N311 Care Plan # 2

Lakeview College of Nursing

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<h1 style="text-align:center">Demographics (5 points)</h1>

Date of Admission	Patient Initials	Age	Gender
9/29/19	K.J	76	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Stay at home mom / no job	Widowed	Penicillin
Code Status	**Height**	**Weight**	
Full Code	5'2"	182lbs	

Medical History (5 Points)

Past Medical History: Type 2 diabetes, hypertension, high cholesterol, GERD, osteopenia, obesity

Past Surgical History: Gallbladder removal and coronary artery bypass surgery

Family History: Father passed away from heart disease. Maternal grandmother passed away from heart problems as well.

Social History (tobacco/alcohol/drugs): Former smoker for 35 years, quit 15 years ago. Was a casual drinker in the past and never a drug user.

Admission Assessment

Chief Complaint (2 points): Chest pain and dizziness

History of present Illness (10 points): Patient is a 76 year old female. She was admitted to Clark Lindsey Village following coronary artery bypass surgery on 9/24. Patient has a history of hypertension and type 2 diabetes. Patient was a smoker for 35 years but now has not smoked for 15 years. Following her surgery while at her hospital stay she fell. She now reports dizziness when standing up. Patient reported that she was in no other pain and was feeling much better. Client was being released from CLV on 10/10.

<center>**Primary Diagnosis**</center>

Primary Diagnosis on Admission (3 points): Post coronary artery bypass surgery on 9/24

Secondary Diagnosis (if applicable): Fell at hospital following surgery and now has dizziness when standing up.

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

Coronary artery disease is caused when there is a buildup of plaque within the arteries. This buildup causes the arteries to become more narrow making it more difficult for the blood to flow through over time. The arteries are clogged with a buildup of plaque which is caused by deposits of cholesterol. When it is harder for the blood to flow through the arteries, it decreases the amount of blood delivered to parts of the body. If there is a decrease or stop of blood flow, it could cause chest pain which is called angina, which is the most common symptom of CAD. This plaque buildup can lead to hypertension because of the narrowing of the arteries.

My client has been diagnosed with hypertension and CAD. A number of things could have lead to this: smoking, poor diet, family history, or other lifestyle habits. Since the client has been diagnosed with type 2 diabetes, it could indicate that the CAD could have been a result of a poor diet which lead to the narrowing of the arteries. Also since the client reported that she was a smoker for thirty five years that could have also been a factor that lead to CAD.

Pathophysiology References (2) (APA):

Coronary Artery Disease. (n.d.). Retrieved from

https://www.cdc.gov/heartdisease/coronary_ad.htm.

<center>**Laboratory Data (20 points)**
If laboratory data is unavailable, values will be assigned by the clinical instructor</center>

CBC <mark>Highlight All Abnormal Labs</mark>—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	3.5 – 5.2	3.49		Medications that treat diabetes can cause low RBC
Hgb	11.0 – 16.0	10.1		Associated with more rapid decline in glomerular filtration rate
Hct	34.0-47.0	31.1		Patient could be dehydrated during time of blood draw
Platelets				
WBC	4.0-11.0	12.17		Patient just had surgery WBC are working harder in the body to repair damaged tissue from surgery
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

Chemistry <mark>Highlight All Abnormal Labs</mark>—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	60-99	113		Patient has type 2 diabetes
BUN	7-18	22		BUN could be higher if client is dehydrated – indicates kidneys are not working properly
Creatinine				

Albumin				
Calcium				
Mag				
Phosphate				
Bilirubin				
Alk Phos				

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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 <mark>Highlight All Abnormal Labs</mark>—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):

Blood Urea Nitrogen. (n.d.). Retrieved from

https://www.uofmhealth.org/health-library/aa36271.

Stöppler, M. C. (n.d.). 14 Low Blood Sugar Symptoms, Signs, Treatment,

Dangers. Retrieved from

https://www.medicinenet.com/hypoglycemia/article.htm.

Kwon, E., & Ahn, C. (2012, September). Low hemoglobin concentration is

associated with several diabetic profiles. Retrieved from

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3443718/.

Cinar, Y., Demir, G., Paç, M., & Cinar, A. B. (1999, July). Effect of hematocrit

on blood pressure via hyperviscosity. Retrieved from

https://www.ncbi.nlm.nih.gov/pubmed/10411372/.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Chest X ray was done following surgery and there were no complications seen.

Current Medications (10 points, 2 points per completed med)

5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	Insulin Glargine	Plavix	Lopressor	Glucophage	Norvasc
Dose	30 units	75 mg	25mg	500mg	5mg
Frequency	Before bed	Once per day	Twice per day	1 tablet with meal	Before bed
Route	Subcutaneous	Orally	Orally	Orally	Orally
Classification	Anti diabetic hormone	Platelet aggregation inhibitor	antihypertensie	antidiabetic	Antianginal
Mechanism of Action	Lowers blood glucose by stimulating glucose uptake in skeletal muscle and fat. Inhibiting hepatic glucose production	Binds to ATP receptors on the surface of activated platelets. Blocks ADP, which deactivates nearby glycoprotein IIb / IIIa receptors and prevents fibrinogen from attaching receptors	Inhibits the beta1-receptor sites, located mainly in the heart. Which helps relieve angina and minimizes tissue damage from MI	Promotes extra storage of glucose as glycogen in the liver which reduces glucose production	Binds to dihydropyridine cell membrane receptor sites on myocardial and vascular smooth muscle cells
Reason Client Taking	Type 2 diabetes	Prevention of blood clotting and continual heart problem	hypertension	Type 2 diabetes	hypertension
Contraindications (2)	Hypoglycemia, allergies	Active pathological bleeding, hypersensitivity to to clopidogrel	Acute heart failure, pulse less than 45 bpm	Advanced renal disease, metabolic acidosis	Aliskiren therapy in patients with diabetes or renal impairment, hypersensitivity to amlodipine
Side Effects/Adverse Reactions (2)	Hypoglycemia, swelling	Chest pain, acute liver failure	Arrythmias, short term memory loss	Headache, hypoglycemia	Anxiety, hot flashes

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook*. Burlington,

MA.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** alert x3 **Orientation:** orientated x3 **Distress:** no acute distress **Overall appearance:** looks stated age & appears well	
INTEGUMENTARY: **Skin color:** Pink **Character:** Intact **Temperature:** warm **Turgor:** within 3 seconds **Rashes:** none noted **Bruises:** **Wounds:** none noted **Braden Score:** **Drains present:** Y☐ N ☒ **Type:**	Small bruise located on the right side of client's neck. Appeared to be healing, yellowish in color, and client reported it did not hurt at all.
HEENT: **Head/Neck:** symmetrical, trachea midline without deviation, thyroid not palpable, not noted nodules. Carotid pulses strong bilaterally, lymph nodes not palpable **Ears:** no drainage or distress **Eyes:** lids intact with no apparent distress and no drainage or discharge. Sclera white and conjunctive pink and moist. PERRLA, EOM's present, **Nose:** no apparent distress or drainage or discharge **Teeth:** all teeth present and healthy looking. Gums did not appear inflamed	.

CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** Clear S1 and S2. No murmur, gallops, or rubs. **Peripheral Pulses:** strong and palpable **Capillary refill:** within 3 seconds **Neck Vein Distention:** Y ☐ N ☒ **Edema Y** ☐ **N** ☒ **Location of Edema:**	
RESPIRATORY: **Accessory muscle use:** Y☐ N ☒ **Breath Sounds: Location, character** Breath sounds equal and unlabored bilaterally without wheezes or crackles.	.

GASTROINTESTINAL:
Diet at home: normal diet
Current Diet: cardiac diet
Height: 5'2"
Weight: 182
Auscultation Bowel sounds: present in all 4 quadrants
Last BM: 10/7/19
Palpation: Pain, Mass etc.: no palpable masses
Inspection:
   Distention: none present
   Incisions: none present
   Scars: small scars
   Drains: none present
   Wounds: none present
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 ☒	**N/A**

Type: **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** strong **Supportive devices:** **Strength:** strength equal bilaterally **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** ☐	**N/A**
NEUROLOGICAL: **MAEW:** Y ☐ N ☐ **PERLA:** Y ☒ N ☐ **Strength Equal:** Y ☒ N ☐ if no - **Legs** ☐ **Arms** ☐ **Both** ☒ **Orientation:** x3 **Mental Status:** in tact **Speech:** normal **Sensory:** **LOC:** none	.
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):**	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:20am	74	146/67	18	98.4	98%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
10:25a m	**0**	-	-	-	-

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
620 ml	Voided x2

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. Risk for unstable blood glucose levels	Client has been diagnosed with type 2 diabetes	**1.** accuchecks before meals **2.** Avoid high sugar and simple carbohydrates	Goal to maintain health and blood glucose levels with diet and accuchecks monitoring levels
2. Risk for infection	Client had surgery	**1.** Monitor vitals for any changes that could indicate infection **2.** Monitor diabetes to decrease chance of acquiring infection	Monitor diabetes to help control diabetes which can lower risk of infections Be aware of things that could indicate infection.

Other References (APA):

Concept Map (20 Points):

Subjective Data

No chest pain

Nursing Diagnosis/Outcomes

Risk for unstable blood glucose levels as evidence by client having type 2 diabetes
Risk for infection as evidence by recent surgery and also diabetes giving a greater risk for not being able to fight off infection.

Objective Data

Vitals in normal range

Patient Information

9/19: client admitted to hospital for chest pain. Had coronary artery bypass surgery on 9/24 Client fell in hospital and had dizziness with standing

Nursing Interventions

Keep control of blood glucose levels to help with diabetes
Healthy diet to control type 2 diabetes