

N311 Care Plan #5

Lakeview College of Nursing

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10/22/2019

**Demographics (5 points)**

<b>Date of Admission</b> 9/24/2018	<b>Patient Initials</b> RJ	<b>Age</b> 88	<b>Gender</b> F
<b>Race/Ethnicity</b> White	<b>Occupation</b> Retail	<b>Marital Status</b> Widowed	<b>Allergies</b> No known allergies
<b>Code Status</b> DNR	<b>Height</b> 65in	<b>Weight</b> 78.5kg	

**Medical History (5 Points)**

**Past Medical History:** Alzheimer's disease, Diabetes Mellitus, Hypertension, Heart disease without failure, edema, depressive disorders, muscle weakness

**Past Surgical History:** Appendectomy, Tonsils taken out

**Family History:** Dad had asthma, Mom had diabetes

**Social History (tobacco/alcohol/drugs):** Occasional drinking

**Admission Assessment**

**Chief Complaint (2 points):** The facility has been holding my metoprolol because my BP has been low recently.

**History of present Illness (10 points):** The staff has been holding the pt's metoprolol because client's Blood Pressure has been consistently low. This causes pt to experience some dizziness. Pt states that taking metoprolol results in lowering bp causing discomfort. Not taking metoprolol relieves the discomfort the pt experiences. Pt states that sitting down and minimal activity lessens the discomfort being experienced.

**Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Heart Failure

**Secondary Diagnosis (if applicable): Diabetes Mellitus due to underlying condition without complications**

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

**Pathophysiology of *Heart Failure*** (Capriotti, 2016, 382 - 383)

There are a lot of different types of Heart Failure, but to make it simpler, Heart Failure can be categorized in a few ways: acute or chronic, systolic or diastolic dysfunction, right or left-sided heart failure, and forward or backward failure (Capriotti, 2016, 382). Of course, the differences are very much noticeable in the early stages of Heart Failure, but as the disease progresses, those differences become very similar to each other (Capriotti, 2016, 382). The heart has a lot of different components that it depends on for it to work the way it is intended to, these are: efficiency, rhythmicity, and strength of all its chambers (Capriotti, 2016, 383). The biochemical and pressure changes that affect the myocardium in Heart Failure eventually affect both ventricles (Capriotti, 2016, 383). When one chamber or one whole side of the heart is affected, eventually the other chambers or side will chronically lead to the same effects on the unaffected side (Capriotti, 2016, 383). When the whole heart starts to fail, it becomes very hard to differentiate the type of heart failure because of the mixed clinical presentation of signs and symptoms (Capriotti, 2016, 383).

**Signs and Symptoms** (Capriotti, 2016, 392)

There are **a lot** of signs and symptoms that can indicate heart failure, to name a few, one distinct sign is the presence of pulmonary crackles that can be heard when auscultating the heart (Capriotti, 2016, 392). The further into the onset of heart failure, these pulmonary crackles can be heard the further and further up from the bases of the lungs (Capriotti, 2016, 392). Another sign that is an indication of heart failure is that the client may have diminished pulses and

cyanotic lips as well as cyanosis in the nail beds (Capriotti, 2016, 392). JVD, or jugular vein distension, may also be present when the client is in Fowler's position (Capriotti, 2016, 392). A very obvious sign is also the auscultation of an S3 and S4 heart sound (Capriotti, 2016, 392). S3 heart sound may be heard in children and that is normal, but not in adults; however, an S4 is not normal in both children and adults (Capriotti, 2016, 392). An S4 is usually caused by tricuspid valve stenosis that commonly occurs due to chronic hypertension (Capriotti, 2016, 392).

### **Diagnosis** (Capriotti, 2016, 393 – 394)

There are a few diagnostic tests that can establish the diagnosis of heart failure, these include, but not limited to, BNP (Brain Natriuretic Peptide), Serum Electrolytes, Chest x-ray, ECG/EKG, and Cardiac Catheterization and Angiography (Capriotti, 2016, 392 - 393).

### **Treatments** (Capriotti, 2016, 395 – 398)

There are a lot of different treatments for the different types of heart failure (Capriotti, 2016, 395). A huge treatment is not necessarily a treatment, but it may as well be prevention, and this is lifestyle modifications (Capriotti, 2016, 395). The patient with heart failure should limit fluid, salt, cholesterol, and alcohol consumption (Capriotti, 2016, 395). Daily walking, more physical activity should also be part of this lifestyle changes (Capriotti, 2016, 395). Weight management as well as blood pressure management play huge roles (Capriotti, 2016, 396). Pharmacological therapies are also a way to treat heart failure such as diuretics, ACE inhibitors, beta-adrenergic blockers, inotropics, synthetic natriuretic peptides, nitrates, and arterial vasodilators (Capriotti, 2016, 396).

### **Pathophysiology References (2) (APA):**

Capriotti, T., Frizzell, J. P., & undefined, undefined undefined. (2016). 31. In *Pathophysiology: introductory concepts and clinical perspectives* (pp. 716–719). Philadelphia: F.A. Davis Company.

Taylor, C., Lynn, P., & Bartlett, J. L. (2019). *Fundamentals of nursing: the art and science of person-centered nursing care*. Philadelphia: Wolters Kluwer.

**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	4.28-5.56		4.31	
Hgb	13.0-17.0		13.0	
Hct	38.1-48.9		37.7	This value is within normal range for females
Platelets	149-393		159	
WBC	4.0-11.7		5.5	
Neutrophils	2.4-8.4		3.0	
Lymphocytes	0.8-3.7		1.5	
Monocytes	4.4-12.0		9.3	
Eosinophils	0.0-6.3		6.8	
Bands	0.0-0.5		0.3	

**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		140	
K+	3.5-5.1		3.6	
Cl-	98-107		105	
CO2	22-29		29	
Glucose	70-99		97	

<b>BUN</b>	6-20		<b>10</b>	
<b>Creatinine</b>	0.70-1.20		<b>0.88</b>	
<b>Albumin</b>	3.4-5.4		<b>3.0</b>	Low albumin levels can indicate signs of heart failure (Capriotti, 2016, 86)
<b>Calcium</b>	8.6-10.4		<b>8.3</b>	Low calcium levels due to low albumin (Capriotti, 2016, 132)
<b>Mag</b>	1.7-2.2		<b>2.0</b>	
<b>Phosphate</b>	2.5-4.5		<b>3.0</b>	
<b>Bilirubin</b>	0.1-1.2		<b>0.4</b>	
<b>Alk Phos</b>	20-140		<b>85</b>	

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>	Yellow/ Clear		<b>Yellow/Clear</b>	
<b>pH</b>	5.0-8.0		<b>5.0</b>	
<b>Specific Gravity</b>	1.0005- 1.0034		<b>1.0034</b>	
<b>Glucose</b>	Normal		<b>Normal</b>	
<b>Protein</b>	Negative		<b>Negative</b>	
<b>Ketones</b>	Negative		<b>Negative</b>	
<b>WBC</b>	<=5		<b>1</b>	
<b>RBC</b>	0-3		<b>0</b>	
<b>Leukoesterase</b>	Negative		<b>Negative</b>	

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		Negative	
Blood Culture	Negative		Negative	
Sputum Culture	Negative		Negative	
Stool Culture	Negative		Negative	

**Lab Correlations Reference (APA):**

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

Capriotti, T., Frizzell, J. P., & undefined, undefined undefined. (2016). 31. In *Pathophysiology: introductory concepts and clinical perspectives* (pp. 716–719). Philadelphia: F.A. Davis Company.

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):**

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

**Medications (5 required)**

<b>Brand/Generic</b>	Aspirin/ Aspirin	Levenir flexpen/ Afrezza	Lopressor/ Metoprolol Tartrate	Zoloft/ Sertraline HCl	Lasix/ Furosemide
<b>Dose</b>	81mg	100units/ mL	25mg	50mg	40mg
<b>Frequency</b>	QD	15 units subcutane ously	BID	QD	QD
<b>Route</b>	PO	SubQ	PO	PO	PO
<b>Classification</b>	Anti- inflammato ry	Antidiabet ic	Antihyperten sive	Antidepressa nt	Diuretic
<b>Mechanism of Action</b>	Blocks the activity of cyclooxyge nase, the enzyme needed for prostagland in synthesis.	Lowers blood glucose levels by stimulatin g peripheral glucose uptake by fat and skeletal muscle, and by inhibiting hepatic glucose production	Inhibits stimulation of beta1- receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand.	Inhibits reuptake of the neurotransmi tter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapses	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation.
<b>Reason Client Taking</b>	CVD	Diabetes	HTN	Depression	Edema
<b>Contraindicatio ns (2)</b>	Asthma; Peptic Ulcer Disease (PUD)	Hypersens itivity; Chronic lung disease	Acute HF; Cardiogenic shock	Concurrent use of disulfiram; Hypersensiti vity	Anuria unresponsive to furosemide; Hypersensitivit y
<b>Side Effects/Adverse Reactions (2)</b>	Angioedem a; Diaphoresis	Anaphylax is; Angioede	Anxiety; Peripheral edema	Anaphylaxis; Angioedema	Anemia; Anaphylactic reactions

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**Medications Reference (APA):**

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

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>ANO x1; Pt knows their name                  No signs of distress                  Pt was very pleasant during assessment</p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>Skin was normal color for race, warm, and dry to touch with good turgor                  No scars, rashes, bruises, wounds, or drains noted  <u>Pt scored a 21 on Braden scale</u>; low risk for pressure ulcers</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>PERRLA                  Oral mucosa pink and moist; pt has no teeth                  Soft pallet rises and falls; uvula was midline                  Nasal passages were pink with no deviated septum, drainages, or polyps noted                  Tongue had a brown color to it</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Location of Edema: Lower extremities</b></p>	<p>S1 and S2 heard; RRR                  Peripheral pulses:                  - R. radial (+1)                  - L. radial (+2)                  No neck vein distention noted                  Capillary refill was good                  Edema present in lower extremities</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>Lungs were CTA</p>

<p><b>Breath Sounds: Location, character</b></p>	
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>          <b>Distention:</b>          <b>Incisions:</b>          <b>Scars:</b>          <b>Drains:</b>          <b>Wounds:</b>  <b>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>          <b>Size:</b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>          <b>Type:</b></p>	<p>Regular regular diet at home and at facility          Height: 65in          Weight:78.5kg          Last BM was 10/21/2019          Bowel sounds active          Palpable mass in LUQ          No distention, incisions, scars, drains, or wounds noted          No ostomy, NG tube, feeding tube/PEG tube in use</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>          <b>Type:</b>          <b>Size:</b></p>	<p>Urine is yellow/clear          No dysuria reported by pt          Pt not on dialysis; no catheters in use</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib) <input type="checkbox"/></b>  <b>Needs assistance with equipment <input type="checkbox"/></b>  <b>Needs support to stand and walk <input type="checkbox"/></b></p>	<p>AROM performed          Pt uses wheelchair          Strength is equal in arms and legs          Needs assistance standing up and ambulating          Needs minimal assistance with ADL  <u>Pt scored a 25 (moderate risk) on Fall Risk assessment</u></p>
<p><b>NEUROLOGICAL:</b></p>	<p>MAEW; PERRLA</p>

<p><b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>if no -</b>  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input checked="" type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>Strength is equal in arms and legs                  Pt can communicate effectively                  Pt is occasionally forgetful                  Pt is conscious of surroundings</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Pt has 2 daughters; visits often                  Pt is Christian                  Pt uses positive thinking as coping method</p>

**Vital Signs, 1 set (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1045	60 bpm	122/58 mm Hg	12 rr	97.2 'F	97%

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
1045	Numeric	Denied	Denied	Denied	Denied

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
-	-

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

<b>Nursing Diagnosis</b> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<b>Rational</b> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
1. Fluid overload related to compromised regulatory mechanisms occurring with decreased cardiac output as evidenced by pitting edema in lower extremities	Pt had edema in the lower extremities during head to toe assessment	1. Assess for edema in dependent areas such as the legs, ankles, feet, and sacrum  2. Monitor lab results for decreased Hct	Pending Desired Outcome: Within 1 day of treatment, edema is decreased
2. Need for health teaching related to unfamiliarity with hypertension treatment including medications as evidenced by chief of complaint	Pt main concern during physical assessment was how metoprolol causes discomforts whether it is taken or not	1. Teach medication actions, administration times, side effects, adverse effects, and the importance of taking as prescribed  2. Teach importance of seeking medical evaluation if experiencing headaches, dizziness, lightheadedness, or blurred vision	Pending Desired Outcome: After receiving teaching, the pt verbalizes accurate knowledge of the importance of frequent HTN evaluation, treatments, and adhering to lifestyle changes

**Other References (APA):**

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

**Concept Map (20 Points):**

### Subjective Data

CC: The facility has been holding my metoprolol because my BP has been low recently.

### Nursing Diagnosis/Outcomes

Fluid overload related to compromised regulatory mechanisms occurring with decreased cardiac output as evidenced by pitting edema in lower extremities  
Desired Outcome: Within 1 day of treatment, edema is decreased

Need for health teaching related to unfamiliarity with hypertension treatment including medications as evidenced by chief of complaint  
Desired Outcome: After receiving teaching, the pt verbalizes accurate knowledge of the importance of frequent HTN evaluation, treatments, and adhering to lifestyle changes

### Objective Data

P: 60bpm  
BP: 122/58 mm Hg  
RR: 12 rr  
Temp: 97.2 'F  
O2 sat: 97%

### Patient Information

Date of Admission: 9/24/2018  
RJ, 88 yr old, white female  
Widowed with NKDA and DNR

### Nursing Interventions

1. Assess for edema in dependent areas such as the legs, ankles, feet, and sacrum

2. Monitor lab results for decreased Hct  
3. Teach medication actions, administration times, side effects, adverse effects, and the importance of taking as prescribed

4. Teach importance of seeking medical evaluation if experiencing headaches, dizziness, lightheadedness, or blurred vision





