

N311 Care Plan #

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 29 May 2018	Patient Initials H.P.	Age 87	Gender Female
Race/Ethnicity White	Occupation Prepares food	Marital Status Married	Allergies Codeine.sulfate, gentamiacin, penicillin
Code Status DNR	Height 60 in	Weight 64.3 kg	

Medical History (5 Points)

Past Medical History: Hypo-osmality and hyponatremia, unspecified dementia with behavioral disturbances, muscle wasting and atrophy, anticoagulants, insulin, chronic a-fib, type 2 diabetes, hypothyroidism, anxiety disorder, GERD without esophagitis, stage 3 chronic kidney disease, hyperlipadima, and other osteoporosis.

Past Surgical History: Surgery on hip and knee do to fall.

Family History:

Social History (tobacco/alcohol/drugs): No tobacco, alcohol or drug use

Admission Assessment

Chief Complaint (2 points): Needs assistance when walking per facility orders. Client stated, "I don't know why I need help walking. I have my walker. I guess the facility says I need someone with me when I do."

History of present Illness (10 points):Has no present illness

Primary Diagnosis

Primary Diagnosis on Admission (3 points): CHF

Secondary Diagnosis (if applicable): COPD

Pathophysiology of Congestive Heart Failure (Heart Failure)

Congested heart failure is a chronic progressive condition that affects the pumping power of your heart muscles. It is often referred to as heart failure. CHF specifically refers to the stage in which fluid builds up around the heart causing it to pump inefficiently. Not all conditions that lead to heart failure can be reversed, but treatments can improve the signs and symptoms of heart failure and help the client live longer. There are a few things that may be done to help reduce the chances of CHF: lifestyle changes that include exercising, reducing sodium in your diet, managing stress, and losing weight may improve quality of life. A way to prevent heart failure is to prevent and control conditions that cause it, such as coronary artery disease, high blood pressure, type 2 diabetes or obesity.

CHF often develops after other conditions have damaged or weakened the heart. The heart does not need to be weakened to cause heart failure. It may also occur if the heart becomes too stiff. The main pumping chambers, which are the ventricles, may become stiff and not fill properly between beats. There are some instances in heart failure that the muscles may become damaged or weakened and the ventricles dilate to the point that the heart can not pump blood efficiently throughout the various parts of your body. In the course of time, the heart can no longer keep up with the normal demands placed on it to pump blood to the rest of your body. Heart failure can involve either the left or right ventricle and, in some cases, both sides of the heart. In general, heart failure begins with the left ventricle since it is the hardest working part of the heart.

There are different types of heart failure which include left-sided failure; this is when fluid may back up in your lungs causing shortness of breath, right-sided failure; when fluid may

back up into your abdomen, legs and feet causing swelling, systolic heart failure; the left ventricle can't contract, and diastolic heart failure; the left ventricle can't relax or fill fully .

With CHF, or heart failure, the outlook depends on the cause and severity, overall health, and other factors such as your age. Heart failure can reduce the blood flow to your kidneys, which eventually cause kidney failure if not treated. It can also cause heart valve problems, heart rhythm problems and liver damage. Some client's symptoms and heart function will improve with the proper treatment. There are some cases that the issue is too severe and the client might require a heart transplantation or support with a ventricular assist device.

The focus for the client to prevent heart failure is to reduce the risk factors in the lifestyle. Changes that can be made include not smoking, controlling certain conditions like high blood pressure, staying physically active, eating healthy foods, maintain a healthy weight, reducing and managing stress. By complying with the changes, the risk of developing CHF will reduce dramatically giving your heart a better chance to maintain its normal life cycle.

Reference

Mayo Clinic Staff. (2019, January 07) Heart failure. Retrieved from

<https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142>.

Capriotti, T., Frizzell, J.P. (2016) Heart Failure. *Pathophysiology: introductory concepts and clinical perspectives* (pp.371-399). Philadelphia: F.A. Davis Company.

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				
Hgb				
Hct				
Platelets				
WBC				
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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-				
K+				
Cl-				
CO2				
Glucose				
BUN				
Creatinine				
Albumin				
Calcium				
Mag				
Phosphate				
Bilirubin				
Alk Phos				

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				
pH				
Specific Gravity				
Glucose				
Protein				

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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/Generic	Eltroxin (CAN), Levo-T, Levoxyl, Synthroid,Tiro sint, Unithroid/ Levothyroxine sodium	Determir/ Insulin determir	Apo-Cal, Calci-mix, Calsan, Liqui-Cal, Liquid Cal-600, Titralac/Calcium 200-500mg	Coreg, Coreg CR/Carvedilol 6.25 mg tablet	Aldactone, Carospir/ Spironolactone 25 mg tablet
Dose	.5 mcg tablet	30 units	1 tablet	1 tablet	1 tablet
Frequency	1xday	At bedtime	2xday	1xday	1xday
Route	PO	Subcutaneous injection	PO	PO	PO
Classification	Chemical class: Synthetic thyroxine (T4) Therapeutic class: Thyroid hormone replacement	Long-acting insulin	Elemental cation	Chemical class: nonselective beta-adrenergic blocker with alpha 1-adrenergic blocking activity Therapeutic	Chemical class: Aldosterone antagonist Therapeutic class: Aldosterone antagonist, antihypertensive

				class: Antihypertensive, heart failure treatment adjunct	nsive, diagnostic aid for primary hyperaldosteronism, diuretic
Mechanism of Action	<ul style="list-style-type: none"> • Increases energy expenditure, • Accelerates the rate of cellular oxidation, which stimulates body tissue growth, maturation, and metabolism • Regulates differentiation and proliferation of stem cells • Aids in myelination of nerves and development of synaptic processes in the nervous 	Decreases glucose in the blood	Increases levels of intracellular extracellular calcium, especially in the nervous and musculoskeletal system.	Reduce cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduces BP and cardiac workload. When given for at least 4 weeks, carvedilol reduces plasma renin activity.	Normally, aldosterone attaches to receptors on the walls of distal convoluted tubule cells, causing sodium and water reabsorption in the blood...

	<p>system</p> <ul style="list-style-type: none"> • Regulates growth • Decreases blood and hepatic cholesterol concentrations • Enhances carbohydrate and protein metabolism, increasing gluconeogenesis and protein synthesis 				
Reason Client Taking	Hypothyroid	Type 2 diabetes	Minerals and electrolytes	Beta blocker hypertension	Edema, CHF
Contraindications (2)	<ul style="list-style-type: none"> • Acute MI • Uncorrected adrenal insufficiency 	<ul style="list-style-type: none"> • Don't use long-acting insulin if it contains precipitate that is clumped or granular or that clings to the sides of the vial. • Do not mix insulin detemir or 	<p>Hypercalcemia Renal calculi</p>	<ul style="list-style-type: none"> • Asthma or related bronchospastic condition • Cardiogenic shock 	<p>Acute renal insufficiency, Anuria</p>

		insulin glargine with another insulin or solution.			
Side Effects/Adverse Reactions (2)	<ul style="list-style-type: none"> • CV: angina, arrhythmias, cardiac arrest, heart failure, increased blood pressure and pulse, MI, palpitations, tachycardia • Resp: dyspnea, wheezing 	<ul style="list-style-type: none"> • Assess patient taking insulin concurrently with a thiazolidine dione for S/S of heart failure. If heart failure develops, provide supportive care, as ordered, and expect the thiazolidine dione to be discontinued or dosage reduced. • hypoglycemia 	Paresthesia, diaphoresis	Asthemia, Angina	CNS:Somnolence, GI: Abdominal pain

Reference

Nurse's Drug Handbook. (2019) (pp. 693-696, 1307, 172-175, 186-187, 1137i)

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	A and O x3 Well oriented No distress Together and clean
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: no Bruises: no Wounds: no Braden Score: 19-23 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Normal skin for age Temp was cold Turgor normal for age
HEENT: Head/Neck: Normal cephalic Ears: Ears intact with hearing aids Eyes: PERLA normal. Wears glasses Nose: Intact with no drainage Teeth: Dentures	
CARDIOVASCULAR: Heart sounds: Normal S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Regular Capillary refill: Normal 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:	
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	Regular lung sounds through all lobes

<p>GASTROINTESTINAL: Diet at home: Current Diet: Regular diet. Level 2: mechanically altered textured, regular/thin consistency Height: 60 in Weight: 64.3 kg Auscultation Bowel sounds: hypoactive sound on all 4 QD Last BM: She was not sure Palpation: Pain, Mass etc.: No pain Inspection: Distention: No Incisions: No Scars: No Drains: No Wounds: No 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: Color: very light yellow Character: Clear Quantity of urine: 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: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Normal Supportive devices: Walker Strength: Normal on all extremities ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 80 Activity/Mobility Status: Independent in room only Independent (up ad lib) <input type="checkbox"/> y Needs assistance with equipment <input type="checkbox"/> y Needs support to stand and walk <input type="checkbox"/> No</p>	<p>.</p>

NEUROLOGICAL: 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 type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: A/O x3 Mental Status: Normal and alert Speech: Clear Sensory: Normal LOC: Alert	.
PSYCHOSOCIAL/CULTURAL: Coping method(s): Family visits. Husband lives with her in room Developmental level: Behaves age appropriate Religion & what it means to pt.: Christian Personal/Family Data (Think about home environment, family structure, and available family support): Sister and daughter visit	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0935	84 R	120/78 R	16	96.0 RA	97%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0935	Denies Pain				

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
	Client voided 1x but did not have a chance

	to measure it.
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Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <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.
1. Hypothermia R/T poor circulation related to CHF and AEB client stating “ I get cold frequently.”	Temp in room was 72. Client’s temp was 96.0 A.	1.A warm blanket was given to the client. 2.Raising the temp of the room to 75	After covering with blanket, client stated she was warmer.
1. Decreased functional ability R/T needing assistance with walker while walking outside of her room. She is not sure why she needs a faculty member to assist her while outside of her	Client would be more inclined to be more mobile if she did not feel she needed assistance everywhere she wanted to go.	1. Discuss normal age changes 2.Encourage client to verbalize her feelings to her provider and or staff.	Will follow up on our next clinical.

room AEB client stating “ I do fine without assistance.”			
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Reference

Swearingen P.L. Wright J. (2019). *All-in-One nursing planning resource*. (pp. 47-48, 51).

St.Louis: Elsevier Inc.

Concept Map (20 Points):



