N311 Care Plan #1

Lakeview College of Nursing

Mary Jensen

Demographics (5 points)

Date of Admission August 2016	Patient Initials WS	Age 95	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Widowed	Allergies No known allergies
Code Status DNR	Height 65 inches	Weight 68.2 Kg	

Medical History (5 Points)

Past Medical History: Patient has a history of hypertension and cataracts.

Past Surgical History: Patient states she had 2 C-sections, a polyp removed from her colon, and cataracts removed.

Family History: Patient's mother passed away from chronic heart failure and also had a history of hypothyroidism.

Social History (tobacco/alcohol/drugs): Patient states she has never smoked tobacco, drank alcohol, nor used any other drugs. She uses a walker to walk and glasses for vision.

Admission Assessment

Chief Complaint (2 points): "I had pneumonia and went to doctor, he prescribed medicine and I didn't get better. My son that lives around here brought me here to get better because I can't live by myself anymore and my son's house has too many steps."

History of present Illness (10 points): Patient went to doctor for respiratory symptoms three years ago while living in TN. She had shortness of breath, chest pain, a cough, and fatigue. She went to the doctor and was prescribed medicine for pneumonia. The symptoms persisted and she was unable to eat. She was hospitalized and while one of her sons was visiting he decided it would be beneficial for her to come live close to him. She was admitted to Odd Fellows in August three years ago and has lived there ever since.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Patient presents with Hypertension.

Secondary Diagnosis (if applicable): N/A

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

Hypertension is elevation of blood pressure that can be associated with cardiovascular damage. It is detected when two or more consecutive visits result in the systolic BP measurement of ≥140 mmHg and a diastolic BP measurement of ≥90 mmHg. There are three classifications of blood pressure based on numerical values. The categories are "optimal blood pressure, prehypertension, and HTN" (Capriotti & Frizzell, 2016). High blood pressure exerts destructive forces on the left ventricle of the heart as well as the endothelial lining of the arteries. The increased workload on the ventricle can eventually lead to hypertrophy of the left ventricle due to the muscle overexerting itself to expel blood to the aorta. Hypertrophy can make individuals more susceptible to several disorders including ischemia, infarction, and heart failure. The systemic arteries in the retina, kidneys, brain, and lower extremities are also affected by hypertension predisposing them to blindness, renal failure, and hemorrhagic stroke (Capriotti & Frizzell, 2016). Hypertension does not have any common signs or symptoms that can lead to an early detection. Occasionally some individuals with hypertension will complain of "headache, nosebleeds, blurred vision, or palpitations" (Capriotti & Frizzell, 2016). Diagnostic testing for hypertension includes a 12-lead ECG, urinalysis, CBC, blood glucose, serum potassium, serum creatinine, and serum calcium this allows doctors to rule out other disorders that can cause hypertension as a secondary symptom (Capriotti & Frizzell, 2016). The treatment for this disease mainly focuses on adjustments to the patient's lifestyle some examples would be diet, reduction of stress, physical activity, maintaining a healthy weight, quitting smoking and limiting alcohol consumption (Capriotti & Frizzell, 2016). If hypertension cannot be controlled or reduced with the above treatments patients can supplement with medications. The current patient is being treated with HBP medication, a diuretic, and a low sodium diet.

Pathophysiology References (2) (APA):

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

High blood pressure (hypertension). (2018, May 12). Retrieved from https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/diagnosis-treatment/drc-20373417

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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	**4.0- 5.5 x10 ^{3} cells/µL**	**N/A**	N/A	
Hgb	**12.0 – 17.4 g/dL**	**N/A**	**9.0**	**This would indicate a type of anemia (if the RBC and Hct levels were also low) (**Capriotti & Frizzell, 2016)
Hct	**36 - 52%**	**N/A**	**38**	
Platelets	**150-400 x10^{9}/L**	**N/A**	N/A	
WBC	**4.5 – 11.0 x10 ^{3} cells/µL**	**N/A**	**10**	
Neutrophils	**40-80%**	**N/A**	N/A	
Lymphocytes	**25-35%**	**N/A**	N/A	
Monocytes	**2-10%**	**N/A**	N/A	
Eosinophils	**0-5%**	**N/A**	N/A	
Bands	**0-1%**	**N/A**	N/A	

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-	136-145 mEq/L	**N/A**	**137**	
K+	3.5-5.0 mEq/L	**N/A**	**4.8**	
Cl-	98-106 mEq/L	**N/A**	**104**	
CO2	23-28 meq/L	**N/A**	N/A	
Glucose	80-120 mg/dL	**N/A**	**112**	
BUN	8-20 mg/dL	**N/A**	**22**	**A decreased GFR or dehydration** (Capriotti & Frizzell, 2016)
Creatinine	1.0-2.0 mg/dL	**N/A**	**1.1**	
Albumin	3.5-5.5 g/dL	**N/A**	N/A	
Calcium	9-11 mg/dL	**N/A**	N/A	
Mag	1.5-2.4 mg/dL	**N/A**	N/A	
Phosphate	3-4.5 mg/dL	**N/A**	N/A	

Bilirubin	0.3-1.2 mg/dL	**N/A**	N/A	
Alk Phos	36-92 U/L	**N/A**	N/A	

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	Pale yellow/ clear	**N/A**	**Amber/ Cloudy**	This could be a sign of dehydration and/or UTI (Capriotti & Frizzell, 2016).
pH	4.5-8.0	**N/A**		
Specific Gravity	1.005 – 1.025	**N/A**		
Glucose	negative	**N/A**		
Protein	Negative or trace	**N/A**		
Ketones	Negative	**N/A**		
WBC	0-2	**N/A**	+	**Can indicate an UTI** (Capriotti & Frizzell, 2016)
RBC	0-2	**N/A**	+	**Can indicate an UTI** (Capriotti & Frizzell, 2016)
Leukoesterase	Negative	**N/A**	2+	**Can indicate an UTI** (Capriotti & Frizzell, 2016)

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	**<100,000 CFU/mL**	**N/A**	**N/A**	
Blood Culture		**N/A**	**N/A**	

Sputum Culture		**N/A**	**N/A**	
Stool Culture		**N/A**	**N/A**	

Lab Correlations Reference (APA):

McKenzie, S. B., Williams, J. L., & Landis-Piwowar, K. (2015). *Clinical laboratory hematology*(3rd ed.). Boston: Pearson.

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points): No other diagnostic tests were performed on the patient.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**Lisinopril/ Zestoretic**	**Furosemide /Lasix**	**Loratadine/ Claritin**	**Hydrochlorothiazide / Microzide**	**Acetaminophen/ Tylenol**
Dose	10-80 mg	40mg	10mg	12.5 mg	325mg
Frequency	1x day	2x day	1x day	1x day	PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification	ACEI/Diuretic	diuretic	Antihistamine	thiazide diuretics	Antipyretic/ Pain reliever
Mechanism of Action	ACEI	Inhibits electrolyte reabsorption, enhances water	Blocks H1 receptor of histamine	Inhibits NaCl transport in DCT	unknown

		excretion			
Reason Client Taking	Hypertension	Hypertension/ Edema	Allergies	Hypertension	Pain/ Fever reducer
Contraindications (2)	Kidney Failure, Sensitivity to angiotensin	Anuria, hypersensitivity to furosemide	Kidney disease, liver disease	Anuria, hypersensitivity to sulfonamide derived drugs	Liver disease, Allergic to acetaminophen
Side Effects/Adverse Reactions (2)	Dizziness, high K+ levels	Headache, Anemia	Fast/uneven heart rate, Dry mouth	Orthostatic hypotension, hyperglycemia	Hives, swelling of face, lips, mouth

Medications Reference (APA):

Shiel, W. J. (Ed.). (2017, December 5). Lisinopril (Zestoretic): Side Effects, Dosages, Treatment, Interactions, Warnings. Retrieved from https://www.rxlist.com/consumer_lisinopril_zestoretic/drugs-condition.htm

Lasix (Furosemide): Side Effects, Interactions, Warning, Dosage & Uses. (2018, August 17). Retrieved from https://www.rxlist.com/lasix-drug.htm#description

Claritin (Loratadine) Patient Information: Side Effects and Drug Images at RxList. (2019, July 19). Retrieved from https://www.rxlist.com/claritin-drug/patient-images-side-effects.htm#info

Microzide (Hydrochlorothiazide Capsule): Side Effects, Interactions, Warning, Dosage & Uses. (2018, February 28). Retrieved from https://www.rxlist.com/microzide-drug.htm#description

Tylenol (Acetaminophen): Side Effects, Interactions, Warning, Dosage & Uses. (2017, December 4). Retrieved from https://www.rxlist.com/tylenol-drug.htm#warnings

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **Pt. in A&O x4** **Pt. was not in any distress** **Well-kept and clean**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:**	 **Normal for Caucasian** **Loose, intact, dry skin** **Warm as expected with normal body temp**

Turgor: **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Decreased elasticity due to old age** **N/A** **No bruises, but Pt states "I bruise easily"** **Small scab on back of Left hand** **18 – mild risk**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Normocephalic** **Intact** **Pupils are even, round and have a delayed reaction to light** **Intact, no drainage** **Teeth are pt's own, none missing** .
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:**	 **Cardiac rhythm is regular** **Radial pulse: +2 Pedal pulse: 1+** **Good – refill in 2 sec.** **Bilateral pitting edema of the lower legs** **Left: 4+. Right: 3+**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 **Clear sounds throughout all lobes**
GASTROINTESTINAL: **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:**	 **Pt. typically follows a "low sodium diet"** **65 in** **68.2 Kg** **Active bowel sounds in all 4 quadrants** **07:30 am** **N/a** **No** **No** **Yes, c-section scars** **No** **No**

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:**	**N/a**
MUSCULOSKELETAL: **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☐**	 **Pulses present in all extremities** **Yes, Pt. uses a walker** **Hand grab strength – strong** **25 – low risk** **Uses walker to get around**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 **A&O x4** **Normal** **Slightly gargled speech** **Able to feel in all extremities** **Normal**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about**	Enjoys reading, watching TV, and playing card games Normal for age Yes, attends church Has good family support. Son and family live in

home environment, family structure, and available family support):	town and visit

Vital Signs, 1 set (5 points)

Time	Pulse	B/P L forearm	Resp Rate	Temp	Oxygen
10:35am	**53 BPM**	**132/74**	**18 B/M**	**96.6°F - T**	**96%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
10:35	**0-10**	**N/A**	**0/10**	**N/A**	**N/A**

Intake and Output (2 points)

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

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

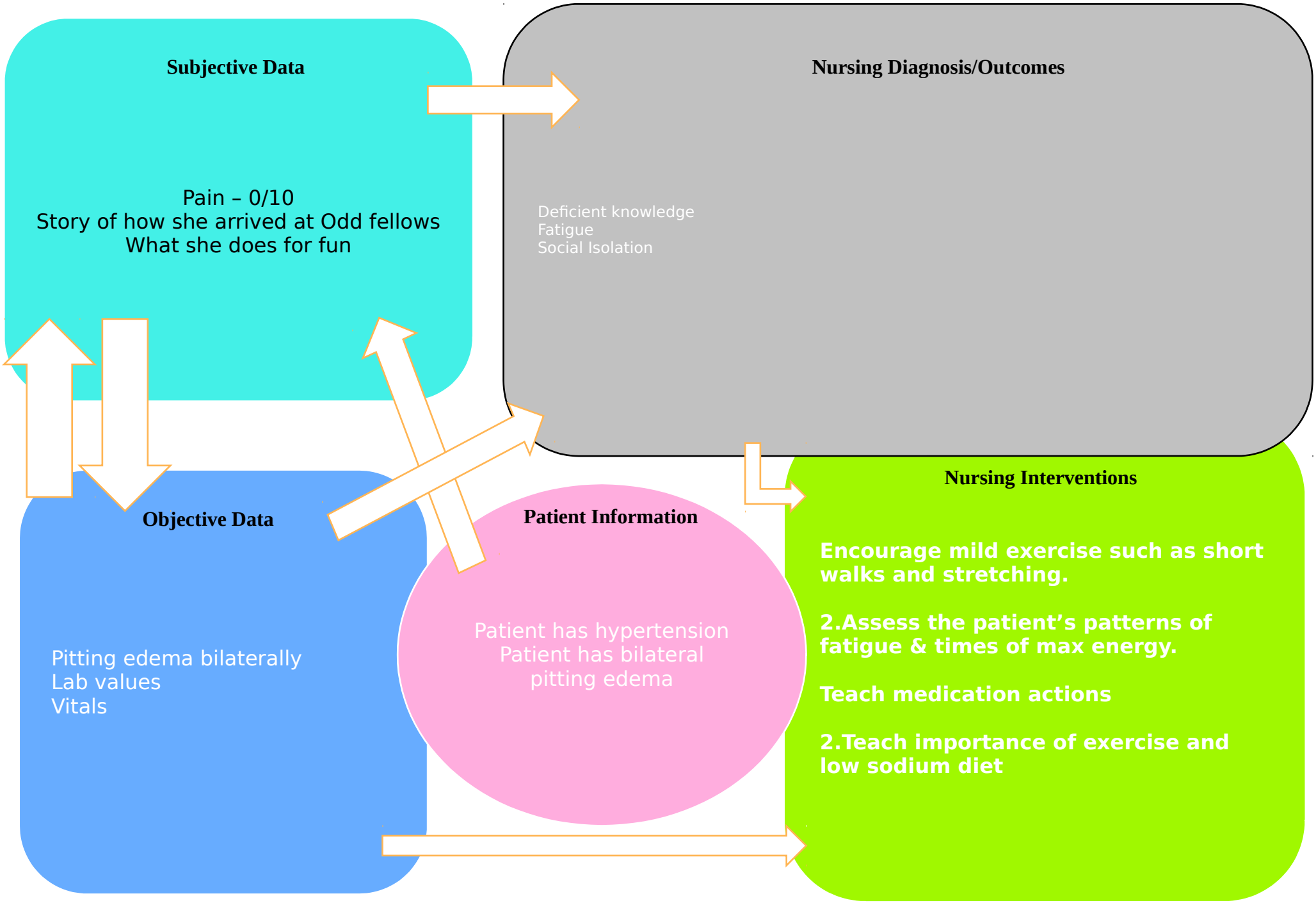
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	Rational • Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Deficient knowledge b/c Hypertension	**AEB BP 132/74**	**1.Teach medication actions**	**Patient responded well to actions.**

AEB BP 132/74		**2.Teach importance of exercise and low sodium diet**	
2. Fatigue related to age	**AEB the pt being 95**	**1. Encourage mild exercise such as short walks and stretching.** **2.Assess the patient's patterns of fatigue & times of max energy.**	**Patient responded well to actions.**

Other References (APA):

Swearingen, P. L. (2016). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health* (4th ed.). St. Louis, MO: Elsevier.

Concept Map (20 Points)


Subjective Data
Pain – 0/10
Story of how she arrived at Odd fellows
What she does for fun
Nursing Diagnosis/Outcomes
Deficient knowledge
Fatigue
Social Isolation
Objective Data
Pitting edema bilaterally
Lab values
Vitals
Patient Information
Patient has hypertension
Patient has bilateral pitting edema
Nursing Interventions
Encourage mild exercise such as short walks and stretching.
2.Assess the patient's patterns of fatigue & times of max energy.
Teach medication actions
2.Teach importance of exercise and low sodium diet