N311 Care Plan # 1

Lakeview College of Nursing

Darby McNeil

Demographics (5 points)

Date of Admission Aug, 2016	Patient Initials WS	Age 95	Gender Female
Race/Ethnicity Caucasian	Occupation Former Housewife	Marital Status Widowed	Allergies None
Code Status DNR	Height 5'1"	Weight 336 kg	

Medical History (5 Points)

Past Medical History: chicken pox, whooping cough, mumps

Past Surgical History: two C-sections, benign polyp removed on collar bone

Family History: Father-no known history, Mother-congestive heart failure

Social History (tobacco/alcohol/drugs): None

Admission Assessment

Chief Complaint (2 points): Right upper thigh pain when weight is applied to leg.

History of present Illness (10 points): 95 y/o female states pain in R thigh that began one week ago. PT states that pain is worst when standing or when lifting affected leg and that pain presents itself as "small aches" throughout the R thigh. She states that the pain increases the most when she lifts her leg, "especially when getting in and out of daughter's SUV". To relieve pain, PT often sits or lays down when pain is too much to bare, which when the pain is at its worst she rates an 8 on a 1-10 pain scale. PT states she doesn't like to "overuse medications" so she will only occasionally treat with a low dose of Tylenol when absolutely necessary.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):Heart Failure

Secondary Diagnosis (if applicable):Arthritis in knees

Pathophysiology of the Disease, APA format (20 points): When the heart fails to work pump at its full capacity, heart failure can occur. When heart failure occurs, there has been a previous heart disease that has lead to the inability of the ventricles to fill or eject blood (Swearingen & Write, 2019). Many different pathological changes can occur that lead to this, one being increased fluid volume.

Pathophysiology References (2) (APA): Capriotti, T., & Frizzel, J. , Parker. (2016). *Human pathophysiology.*

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	4.2-5.9x10^6/uL	N/A	N/A	
Hgb	12-17 g/dL	N/A	N/A	
Hct	36-51%	N/A	N/A	
Platelets	150,000-350,000/ uL	N/A	N/A	
WBC	4-10x10^9/L	N/A	N/A	
Neutrophils	52-62%	N/A	N/A	
Lymphocytes	25-33%	N/A	N/A	
Monocytes	3-7%	N/A	N/A	
Eosinophils	1-3%	N/A	N/A	
Bands	1-5%	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	2.9	This is most likely caused by the excessive loss of potassium in the urine due to taking diuretics.
Cl-	98-106 meq/L	N/A	98	
CO2	23-28 meq/L	N/A	N/A	
Glucose	40-80 mg/dL	N/A	N/A	
BUN	7-18 mg/dLyf	N/A	31	Increased levels due to heart failure, leading to lack of blood flow to the kidneys. (Bofah, 2017)
Creatinine	0.7-1.3 mg/dL	N/A	2.1	Increased levels due to heart failure, leading to lack of blood flow to the kidneys. (Bofah, 2017)
Albumin	3.5-5.5 g/dL	N/A	N/A	
Calcium	9-10.5 mg/dL	N/A	N/A	
Mag	1.5-2.4 mg/dL	N/A	N/A	
Phosphate	36-92 U/L	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	Light yellow	N/A	N/A	

pH	**4.5-8**	**N/A**	**N/A**	
Specific Gravity	**1.002-1.035**	**N/A**	**N/A**	
Glucose	**<130 mg/day**	**N/A**	**N/A**	
Protein	**10-150 mg/day**	**N/A**	**N/A**	
Ketones	**Negative**	**N/A**	**N/A**	
WBC	**2-5 /hpf**	**N/A**	**N/A**	
RBC	**<2/hpf**	**N/A**	**N/A**	
Leukoesterase	**Negative**	**N/A**	**N/A**	

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**	**N/A**	**N/A**	
Blood Culture	**Negative**	**N/A**	**N/A**	
Sputum Culture	**Negative**	**N/A**	**N/A**	
Stool Culture	**Negative**	**N/A**	**N/A**	

Lab Correlations Reference (APA):

Bofah, K (2017, July 27). Causes of a High Level of BUN and Creatine. Retrieved September 30, 2019 from https://healthfully.com/causes-high-level-bun-creatine-556023.html

Capriotti, T., & Frizzel, J. , Parker. (2016). ***Human pathophysiology.***

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points): None

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

Medications (5 required)

Brand/Generic	**Furosemide, Lasix**	**Lisinopril Prinivil**	**Zyrtec cetirizine**	**Acetaminophen, Tylenol**	**Carvedilol, Coreg**
Dose	**200 mg**	**40 mg**	**10 mg**	**200 mg**	**30 mg**
Frequency	**1x day**	**1x day**	**1x day**	**PRN**	**2x day**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Sulfonamide**	**Lysine ester of enalaprilat, antihypertensive**	**antihistamine**	**Antipyretic**	**Antihypertensive**
Mechanism of Action	**Inhibits sodium and water reabsorption, increases urine formation**	**Inhibits conversion of angiotensin I to angiotensin II, reducing BP**	**Inhibits the late-phase inflammatory reaction**	**Inhibits the enzyme cyclooxygenase**	**Reduces cardiac output and tachycardia**
Reason Client Taking	**Edema**	**High BP**	**Treat allergy symptoms**	**Pain relief**	**High BP**
Contraindications (2)	**Anuria unresponsive, hypersensitivity**	**Hypersensitivity to ACE inhibitors, concurrent aliskiren**	**Hypersensitivity to ingredients, liver problems**	**Severe haptic impairment, severe active liver disease**	**Asthma, severe bradycardia**
Side Effects/Adverse Reactions (2)	**Dizziness, muscle pain**	**Acute renal failure, fluid overload**	**Fatigue, dry mouth**	**Fatigue, muscle spasm**	**Depression, Angina**

Medications Reference (APA):

2019 Nurse's Drug Handbook: Jones & Barlett Learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient is AOx3, no acute distress, appears stated age, dresses self, put together**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Skin is same color throughout, darker lower legs. Lower extremities colder than upper extremities. Skin turgor normal. Capillary refill less than 3 seconds. No noted lesions, rashes, or wounds. No drains present. Braden score: 22. Low skin integrity risk**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head is normocephalic. Ears intact. PERRLA, EOMI. TM's pearly gray bilaterally. No noted deviated septum, polyps, or turbinate's. Moist mucous membranes. Trachea is midline, no palpable lymph nodes. Has most of own teeth, has partial, doesn't wear.**
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:**	**RRR. No noted murmurs, gallops, or rubs. Peripheral pulses 2+. Capillary refill less than 3 seconds. No neck vein distention noted. Edema noted bilaterally on lower extremities, pitting 2.**

RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**No noted accessory muscle use. Lungs CTA bilaterally. No noted wheezes or crackles.**
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:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	**Regular diet. Bowel sounds present and same in all four quadrants. Pt reports BM once a day. No pain upon palpation. No ostomy, nasogastric, feeding tubes, or PEG tubes.**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**Pt states frequent urination due to water pill. Urine light yellow, aromatic. No pain from urination. No dialysis or catheter.**
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☐**	**ROM intact in lower extremities and left arm. Right arm lacks mobility when flexing shoulder. Strength appears normal. Little to none ADL assistance. Independent mobility, up adlib. Fall score: 35, moderate fall risk.**

NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**MAEW, strength equal bilaterally. Normal mental status, clear speech, no sensory loss noted. DTR's intact**
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):**	**Coping methods: reading, watching television. Developmental level appropriate for age. Family involved with care, visits often.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
9/26/2019	72 bpm	130/78	16 bpm	96.8 F	97%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
9/26/2019	0-10	Right leg	4	Achy	Tylenol, rest

Intake and Output (2 points)

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

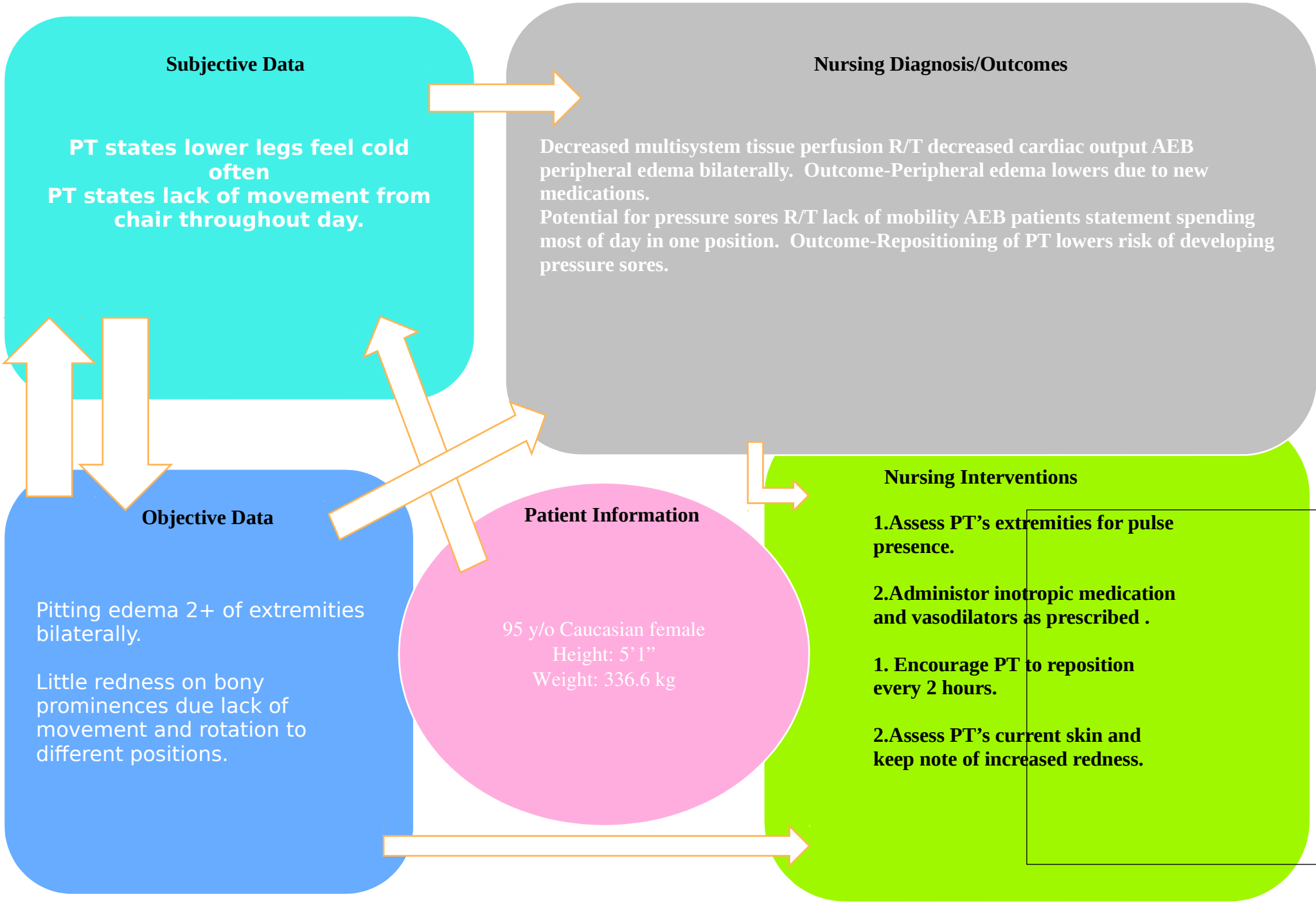
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. Decreased multisystem tissue perfusion R/T decreased cardiac output AEB peripheral edema bilaterally.	**Noted peripheral edema bilaterally on PT upon examination.**	**1.Assess PT's extremities for pulse presence.** **2.Administor inotropic medication and vasodilators as prescribed .**	**Peripheral edema beginning to lessen due to new medication and consistent assessment.**
2. Potential for pressure sores R/T lack of mobility AEB patients statement spending most of day in one position.	**Increased pressure on one site for extended time can lead to pressure ulcers on bony prominences.**	**1. Encourage PT to reposition every 2 hours.** **2.Assess PT's current skin and keep note of increased redness.**	**Repositioning of PT every 2 hours has lowered the risk for pressure sores.**

Other References (APA):

Swearingen, P., L., $ Wright, J. (2019). All-in-One Nursing Care Planning Resource-Elsevier Health Sciences

Concept Map (20 Points):


Subjective Data
PT states lower legs feel cold often
PT states lack of movement from chair throughout day.
Nursing Diagnosis/Outcomes
Decreased multisystem tissue perfusion R/T decreased cardiac output AEB peripheral edema bilaterally. Outcome-Peripheral edema lowers due to new medications.
Potential for pressure sores R/T lack of mobility AEB patients statement spending most of day in one position. Outcome-Repositioning of PT lowers risk of developing pressure sores.
Objective Data
Pitting edema 2+ of extremities bilaterally.
Little redness on bony prominences due lack of movement and rotation to different positions.
Patient Information
95 y/o Caucasian female
Height: 5'1"
Weight: 336.6 kg
Nursing Interventions
1.Assess PT's extremities for pulse presence.
2.Administor inotropic medication and vasodilators as prescribed .
1. Encourage PT to reposition every 2 hours.
2.Assess PT's current skin and keep note of increased redness.