

N311 Care Plan # 2

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 09/13/2018	Patient Initials V.W.	Age 90	Gender female
Race/Ethnicity White	Occupation Home health caregiver	Marital Status Widowed	Allergies No known allergies
Code Status DNR	Height 70 in 5 foot 8 inches	Weight 92.1 kg 203.1 lbs	

Medical History (5 Points)

Past Medical History: Chronic kidney disease-stage 3, CHF, Osteoarthritis, dyspnea, herpes viral infection, GERD, HTN, Hypothyroidism, Hyperlipidemia, hypokalemia

Past Surgical History: tonsillectomy, hysterectomy, and 4 cardiac stents

Family History: mother-heart disease; father-CHF

Social History (tobacco/alcohol/drugs): Patient denies any tobacco, alcohol, or drug use

Admission Assessment

Chief Complaint (2 points): Pain and tingling under left buttock

History of present Illness (10 points): 90 year old female who was admitted to the nursing facility on 9/13/18 due to heart disease. Today patient complained of pain and tingling under left buttock due to having shingles 1 year ago. She stated she does get some relief if she sits on her hand which applies pressure to the area. She rates her pain 3/10. She stated her pain increases with emotional distress. Patient states she is feeling emotional as she lost a grandson in a motorcycle accident a week ago.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Atherosclerotic heart disease of native coronary artery without angina pectoris

Secondary Diagnosis (if applicable): paroxysmal atrial fibrillation

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

Coronary artery disease develops when the major blood vessels that supply the heart with blood, oxygen, and nutrients become diseased or damaged. Cholesterol containing deposits form in the arteries which is usually the cause of coronary artery disease. This is known as atherosclerosis (coronary artery disease, 2018). The basic physiological change that causes cardiovascular disease is atherosclerosis (Capriotti & Frizzell, 2016). When plaque builds up in the coronary arteries it causes a decrease in blood flow to the heart. Coronary artery disease often takes years to develop and can sometimes not be recognized until there is a complete blockage or even a heart attack (coronary artery disease, 2018).

As plaque starts to build up in the arteries, you may start develop some different signs and symptoms. Chest pain, also known as angina, is a sign of coronary artery disease (coronary artery disease, 2018). Often time's patients will feel tightness or pressure on their chest and describe it as if an elephant was sitting on their chest. Chest pain usually occurs when the patient is under emotional or physical stress. Patients may also feel short of breath or extreme fatigue upon exertion (coronary artery disease, 2018).

There are several associating factors that increase the risk for coronary artery disease. A person with a family history of CAD has an increased risk. A person who smokes, has diabetes, high blood pressure, obesity, high levels of stress, or drinks excessive amounts of alcohol, are at a greater risk for developing coronary artery disease (Capriotti & Frizzell, 2016).

Blood work and several diagnostic tests can help diagnose coronary artery disease. Some of the different tests include: EKG, stress test, echocardiogram, cardiac catheterization, and CT coronary angiogram (coronary artery disease, 2018). The treatment for coronary artery disease

usually involves a change in one’s lifestyle. Certain drugs and medical procedures can also treat coronary disease (coronary artery disease, 2018).

Pathophysiology References (2) (APA):

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

Coronary artery disease. (2018, May 16). Retrieved from <https://www.mayoclinic.org/diseases-conditions/coronary-artery-disease/symptoms-causes/syc-20350613>.

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 10/16/18	Reason for Abnormal Value
RBC	3.80-5.41		4.15	
Hgb	11.3-15.2		12.1	
Hct	33.2-45.3		36.5	
Platelets	149-393		155	
WBC	4.0-11.7		6.3	
Neutrophils	2.4-8.4		4.4	
Lymphocytes	11.8-45.9		14.4	
Monocytes	4.4-12.0		10.2	
Eosinophils	0.0-6.3		4.6	
Bands	45.3-79.0		69.5	

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

Lab	Normal Range	Admission Value 10/16/18	Today's Value 6/25/19	Reason For Abnormal
Na-	136-145	143	142	
K+	3.5-5.1	44	3.3	Patient has stage 3 kidney disease which would result in low potassium levels (Capriotti & Frizzell, 2016).
Cl-	98-107	108	107	
CO2	22-29	24	27	
Glucose	70-99	83	101	
BUN	6-20	22	30	Patient has stage 3 kidney disease which would result in elevated BUN levels (Capriotti & Frizzell, 2016).
Creatinine	0.50-0.90	1.23	1.36	Patient has stage 3 kidney disease which would result in elevated Creatinine levels (Capriotti & Frizzell, 2016).
Albumin	3.5-5.2	3.1		
Calcium	8.6-10.4	8.6	8.6	
Mag	1.6-2.4	2.2		
Phosphate				
Bilirubin	0.0-1.2	0.5		
Alk Phos	35-105	116		

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

Lab Test	Normal	Value on	Today's	Reason for Abnormal
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	Range	Admission	Value 9/16/19	
Color & Clarity	Yellow/clear		Yellow/clear	
pH	5.0-8.0		6.0	
Specific Gravity	1.005-1.034		1.008	
Glucose	Normal		Normal	
Protein	Negative		Negative	
Ketones	Negative		Negative	
WBC	<=5		7	Elevated WBCs indicates possible urinary tract infection (Capriotti & Frizzell, 2016).
RBC	0-3		1	
Leukoesterase	Negative		Trace	Leukoesterase can indicate urinary tract infection (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 9/16/19	Explanation of Findings
Urine Culture	Negative		>100,000 cfu/mL Gram negative bacilli	
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Sarah Bush Lincoln Health Center (2019). *Reference Range*. (Lab values) Mattoon, IL.

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Arterial Doppler to left leg on 9/12/19.

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

Medications (5 required)

Brand/Generic	Lipitor/ Atorvastatin Calcium	Lasix/ Furosemide	Synthroid/ Levothyroxine Sodium	Prilosec/ Omeprazole	Lisinopril/ Zestril
Dose	40 mg	40mg	88 mcg	20 mg	30 mg
Frequency	1 x day	2 x day	1 x day	1 x day	1x day
Route	PO	PO	PO	PO	PO
Classification	Antihyperlipidemic	Sulfonamide	Thyroid hormone replacement	Antiulcer	Antihypertensive, vasodilator
Mechanism of Action	Reduces plasmas cholesterol and lipoprotein levels by inhibiting	Inhibits sodium and water reabsorption in the loop of Henle and increases urine	Replaces endogenous thyroid hormone, which may exert its	Omeprazole interferes with gastric acid secretion by inhibiting	May reduce blood pressure by inhibiting conversion of angiotensin I

	HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells and to enhance LDL uptake and breakdown.	formation.	physiological effects by controlling DNA transcription and protein synthesis	the hydrogen potassium adenosine triphosphate enzyme system, or proton pump in gastric parietal cells.	to angiotensin II.
Reason Client Taking	Hyperlipidemia	diuretic	hypothyroidism	GERD	HTN
Contraindications (2)	Active hepatic disease; breastfeeding	Anuria unresponsive to furosemide; hypersensitivity to furosemide	Acute MI; hypersensitivity to levothyroxine or its components	Concurrent therapy with rilpivirine-containing products; hypersensitivity to omeprazole	Concurrent aliskiren use in patients with diabetes or patients with renal impairment; hereditary or idiopathic angioedema or history of angioedema related to previous treatment with ACE inhibitor
Side Effects/Adverse Reactions (2)	Orthostatic hypotension; hyperkinesia	Dizziness; anorexia	Angina; alopecia	Hypertension; hypoglycemia	Ataxia; blurred vision

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurses Drug handbook (18th edition)*. Burlington, MA.

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Patient A&O x 4. No distress. Well groomed.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: right hand Wounds: . Braden Score: 21 Drains present: Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Type:</p>	<p>Patient states she is Caucasian and presents with fair skin tone. Skin has normal elasticity. Skin is warm and intact. No notable skin turgor. Patient has small bruise on top of right hand due to bumping it on the edge of table. Patient stated she bruises easily due to being on a blood thinner. Braden score of 21.</p>
<p>HEENT: Head/Neck: Ears: Eyes: glasses Nose: Teeth: partial dentures on top and bottom</p>	<p>Patient complained of occasional neck stiffness and stated she has difficulty tilting her head back. Limited neck ROM. Ears show no abnormal drainage. PERRLA is noted. Denies the use of hearing aids. Nose shows no deviated septum, turbinates are equal bilaterally. Oral mucosa is pink and moist with no abnormalities.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: less than 3 second Neck Vein Distention: Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Edema Y<input checked="" type="checkbox"/> N<input type="checkbox"/> Location of Edema: bilateral lower extremities</p>	<p>Heart sounds auscultated X 5. Capillary refill average of less than 3 seconds. Pedal pulse present in right foot. Right leg warm with present varicose veins. Left ankle swollen and red. Dry patch of skin on shin noted. Lower leg was shiny. Patient wears compression stockings. Patient states she had a venous Doppler done on her left leg last week due to swelling, redness, and pain in left lower extremity but has not received results. I spoke with patient's nurse and she stated she would call Dr. Catt's office to get results.</p>
<p>RESPIRATORY: Accessory muscle use: Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>No accessory muscles used breathing. Trachea midline, no deviations. Lung sounds auscultated and were clear. No wheezing, cough, sputum, or labored breathing. Patient reports having a history of pulmonary embolism x 20 years ago.</p>

<p>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 <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>Patient has an ordered regular diet (no added salt). Her normal diet at home was a regular well balanced diet. Abdomen is flat, soft, and non-tender. Last bowel movement on 9/30/19. Bowel sounds active and present in all four quadrants. No ostomy, nasogastric, or PEG tubes.</p>
<p>GENITOURINARY: Color: Character: 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>Patient voiding without difficulty. Patient does not need assistance when using the bathroom. Urine is yellow and clear and does not have a strong odor. Patient denies pain, hesitancy, or urgency on urination.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 75 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Patient has full ROM bilaterally on upper and lower extremities. Patient complains of occasional pain in bilateral knees upon standing. Patient uses walker and wheelchair for assistance. Patient has a fall risk score of 75.</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Patient MAEW for current age and condition. Patient strength is bilaterally equal. Patient shows no signs of neurological damage or</p>

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: Mental Status: Speech: Sensory: LOC:	deficit.
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):	Patient states one of her daughters comes to visit her every Sunday.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1020	68 bpm	150/88	12	96.1	94%
		Right arm	breaths/min	Oral temp	

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1020	Numeric	Lower part of left buttock	3/10	Sharp, tingling pain	Patient got out of her recliner and went to activity room.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240	

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none"> Include full nursing 	<ul style="list-style-type: none"> Explain why the 		<ul style="list-style-type: none"> How did the

diagnosis with “related to” and “as evidenced by” components	nursing diagnosis was chosen		<p>patient/family respond to the nurse’s actions?</p> <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
1. Impaired skin integrity related to altered arterial circulation occurring with atherosclerotic process	Monitoring status of the LE is essential for early identification of breaks in skin integrity, because early identification and care may prevent serious problems.	<p>1. Assess legs, feet, and between the toes for ulcerations</p> <p>2. Teach the importance of walking and ROM exercises for the hip, knee, and ankle</p>	Patient’s lower extremities were assessed and findings were reported to patient’s nurse. Outcome is to reduce swelling in lower extremities.
2. Acute pain related to the disease process, injury, or surgical procedure	Patient complained of pain and tingling under left buttock after having shingles	<p>1. Use a formal patient-specific method of assessing self-reported pain when possible, including description, location, intensity, and alleviating factors.</p> <p>2. Obtain history about ongoing/previous pain experiences and previously used methods of pain control.</p>	Discussed different ways to alleviate the patient’s pain such as heat/ice, topical ointments, and stretching. Outcome is to reduce pain.

Other References (APA):

Swearingen, P.L., Wright, J.D. (2019). *All-in-one nursing care planning resource:*

Medical-surgical, pediatric, maternity, psychiatric nursing care plans. St. Louis, MO:

Elsevier/Mosby.

Concept Map (20 Points):

Subjective Data

Pain and tingling under left buttock
States pain is 3/10

Nursing Diagnosis/Outcomes

Impaired skin integrity related to altered arterial circulation occurring with atherosclerotic process
Acute pain related to the disease process, injury, or surgical procedure

Objective Data

Patient A&O x 4
Patient had quite a bit of swelling in left lower extremity

Patient Information

60 year old female who was admitted to the nursing facility on 9/13/18 due to heart disease. Today patient complained of pain and tingling under left buttock due to having shingles 1 year ago. She stated she does get some relief if she sits on her hand which applies pressure to the area. She rates her pain 3/10. She stated her pain increases with emotional distress. Patient states she is feeling emotional as she lost a grandson in a motorcycle accident a week ago.

Nursing Interventions

Assessed patient's pain level
Resident's nurse notified of the swelling in her left lower extremity and informed patient was asking about Doppler results that was performed



