N311 Care Plan #1

Lakeview College of Nursing

Savannah Woods

Demographics

Date of Admission 09/06/2019	Patient Initials J.M.	Age 73	Gender Male
Race/Ethnicity White	Occupation Not Employed-Retired	Marital Status Widower	Allergies No known allergies
Code Status CPR	Height 5’8	Weight 180 lbs.	

Medical History

Past Medical History: AKI (acute kidney injury) (CMS-HCC), CAP in native artery, encounter for therapeutic drug level monitoring, life threatening cardia arrythmia, VT (ventricular tachycardia) (CMS-HCC)

Past Surgical History: Hip replacement

Family History: Heart Problems in parents

Social History (tobacco/alcohol/drugs): smoker, lives alone, likes beer

Admission Assessment

Chief Complaint: No current pain, is recovering from cardiac arrest

History of present Illness: Out to eat at restaurant and went into cardiac arrest

Primary Diagnosis

Primary Diagnosis on Admission: cardiac arrest due to underlying cardiac condition (CMS-HCC)

Secondary Diagnosis (if applicable): endotracheally intubated, acute or chronic systolic heart failure, NYHA class 2, possible depression

Pathophysiology of the Disease: Sudden cardiac arrest is the abrupt loss of heart function, breathing and consciousness. The condition usually results from an electrical disturbance in your heart that disrupts its pumping action, stopping blood flow to your body.
Heart failure, sometimes known as congestive heart failure, occurs when your heart muscle doesn't pump blood as well as it should. Certain conditions, such as narrowed arteries in your heart (coronary artery disease) or high blood pressure, gradually leave your heart too weak or stiff to fill and pump efficiently.

Pathophysiology References (2) (APA): Sudden cardiac arrest. (2018, December 18). Retrieved from https://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/symptoms-causes/syc-20350634.
Heart failure. (2017, December 23). Retrieved from https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142.

Laboratory Data
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	**4.10-5.60 10^3/uL**	**4.46**		
Hgb	**12.0-18.0 g/dL**	**13.5**		
Hct	**37.0-51.0%**	**41.7%**		
Platelets	**140-400 10^3/uL**	**165**		
WBC	**400-1100 10^3/uL**	**6.31**		
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-	**136-145 mmol/L**	**132**		**Low, heart failure, kidney failure**
K+	**3.5-5.1 mmol/L**	**4.3**		
Cl-				
CO2				
Glucose				
BUN	**7-18 mg/dL**	**26**		**High, kidney injury**
Creatinine	**0.70-1.30 mg/dL**	**1.50**		**High, impaired kidney function or kidney disease**
Albumin	**3.4-5.0 g/dL**	**2.7**		**Low, malnutrition, inflammation**
Calcium	**8.5-10.1 mg/dL**	**8.5**		

Mag	**1.6-2.6 mg/dL**	**2.0**		
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	**Colorless-yellow**	**Yellow**		
pH	**5.0-7.0**	**6.0**		
Specific Gravity	**1.003-1.035 arbitrary unit**	**1.010**		
Glucose	**Negative**	**Negative**		
Protein	**Negative**	**Negative**		
Ketones	**Negative**	**Negative**		
WBC	**0-25/uL**	**30**		**High, infection**
RBC	**0-20/uL**	**26**		**High, possible kidney stone, infection**
Leukoesterase	**Negative**	**Trace!**		**infection**

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

Test	Normal	Value on	Today's	Explanation of Findings

	Range	Admission	Value	
Urine Culture	**Negative**	**Protein and Glucose Negative**		
Blood Culture	**No blood cultures done**			
Sputum Culture	**None**	**No squamous epithelial cells, Many PMN's, many gram-positive cocci, few gram-negative bacilli**		**Bacteria found**
Stool Culture	**No stool cultures done**			

Lab Correlations Reference (APA): Tests Index. (n.d.). Retrieved from https://labtestsonline.org/tests-index.

Diagnostic Imaging

All Other Diagnostic Tests:

XR Chest AP or PA only- 1. Cardiomegaly, 2. Pulmonary vascular congestion, 3. Bibasilar pulmonary atelectasis and/or infiltrates with trace to small bilateral pleural effusions

XR Chest PA/LAT- findings most compatible with congestive heart failure including cardiomegaly, small bilateral pleural effusions, and moderate pulmonary edema. The

basilar opacities most likely reflect atelectasis in the absence of clinical signs/symptoms of infection

Current Medications

Medications

Brand/Generic	Amiodarone (Pacerone)	Apixaban (Eliquis)	Finasteride (Proscar)	Sertraline (Zoloft)	Torsemide (Demadex)
Dose	200 mg	2.5 mg	5 mg	25 mg	20 mg
Frequency	1 tablet 2x daily	0.5 tablets 2x daily	5mg everyday	25 mg everyday	1 tablet 2x daily
Route	Mouth	Mouth	Mouth	Mouth	Mouth
Classification	Chemical: iodinated benzofuran derivative Therapeutic: Class III antiarrhythmic	Chemical: Factor Xa inhibitor Therapeutic: antithrombolytic	Chemical: 4-Azasteroid compound Therapeutic: benign prostatic hyperplasia agent, hair growth stimulant	Chemical: naphthylamine derivative Therapeutic: antianxiety, antiposttraumatic stress, antipremenstrual dysphoric	Chemical: anilinopyridine sulfonylurea derivative Therapeutic: antihypertensive, diuretic
Mechanism of Action	Acts on cardiac cell membranes, prolonging repolarization and refractory period and raising ventricular fibrillation threshold	Inhibits free and clot-bound factor Xa and prothrombinase activity.	Inhibits 5-alpha reductase, an intracellular enzyme that converts testosterone to its metabolite (5-alpha dihydrotestosterone) in liver, prostate, and skin	Inhibits reuptake of neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapses	Blocks active chloride and sodium reabsorption in the ascending loop of Henle by promoting rapid excretion of chloride, sodium, and water
Reason Client Taking	To treat life-threatening, recurrent ventricular fibrillation	To prevent deep vein thrombosis following hip or knee	To treat male-pattern baldness, treat symptomatic benign prostatic	Treat depression	Treat edema in heart failure

	and hemodynamically unstable ventricular tachycardia when these arrythmias don't respond to other drugs or when patient can't tolerate other drugs	**replacement surgery**	**hyperplasia**		
Contraindications (2)	**Bradycardia that causes syncope (unless pacemaker present), cardiogenic shock, hypokalemia**	**Active pathological bleeding, severe hypersensitivity to apixaban or its components**	**Age, female patients**	**Concurrent use of disulfiram (oral concentrate) or primozide, hypersensitivity to sertraline or its components**	**Anuric patients, hepatic coma**
Side Effects/Adverse Reactions (2)	**Abnormal gait, confusion, dizziness**	**Hemorrhagic stroke, syncope, rash**	**Depression, dizziness, headache**	**Abnormal dreams, aggressiveness**	**Confusion, fatigue, dizziness**

Medications Reference (APA): Jones & Bartlett Learning. (2019). ***2019 Nurses drug handbook*****. Burlington, MA.**

Assessment

Physical Exam

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**AO x3, no visual distress, well-groomed and no odor**

INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Well pink complexion, small light bruises, small scars from little scabs, skin thinner possible cause of small scabs and bruises, no drains present, is alert and content, likes to joke around and in pleasant mood**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Teeth looked well kept, no odor, no present stuffy/ runny nose, uses glasses, heard me when I talked well**
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:**	**No vein distention, good capillary refill, no edema**
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	**Diet at home was normal anything that he wanted, in facility now limited to no added salt with regular fluids, client plans to cut back on salt when he returns home as well** **Last BM was earlier in the morning** **No ostomy bag, nasogastric or feeding tubes**

Ostomy: Y ☐ N ☐ **Nasogastric: Y ☐ N ☐** **Size:** **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:**	**No dialysis, Foley catheter inserted**
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 is well for age, can move around well using a walker, wears a gait belt for assisted standing and moving while in facility**
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Speaks well and is alert and aware of everything going on around him** **No LOC**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and**	**Lives alone before cardiac arrest, possible help when returns home**

available family support):	

Vital Signs, 1 set

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1230	**60**	**108/71**			**96%**

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1230	**0-10**		**0**		

Intake and Output

Intake (in mL)	Output (in mL)

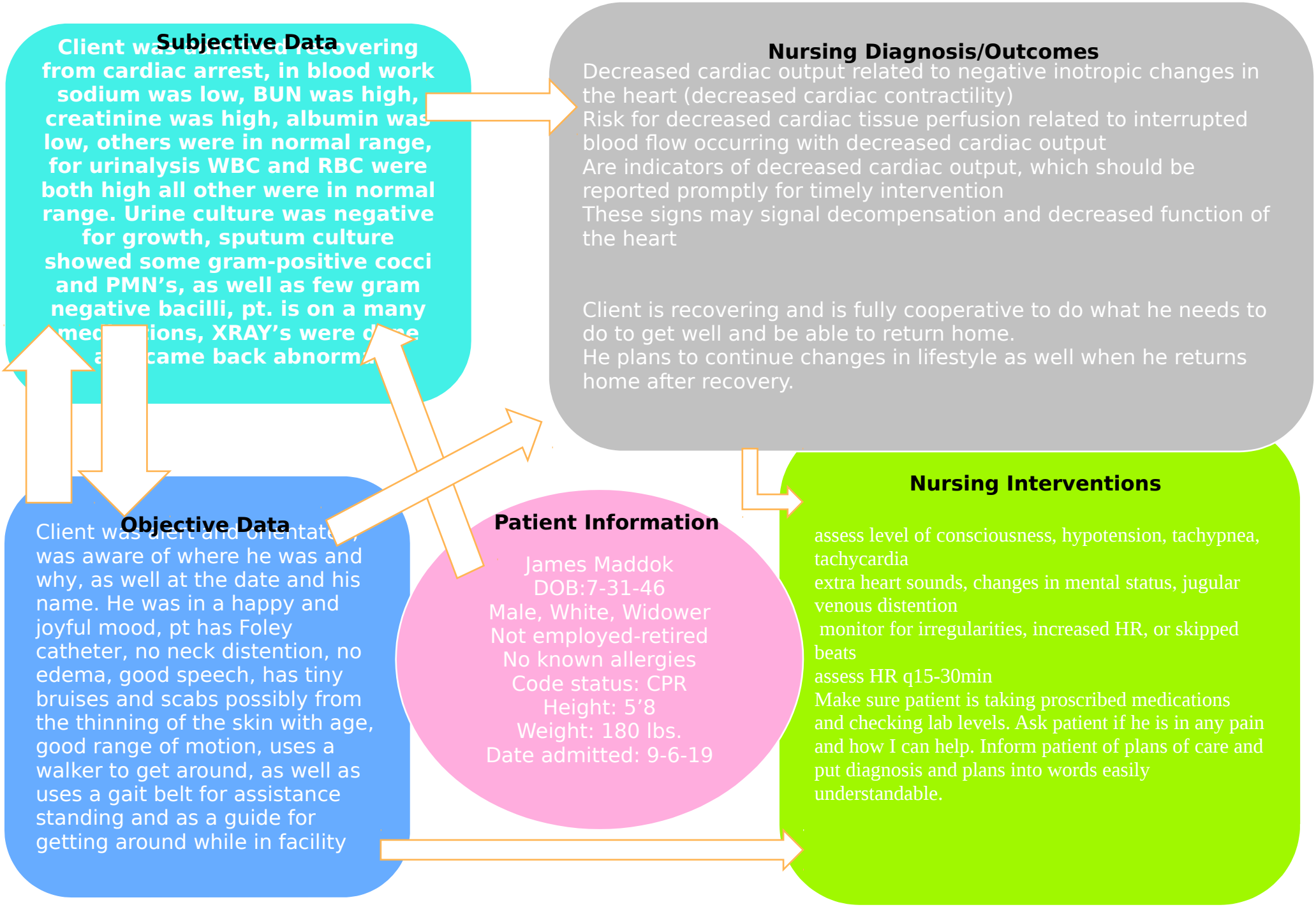
Nursing Diagnosis
Must be NANDA approved nursing diagnosis

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 cardiac output related to negative inotropic changes in the heart (decreased	**Are indicators of decreased cardiac output, which should be reported promptly for timely intervention**	**1.assess level of consciousness, hypotension, tachypnea, tachycardia** **2.extra heart sounds, changes in**	**Client is recovering and is fully cooperative to do what he needs to do to get well and be able to return home.**

cardiac contractility)		**mental status, jugular venous distention**	
2. Risk for decreased cardiac tissue perfusion related to interrupted blood flow occurring with decreased cardiac output	**These signs may signal decompensation and decreased function of the heart**	**1. monitor for irregularities, increased HR, or skipped beats** **2.assess HR q15-30min**	**He plans to continue changes in lifestyle as well when he returns home after recovery.**

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

Concept Map:


Subjective Data
Client was admitted recovering from cardiac arrest, in blood work sodium was low, BUN was high, creatinine was high, albumin was low, others were in normal range, for urinalysis WBC and RBC were both high all other were in normal range. Urine culture was negative for growth, sputum culture showed some gram-positive cocci and PMN's, as well as few gram negative bacilli, pt. is on a many
ions, XRAY's were
came back abnorm
Nursing Diagnosis/Outcomes
Decreased cardiac output related to negative inotropic changes in the heart (decreased cardiac contractility)
Risk for decreased cardiac tissue perfusion related to interrupted blood flow occurring with decreased cardiac output
Are indicators of decreased cardiac output, which should be reported promptly for timely intervention
These signs may signal decompensation and decreased function of the heart
Client is recovering and is fully cooperative to do what he needs to do to get well and be able to return home.
He plans to continue changes in lifestyle as well when he returns home after recovery.
Objective Data
Client was alert and orientate
was aware of where he was and why, as well at the date and his name. He was in a happy and joyful mood, pt has Foley catheter, no neck distention, no edema, good speech, has tiny bruises and scabs possibly from the thinning of the skin with age, good range of motion, uses a walker to get around, as well as uses a gait belt for assistance standing and as a guide for getting around while in facility
Patient Information
James Maddok
DOB:7-31-46
Male, White, Widower
Not employed-retired
No known allergies
Code status: CPR
Height: 5'8
Weight: 180 lbs.
Date admitted: 9-6-19
Nursing Interventions
assess level of consciousness, hypotension, tachypnea, tachycardia
extra heart sounds, changes in mental status, jugular venous distention
monitor for irregularities, increased HR, or skipped beats
assess HR q15-30min
Make sure patient is taking proscribed medications and checking lab levels. Ask patient if he is in any pain and how I can help. Inform patient of plans of care and put diagnosis and plans into words easily understandable.