife continue the cardiac diet at home.

(Swearingen, Wright, 2019).		determine sodium content in foods" (Swearingen, Wright, pg.167). 2." Encourage intake of fresh fruits, natural (unrefined or unprocessed) carbohydrates, fish, poultry, legumes, fresh vegetables, and grains" (Swearingen, Wright, pg.167).	• Patient was confident in her ability to continue her cardiac diet at home by reducing stress eating.
2.Imbalanced nutrition related to more than requirements of sodium as evidence by acute onset chest pain (Swearingen, Wright, 2019).	Patient had a high intake of sodium which trigged chest pain.	1. "If patient is over ideal body weight, explain that a low-calorie diet is necessary" (Swearingen, Wright, pg.169). 2."Instruct patient and significant other in use of "Nutrition Facts" (federally mandated public information on all product labels" (Swearingen, Wright, pg.169).	• Husband was supportive of the decision in a cardiac diet. • Patient agreed to the change in her diet by reducing her daily intake of sodium
3.Deficient knowledge related to side effects of nitrates due prescribed medication (Swearingen, Wright, 2019).	Patient was needed education on the side effects of this drug.	1."Teach the patient the purpose of prescribed nitrate" (Swearingen, Wright, pg.169). 2"Instruct the client to report to health care provider or staff the presence of headache associated with nitrates" (Swearingen, Wright, pg.169).	• The husband and patient were both attentive and compliant with the teaching. Both understood the purpose of nitrate.

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

Concept Map (20 Points)


Subjective Data
"Pressurized mild chest pain"
Nursing Diagnosis/Outcomes
sing Diagnosis
Acute angina related to decreased oxygen supply to the myocardium as evidence by shortness of breath and chest pain.
Imbalanced nutrition related to more than requirements of sodium as evidence by acute onset chest pain.
Deficient knowledge related to side effects of nitrates due prescribed medication.
Outcomes
Patient had relief of chest pain by discharge date of 09/16/2019.
Patient understood the education on cardiac healthy diet on 09/16/2019.
Patient was able to tell nurse the purpose of nitrate on 09/16/2019.
Objective Data
Lab values: RBC: 3.60 mcl
Hgb: 10.8 g/dL
Glucose: 119 mg/dL
Patient Information
.This is a 55-year-old female with a history of coronary artery disease, hypertension, and diabetes who presents with "pressurized mid-chest pain" that radiates down the right arm rated a 6/10 on admission.
Nursing Interventions
Diet Modifications:
Implement a cardiac diet
Medication Intervention:
Daily aspirin
Norvasc/Amlodipine
Nitroglycerin/Nitrostat
Prinivil/Lisinopril