N403 Care Plan # 1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 9/10/2019	Patient Initials HC	Age 75	Gender M
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies Sulfa, Antibiotic, Symbicort
Code Status Full	Height 6'4"	Weight 111.9 kg	

Medical History (5 Points)

Past Medical History: Sleep apnea, shingles, neuropathy, hyperlipidemia, HTN, DM, Hx of cardioversion, COPD, Afib

Past Surgical History: Cardiac catheterization, vasectomy, tonsillectomy, bone pin, chest tube, ankle fracture

Social History (tobacco/alcohol/drugs, pertinent social factors): According to the patient, he, occasionally, drinks but does not use leisure drugs. He has history of smoking but no longer does.

Family History: The patient's mother has history of stomach cancer, father had hypertension while sister has lung cancer.

Assistive Devices: none; stand by assist

Living Situation: lives with wife with pet, has 1 son, aged 29 y.o. who lives independently

Admission Assessment

Chief Complaint (2 points): Chest pain, SOB, dyspnea

History of present Illness (10 points): 75 y.o. with type 2 DM with neuropathy, uses CPAP, does not smoke and has history of COPD. Patient had ablation for atrial fibrillation and was discharged on 9/9/19 and on 9/10/19, patient complained of chest pain, SOB, dyspnea.

Labs showed elevated troponin. EKG was reviewed. He was found to have diminished lung sounds and had abnormal CT scan.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):Pericardial effusion and tamponade

Secondary Diagnosis (if applicable):

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

Pericardial effusion is the acute or chronic accumulation of fluid in the pericardial space and comes with a variety or underlying disorders. The fluid can be either bloody or serous. In chronic effusion, the pericardium can stretch to a certain degree, accommodating slightly more fluid. In the acute pericardial effusion, the added volume is more than the maximum capacity of the pericardial space. These usually result in cardiac tamponade which is the compression of the heart and can result to a life-threatening decrease in cardiac output. Pericardial effusion is initially asymptomatic, but some of the signs and symptoms of cardiac tamponade are as follows:anxiety and restlessness, low blood pressure, weakness, chest pain radiating to your neck, shoulders, or back, trouble breathing or taking deep breaths, rapid breathing, discomfort that's relieved by sitting or leaning forward, fainting, dizziness, and loss of consciousness. Expected findings are muffled heart sounds on auscultation because of the fluid compressing the atria and ventricles, low blood pressure in the pulse and distended veins.

Echocardiography is the most important diagnostic procedure.

Lab test performed includes stress test, pharmacological stress test, cardiac enzyme and lipid profile. Other tests are blood tests to spot infection, blood tests to diagnose autoimmune disease,

analysis of the fluid removed from around the heart to check for cancer or infection and blood tests to find metabolic problems.

Treatment depends on hemodynamic stability (unstable patient requires quick pericardial fluid drainage, through either pericardiocentesis or surgery, while stable patient's treatment focuses on the underlying disease).

Pathophysiology References:

Amboss (2019). Pericardial effusion and cardiac tamponade. Retrieved on Oct. 4, 2019 from https://www.amboss.com/us/knowledge/Pericardial_effusion_and_cardiac_tamponade

Swearingen, P. (2018). ***All-in-one care planning resource*****. St. Louis, MI: Mosby Elsevier.**

Laboratory Data (15 points)

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	**4.4-5.8**	**4.05**	**3.74**	**Due to ablation surgery.**
Hgb	**13.0-16.5**	**12.5**	**11.2**	**Due to ablation surgery.**
Hct	**38-50**	**35.9**	**32.8**	**Due to ablation surgery.**
Platelets	**140-440**	**165**	**164**	
WBC	**4-12**	**10**	**6.4**	
Neutrophils	**40-68**	**72**	**64.9**	**Due to burn/ablation.**
Lymphocytes	**19-49**	**11.2**	**16.9**	**Due to severe stress.**
Monocytes	**3-13**	**16**	**16.7**	**Due to inflammation.**
Eosinophils	**0-8.0**	**0.5**	**1.2**	.
Bands				.

Chemistry: Highlight Abnormal—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+	135-145	132	131	.
K+	3.5-5.1	3.9	4.1	.
Cl-	98-106	97	97	Loss of body fluids due to surgery.
CO2	21-31	29	28	
Glucose	70-99	171	153	Due to Diabetes.
BUN	7-25	23	12	.
Creatinine	0.5-1.2	1.05	0.91	.
Albumin	3.4-5.0	*	*	.
Calcium	8.6-10.3	9.2	*	
Mag	1.6-2.6	*	*	.
Phosphate	2.5-4.5	*	*	.
Bilirubin	0.8	*	*	.
Alk Phos	44-147	*	*	.
AST	10-40	*	*	.
ALT	8-40	*	*	.
Amylase	.	*	*	.
Lipase	.	*	*	.
Cholesterol	.	*	*	.

Triglycerides	.	*	*	.
Lactic Acid	.	*	*	.
Troponin	**0-0.40**	*	*	
CK-MB		*	*	
Total CK	**22-198**	*	*	

Other Tests Highlight Abnormal—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
INR	**0.8-1.1**	*	*	
PT	**11-13.5**	*	*	
PTT	**25-36**	*	*	
D-Dimer	.	*	*	.
BNP	.	*	*	.
HDL	**>40**	**41**	*	
LDL	**<130**	**77**	*	
Cholesterol	**<200**	**139**	*	
Triglycerides	**<150**	**106**	*	
Hgb A1c		*	*	
TSH		*	*	

Urinalysis Highlight Abnormal—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	.	*	*	.

Arterial Blood Gas Highlight Abnormal—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
pH	**7.35-7.45**	*	*	
PaO2	**85-105**	*	*	
PaCO2	**35-45**	*	*	
HCO3	**22-26**	*	*	
SaO2	**98-98**	*	*	

Cultures Highlight Abnormal—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		*	*	

***-test not done**

Lab Correlations Reference (APA): .

Gutierrez, J. & Peterson, P. (2012). *Pathophysiology*. Pennsylvania, PA: W.B. Saunders Co.

Diagnostic Imaging—All Other Diagnostic Tests (EKG, Echocardiogram, X-rays, CT scan, etc.) (5 points): EKG 12-lead, XR chest single view portable, CT chest with contrast, trans thoracic echo 2D

Diagnostic Test Correlation, APA Format & References (5 points): .

XR chest X-ray was used to evaluate the patient's heart due to complain of SOB, chest pain and dyspnea.

Radiologyinfo.org (2018). X-ray (radiography): Chest. Retrieved on Oct. 5, 2019 from https://www.radiologyinfo.org/en/submenu.cfm?pg=xray

The EKG was done to monitor and detect the problem of the heart, heart rate, heart rhythm and other heart information. It can also diagnose heart attack. It is painless and non-invasive. It was done due to chest pain complaint.

Medical Training and Simulation, LLC (2019). What is EKG? Retrieved on Oct. 5, 2019 from https://www.practicalclinicalskills.com/what-is-an-ekg

CT Scan is an X-ray image made using a form of tomography in which a computer controls the motion of the X-ray source and detectors, processes the data, and produces the image. This allows the doctor to see the inside of the body. This was done to check the patient's heart.

WebMD (2019). What is CT scan? Retrieved on Oct. 5, 2019 from https://www.webmd.com/cancer/what-is-a-ct-scan#1

Trans thoracic echo 2d is a test that uses ultrasound to take a picture of the heart.

Peter Munk Cardiac Centre (2019). About 2D(Tranthoracic) echocardiogram. Retrieved on October 5, 2019 from https://www.uhn.ca/PMCC/PatientsFamilies/Clinics_Tests/2D_Echo

Current Medications (10 points, 1 point per completed med)
10 different medications must be completed

Home Medications (5 required)

Brand/Generic	**aspirin**	**Venlafaxine (Effexor)**	**metropolol titrate (Lopressor)**	**Montelukast (Singulair)**	**Potassium Chloride (Klorcan M)**
Dose	**81 mg tab**	**37.5 mg**	**50 mg**	**10mg**	**20 Meq**
Frequency	**Daily**	**daily**	**2X daily**	**daily**	**daily**
Route	**po**	**po**	**po**	**po**	**po**
Classification	**Anti-inflammatory**	**antidepressant**	**antianginal**	**antiallergen**	**oral solution**
Action	**Blocks activity of cyclooxygenase**	**Inhibits neuronal reuptake of norepinephrine and serotonin**	**inhibits stimulation of beta1 receptor sites located mainly in the heart.**	**antagonizes receptors for cysteinyl leukotrienes**	**act as major cation in intracellular fluid helps maintain electro neutrality in cells**
Reason Client Taking	**To relieve mild pain or fever; Adjunct therapy with CABG.**	**To treat and prevent relapse of major depression.**	**to treat angina pectoris and chronic stable angina**	**to prevent or treat asthma;**	**to prevent or treat hypokalemia**
Contraindications (2)	**Allergy to dye; asthma, bleeding problems**	**hypersensitivity; use of MAO inhibitor within 14**	**acute heart failure;hypersensitivity**	**abdominal pain, somnolence**	**acute dehydration, Addison's disease**

		days			
Side Effects/Adverse Reactions (2)	**Hearing loss, decreased blood iron level**	**arrhythmias, hypertension**	**blurred vision, back pain**	**montelukast shouldn't be abruptly substituted for inhaled or oral corticosteroid;watch patient for suicidal tendencies**	**confusion, dyspnea**
Nursing Considerations (2)	**Ask about tinnitus; Use immediate-release aspirin when rapid action is required.**	**use with caution in patients with a history of mania; monitor BP often during therapy.**	**before starting therapy for heart failure, expect to give an ACE inhibitor, digoxin, and diuretic to stabilize patient;assess ECG of patients who take metoprolol because they may be at risk for AV block.**	**patient should take daily as prescribed; use with a peak flow meter to determine patient's best expiratory volume**	**administer oral potassium with or immediately after meals; mix potassium chloride for oral solution in cold water, orange juice, tomato or apple juice and stir for 1 full minute.**
Client Teaching needs (2)	**Ask pt. taking low dose aspirin not to take ibuprofen; Consult doctor before taking aspirin**	**Instruct not to chew or crush ER capsules or tablets; caution patient to avoid aspirin and NSAIDs if possible.**	**take with food the same time each day;urge diabetic patient to check blood glucose often**		**teach patient to take radial pulse and advise him to notify prescriber about significant heart rate or rhythm;advise not to exceed recommended daily amount of**

	with any prescription drugs.		**during therapy**		**potassium**

Hospital Medications (5 required)

Brand/Generic	**Acetaminophen (Tylenol)**	**Albuterol (Ventolin)**	**Amiodaron (Cordarone)**	**Furosemide (Lasix)**	**Heparin (Porcine)**
Dose	**650 mg**	**2.5 mg**	**200 mg**	**40 mg**	**5000 u**
Frequency	**every 4 hours**	**2 x daily**	**daily**	**daily**	**3x daily**
Route	**po**	**nebulizer**	**po**	**oral**	**subq**
Classification	**non opioid analgesic**	**bronchodilator**	**antiarrhythmic**	**diuretic**	**anticoagulant**
Action	**inhibits the enzyme cyclooxygenase, blocking prostaglandin production**	**attaches to beta2 receptors on bronchial cell membranes**	**acts on cardiac cell membranes prolonging repolarization and refractory period and raising vfib threshold**	**inhibits sodium and water reabsorption in the loop of Henle and increase urine formation**	**binds with antithrombin III, inactivating coagulation enzymes thrombin**
Reason Client Taking	**mild or more severe pain**	**to prevent exercise-induced bronchospasm**	**to treat life-threatening, recurrent Vfib**	**to reduce edema caused by cirrhosis, heart failure and renal disease**	**to prevent and treat peripheral arterial embolism, PE, thromboembolic complications associated with Afib and venous thrombosis**
Contraindic	**severe hepatic**	**hypersensitivit**	**bradycar**	**anuria,**	**breastfeeding,**

ations (2)	**impairment, severe active liver disease**	**y;patient with cardiac disorder, DM**	**dia that causes syncope; hypokalemia**	**hypersensitivity**	**hypersensitivity**
Side Effects/Adverse Reactions (2)	**hypoglycemic, neutropenia**	**anxiety, dizziness**	**abnormal gait, arrhythmias**	**dizziness, abdominal cramps**	**hematuria, alopecia**
Nursing Considerations (2)	**use cautiously in patients with hepatic impairment; monitor renal function in patient on long term therapy**	**administer pressurized inhalation of albuterol during second half of inspiration;monitor serum potassium level**	**dilute parenteral amiodarone in D5Wor normal saline solution; monitor IV infusion because loading doses at higher rates may cause hepatocellular necrosis, acute renal failure, and death**	**obtain patient's weight before and periodically during therapy;monitor BP and hepatic and renal function as well as BUN, blood glucose and serum creatinine, electrolyte, and uric acid level**	**use cautiously in alcoholics, menstruating women, patient over 60 and patients with mild hepatic or renal disease or history of allergies, asthma or GI ulcer;avoid injecting any drugs by IM during heparin therapy**
Client Teaching needs (2)	**teach patient to recognize signs of hepatotoxicity ; advise patient to contact MD before taking other OTC products or**	**wash mouthpiece with water once a week and let it air dry;advise patient to wait at least 1 minute before inhalation**	**patient will need frequent lab test and monitoring while in therapy;advise**	**emphasize the need for diet and weight control, limiting sodium intake; diabetic patient may**	**explain that heparin can not be taken orally;use soft-bristled toothbrush and electric razor**

	prescription		**patient to report cough, dark urine, fainting, fatigue, light-headedness, swollen feet and hands, vomiting, wheezing**	**increase blood glucose level and need to be checked frequently**	

Medications Reference (APA Format):Jones & Bartlett Learning (2018). ***Nurse's drug handbook*** **(17th edition). Burlington, MA: Jones and Bartlett Learning.**

Assessment

Physical Exam (18 points)

NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☒** **Orientation, Mental Status, Speech, Sensory, LOC:**	**Patient is able to move all extremities well. PERRLA is 3mm bilaterally. Both legs and arms with equal strength. Patient is alert and oriented x 4. Memory intact.**

MUSCULOSKELETAL (2 points): **Neurovascular status, ROM, Supportive devices/strength** **ADL Assistance Y☐ N ☒** **Fall Risk: Y x N** **Fall Score: 10** **Activity/Mobility Status: Stand by assist/uses gait belt** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Patient is a fall risk and is able to move with stand by assist/gait belt. She does not need ADL assistance.**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable)** **Peripheral Pulses:** **Capillary refill: ____3 sec_____** **Neck Vein Distention: Y ☐ N ☒** **Edema Y x☐ N** **Location of Edema__legs_____**	**Normal sinus rhythm. Cap refill was 3 seconds and peripheral pulse was 3+.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Breath sound anterior, lateral diminished. No accessory muscles were used. Depth and pattern regular, unlabored. Infrequent cough and productive, home regimen - nebulizer (MDI therapy).**
GASTROINTESTINAL (2 points): **Diet at home: regular** **Current Diet: cardiac diet** **Height: 6'4"** **Weight: 111.9 kg** **Auscultation Bowel sounds:** . **Last BM:** .9/17/19 **Palpation: Pain, Mass etc** **Inspection: distention, incisions, scars, drains, wounds** **Ostomy: Y ☐ N ☐x** **Nasogastric: Y ☐ N ☐x** **Feeding tubes/PEG tube Y ☐ N ☐x** **Type:_____**	**Abdomen was soft, non-tender, hyperactive bowels sounds in 4 quadrants.**

INTEGUMENTARY (2 points): **Skin color** **character, turgor, rashes, bruises:** **wounds: .** **Braden scale : ___22_____** **Drains present: Y☐ N ☒** **Type_____**	**Skin color was pale, warm, moist, intact with good turgor.**
HEENT (2 points): **Head: .** **Ears:** **Eyes:** **Nose:** **Teeth**	**No swollen masses on head or neck. Conjunctiva moist and pink, no drainage. Tympanic membrane gray. Cartilaginous portion is slightly mobile, nontender, no masses, nares patent. Teeth present and yellowish.**
GENITOURINARY (2 Points): **Color, character, quantity of urine, pain,** **Dialysis Y ☐ N ☒** **Inspection of genitals** **Catheter: Y ☐ N ☒** **Type_____**	**External genitals are free from lesions and intact.**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping methods,** **Educational level** **Developmental level,** **Ethnicity,** **Religion & what it means to pt.** **Occupation (previous if retired)**	**Patient is currently retired but used to work as a military and travelled a great deal. He lives at home with wife. He has one son, 29 y.o. and is independent. The patient is a high school graduate and is a Christian. The patient is accepting, calm and cooperative.**
GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The patient appears to be alert and oriented x 4.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0403	86	107/69	20	97-temporal	2L NC-99
0800	85	107/70	20	97-temporal	2L NC-100

Vital Sign Trends:

The patients' vital signs were consistent. Overall, his vitals where good which is also reflective of the Metoprolol medicine he took for his HTN.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0403	**0**	**na**	**na**	**na**	**No intervention needed**
0800	**0**	**na**	**na**	**na**	**No intervention needed**

IV Assessment (2 Points)

Site Location, Patency/Condition & Date	Fluid Type/Rate or Saline Lock
Peripheral IV Line-Single lumen 9/10/2019 0800 metacarpal vein (top of the hand) right 18 gauge. No signs of redness, drainage or tenderness. The site was flushed and was verified and recorded to be patent. IV dressing was recorded clean, dry, and intact.	10 cc NS.

Intake and Output during Your Shift (2 points)

Intake	Output
1175 ml liquid drink, 10 ml NS flush	**100 ml urine, 1 BM unmeasurable**

Nursing Care

Summary of care- Narrative of Nursing care provided, patient status throughout the day, any major concerns, etc. (2 points): During my care for the patient, he was mostly cheerful and talkative and likes to share about his life experiences and conditions. He was excited to share his experiences in the military and how he was assigned in the Philippines. His vitals were stable the whole time I took care of him. There were no major concerns and was ready to go home. By what I gathered from the staff who worked with him in the past days, he has really improved a lot. He was tolerating his diet and activities and was free from pain. Plans for the patient is to for him to be able to manage his pain better. The doctor also came to see him and was telling him that he is ready to be discharged.

Discharge Planning- Identify discharge needs, education, home health services/equipment, family involved, etc. (2 points): Discharge plans were arranged by the RN. He will be going home to his wife in Danville, IL. The patient does not need any equipment. He will be following up with his primary physician once discharged. Some education that he was given was in regards to lifestyle and dietary modification.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. Activity intolerance r/t generalized	**The assessment detects evidence of imbalance**	**1.Have pt. perform ROM exercises**	**The patient stated that he is willing to slow down and will perform**

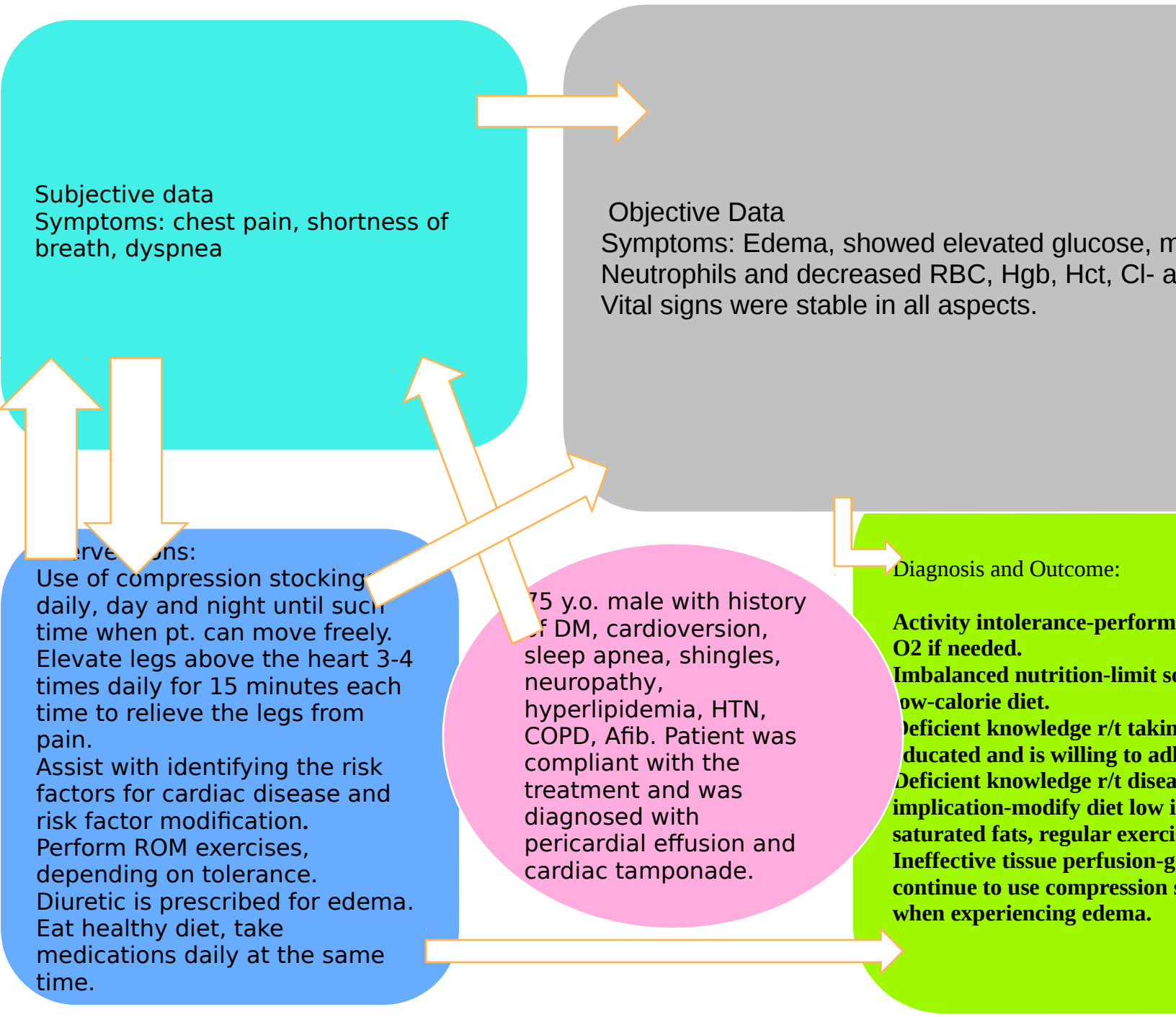
weakness and imbalance between oxygen supply and demand as evidenced by pt. inability to walk long distance.	**between oxygen supply and demand and hence potential activity intolerance.**	**depending on tolerance.** **2.Administer O2 as prescribed for angina episodes.**	**exercises daily and will use O2 if needed. Goal is for pt. to exhibit cardiac tolerance to activity. Status of goal is still in process.**
2. Imbalanced nutrition r/t body requirements of calories, sodium or fats as evidenced by pt.'s lack of knowledge of the proper dietary regimen.	**Patient is over the ideal body weight. Being overweight is a risk factor for heart disease and puts more workload on the heart.**	**1. Explain that low-calorie diet is necessary.** **2.Explain to pt. to limit intake of sodium chloride to less than 4 g/day.**	**Patient is willing to change his dietary regimen by starting a journal. Goal is for pt. to eat healthy. Status in process.**
3. Deficient knowledge r/t purpose, precautions and side effects of amiodarone as evidence by ingestion of drug inconsistently daily.	**A pt. who is more knowledgeable about the purpose of the drug will be more likely to adhere to the therapeutic regimen.**	**1.Teach pt. the purpose of the prescribed amiodarone.** **2.Instruct pt. that grapefruit juice increases the amiodarone level.**	**Education was made to the pt. The pt. understood that it is important to take the drug the same time each day and what the purpose is. The patient is willing to adhere to the regimen.**
4. Deficient knowledge r/t disease process and lifestyle implications of cardiac disease as evidenced by presence of risk factors/practices that the pt. continue to do.	**Risk factor identification optimally will result in risk factor modification including: Diet low in cholesterol and saturated fats, regular activities/ exercise program, weight loss.**	**1.Assist with identifying the risk factors for cardiac disease and risk factor modification.** **2. Discuss symptoms that necessitate medical attention.**	**Pt. was informed of the risk factors and pt. stopped smoking, promised to change his diet and slowly increase his activities. Goal is to modify these risk factors. Status of goal is still ongoing.**

5. Ineffective tissue perfusion: peripheral r/t interrupted arterial flow in the involved limb secondary to embolization as evidenced by pt.'s vocalization of pain on his legs when walking.	**Prompt recognition of the signs of embolization in the involved limb will result in rapid intervention.**	**1.Use of compression stockings daily, day and night until such time when pt. can move freely.** **2.Elevate legs above the heart 3-4 times daily for 15 minutes each time to relieve the legs from pain.**	**The pt. was educated about use of compression socks and leg elevation and has been doing it in the hospital. Goal if for pt. to continue to do the same thing at home. Goal is met at the moment.**

Overall APA Format/Neatness/Grammar (5 point):

Swearingen, P. (2018). ***All-in-one care planning resource*****. St. Louis, MI: Mosby Elsevier.**

Concept Map (20 Points):


Subjective data
Symptoms: chest pain, shortness of breath, dyspnea
Objective Data
Symptoms: Edema, showed elevated glucose, m
Neutrophils and decreased RBC, Hgb, Hct, Cl- a
Vital signs were stable in all aspects.
rve ns:
Use of compression stocking
daily, day and night until such
time when pt. can move freely.
Elevate legs above the heart 3-4
times daily for 15 minutes each
time to relieve the legs from
pain.
Assist with identifying the risk
factors for cardiac disease and
risk factor modification.
Perform ROM exercises,
depending on tolerance.
Diuretic is prescribed for edema.
Eat healthy diet, take
medications daily at the same
time.
75 y.o. male with history
f DM, cardioversion,
sleep apnea, shingles,
neuropathy,
hyperlipidemia, HTN,
COPD, Afib. Patient was
compliant with the
treatment and was
diagnosed with
pericardial effusion and
cardiac tamponade.
Diagnosis and Outcome:
Activity intolerance-perform
O2 if needed.
Imbalanced nutrition-limit s
ow-calorie diet.
eficient knowledge r/t takin
ducated and is willing to ad
Deficient knowledge r/t disea
implication-modify diet low i
saturated fats, regular exerci
Ineffective tissue perfusion-g
continue to use compression
when experiencing edema.