

N311 Care Plan 5

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 08/24/2019	Patient Initials J.K	Age 82	Gender F
Race/Ethnicity White	Occupation Not employed	Marital Status Widowed	Allergies Levaquin, Sulfonamide
Code Status Full - code	Height 5'1	Weight 209	

Medical History (5 Points)

Past Medical History: Acute kidney injury, Acute respiratory failure with hypoxia, Back Pain, Coronary artery disease, Diabetes type 2, Dysthymia disorder, Essential hypertension, Essential hypertension, benign, Essential tremors, GOUT, Hyperlipidemia, Hyperuricemia, Hypothyroidism, Left knee arthropathy

Past Surgical History: Left knee arthroplasty, Airway insertion, Lower extremity vein mapping, and bypass surgery

Family History: Hypertension

Social History (tobacco/alcohol/drugs): None

Admission Assessment

Chief Complaint (2 points): Chest pain

History of present Illness (10 points): On sept 17, 2019 patient was admitted for chest pain

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Chest Pain

Secondary Diagnosis (if applicable): Coronary artery disease

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

Coronary Artery Disease

Coronary artery disease develops when the major blood vessels that supply your heart with blood, oxygen and nutrients (coronary arteries) become damaged or diseased.

Cholesterol-containing deposits (plaques) in your arteries and inflammation are usually to blame for coronary artery disease. When plaque builds up, it narrows your coronary arteries, decreasing blood flow to your heart. Eventually, the decreased blood flow may cause chest pain (angina), shortness of breath, or other coronary artery disease signs and symptoms. A complete blockage can cause a heart attack.

Risk factors for coronary artery disease include:

- **Age.** Simply getting older increases your risk of damaged and narrowed arteries.
- **Family history.** A family history of heart disease is associated with a higher risk of coronary artery disease, especially if a close relative developed heart disease at an early age. Your risk is highest if your father or brother was diagnosed with heart disease before age 55 or if your mother or sister developed it before age 65.
- **Smoking.** People who smoke have a significantly increased risk of heart disease. Exposing others to your secondhand smoke also increases their risk of coronary artery disease.
- **High blood pressure.** Uncontrolled high blood pressure can result in hardening and thickening of your arteries, narrowing the channel through which blood can flow.
- **High blood cholesterol levels.** High levels of cholesterol in your blood can increase the risk of formation of plaque and atherosclerosis. High cholesterol

can be caused by a high level of low-density lipoprotein (LDL) cholesterol, known as the "bad" cholesterol. A low level of high-density lipoprotein (HDL) cholesterol, known as the "good" cholesterol, can also contribute to the development of atherosclerosis.

- **Diabetes.** Diabetes is associated with an increased risk of coronary artery disease. Type 2 diabetes and coronary artery disease share similar risk factors, such as obesity and high blood pressure.

Diagnosis

The doctor will ask questions about your medical history, do a physical exam and order routine blood tests. He or she may suggest one or more diagnostic tests as well, including:

- **Electrocardiogram (ECG).** An electrocardiogram records electrical signals as they travel through your heart. An ECG can often reveal evidence of a previous heart attack or one that's in progress.
- **Echocardiogram.** An echocardiogram uses sound waves to produce images of your heart. During an echocardiogram, your doctor can determine whether all parts of the heart wall are contributing normally to your heart's pumping activity.
- **Stress test.** If your signs and symptoms occur most often during exercise, your doctor may ask you to walk on a treadmill or ride a stationary bike during an ECG. This is known as an exercise stress test. In some cases, medication to stimulate your heart may be used instead of exercise.
- **Cardiac catheterization and angiogram.** To view blood flow through your heart, your doctor may inject a special dye into your coronary arteries. This is

known as an angiogram. The dye is injected into the arteries of the heart through a long, thin, flexible tube (catheter) that is threaded through an artery, usually in the leg, to the arteries in the heart.

- **Heart scan.** Computerized tomography (CT) technologies can help your doctor see calcium deposits in your arteries that can narrow the arteries. If a substantial amount of calcium is discovered, coronary artery disease may be likely.

Coronary Artery Disease Symptoms

The most common symptom is [angina](#), or [chest pain](#). people describe [angina](#) as a:

- Aching
- Burning
- Fullness
- Heaviness
- Numbness
- Pressure
- Squeezing

You usually feel angina in your chest, and symptoms are often subtler in women. [Nausea](#), [sweating](#), [fatigue](#), or shortness of breath can join the typical pressure-like chest pain.

Coronary Artery Disease Treatment

Treatments can involve:

Lifestyle changes. If you smoke, quit. Eat less processed food, and change to a low-trans-fat, low-salt, and low-[sugar diet](#). Keep your [blood sugar](#) in control if you have [diabetes](#). [Exercise](#) regularly (but talk to your doctor before starting an [exercise program](#)).

Medications . If lifestyle changes aren't enough, you might need medication. The drugs you'll take depend on your situation. If you've been diagnosed with coronary artery disease, you'll probably take aspirin and a drug to lower your cholesterol called a statin, if not other things. Research shows that the drug evolocumab (Repatha) also lowers the risk of heart attack and stroke in people with cardiovascular disease.

Surgery and other procedures. Common ones to treat coronary artery disease include:

- Balloon angioplasty
- Coronary artery bypass surgery
- Stent placement

All of these treatments boost blood supply to your heart, but they can't cure coronary artery disease.

- About 610,000 people die of heart disease in the United States every year—that's 1 in every 4 deaths.¹
- Heart disease is the leading cause of death for both men and women. More than half of the deaths due to heart disease in 2009 were in men.¹
- Coronary heart disease (CHD) is the most common type of heart disease, killing over 370,000 people annually.¹
- Every year about 735,000 Americans have a heart attack. Of these, 525,000 are a first heart attack and 210,000 happen in people who have 2already had a heart attack.²

My patient has a family history of hypertension, then my patient got diagnosed with hypertension. Hypertension and diabetes are the leading causes of coronary heart failure, the connection between diabetes and heart disease can be summed up related to “high glucose.” It has often been said that diabetes is not the problem, and that it is the high

glucose in the blood that is the problem. Indeed it is high glucose levels that cause more problems as the condition wreaks havoc throughout bodily organs. Blood vessels of all types and sizes get damaged from high glucose. From the tiniest blood vessel in the tips of your toes to the largest blood vessels in your heart, high blood glucose provides the connection between heart disease and diabetes. In addition, high glucose over time also causes damage to nerves throughout the body. Compare it to a car that someone has put oil into the gas tank instead of gasoline. The thick viscosity of the oil sticks to the side of the pipes, and clogs up the pistons in the engine. The engine is then compromised from the thick oil running through it. It can't run like that, and it just gives out. It's the same with the sugary sweet, thick blood from high glucose. The blood is sticky, and it sticks to the sides of veins and arteries, causing atherosclerosis or hardening of the arteries. No blood vessel is left unscathed. The blood vessels in the tips of your fingers and toes are affected, as are the larger vessels throughout the body, and vessels within organs, including the heart. Eventually, this causes problems with the organs, and they are compromised. The end result is organ and circulatory problems that can lead to organ failure, and death.

Pathophysiology References (2) (APA):

Sorenson, M., Quinn, L., & Klein, D. (2019). *Pathophysiology: concepts of human disease*. Hoboken, NJ: Pearson Education.

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

<https://my.clevelandclinic.org/health/diseases/16898-coronary-artery-disease>.

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	3.50 - 5.2	4.50	3.64	Normal lab values
Hgb	11 - 16	13.8	11.0	Normal lab values
Hct	34 - 47	41.6	34.1	Normal lab values
Platelets	140 - 400	169	211	Normal lab values
WBC	4.0 - 11.0	7.50	9.06	Normal lab values
Neutrophils	N/A	N/A	N/A	No lab values
Lymphocytes	N/A	N/A	N/A	No lab values
Monocytes	N/A	N/A	N/A	No lab values
Eosinophils	N/A	N/A	N/A	No lab values
Bands	N/A	N/A	N/A	No lab values

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	143	143	Normal lab value
K+	3.5 - 5.1	3.3	3.6	Normal lab value
Cl-	98 - 107	109	112	Normal lab value
CO2	21 - 32	27.1	24.0	Normal lab value
Glucose	60 - 99	99	167	Patient is diabetic
BUN	7 - 18	16	28	Patient has acute kidney injury
Creatinine	0.55 - 1.5	1.15	1.04	Normal lab values

Albumin	N/A	N/A	N/A	No lab Value
Calcium	8.5 - 10.1	8.6	8.7	Normal lab values
Mag	N/A	N/A	N/A	No lab Value
Phosphate	N/A	N/A	N/A	No lab Value
Bilirubin	N/A	N/A	N/A	No lab Value
Alk Phos	N/A	N/A	N/A	No lab Value

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	N/A	N/A	N/A	No lab Value
pH	N/A	N/A	N/A	No lab Value
Specific Gravity	N/A	N/A	N/A	No lab Value
Glucose	N/A	N/A	N/A	No lab Value
Protein	N/A	N/A	N/A	No lab Value
Ketones	N/A	N/A	N/A	No lab Value
WBC	N/A	N/A	N/A	No lab Value
RBC	N/A	N/A	N/A	No lab Value
Leukoesterase	N/A	N/A	N/A	No lab Value

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
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Urine Culture	N/A	N/A	N/A	No lab Value
Blood Culture	N/A	N/A	N/A	No lab Value
Sputum Culture	N/A	N/A	N/A	No lab Value
Stool Culture	N/A	N/A	N/A	No lab Value

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

XR CHEST AP OR PA ONLY 09/27/19

XP CHEST AP ONLY UPRIGHT DAILY BEGINNING POD #1 WHILE IN ICU

09/25/2019

Findings; Top of gastric suction tube is below the diaphragm. Top of endotracheal tube is approximately 4cm above carina. Jugular pulmonary catheter with tip of overlying the interlobar artery. 2 chest drains are unchanged in position. no visible pneumothorax. decreased distension of the pulmonary vasculature compared to the prior exam

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

5 different medications must be completed

Medications (5 required)

Brand/Generic	Ativan	Albuterol	Celexa	Clopidogrel	Furosemi de
Dose	0.5 mg	1 -2 Puff	10mg	75mg	20mg
Frequency	QHS * 14	Q4H	QD	1Q.D	1 Q.D
Route	P.O	inh	P.O	P.O	P.O
Classification			Antidepress	Platelet	Diuretic

	Antianxiety	bronchodila tor	ant	inhibitor	
Mechanism of Action	decrease anxious behaviour	stimulate beta-2 receptors	to improve mood	P2Y12 Receptor Antagonist	Blocks absorption of sodium
Reason Client Taking	to avoid nightmares	to Narrow airway	to improve mood	Blood thinner	Treats edemas
Contraindications (2)					
Side Effects/Adverse Reactions (2)					

Medications Reference (APA):

Ativan Oral : Uses, Side Effects, Interactions, Pictures ... (n.d.). Retrieved from <https://www.webmd.com/drugs/2/drug-6685/ativan-oral/details>.

Omudhome Ogburu, P. D. (2019, July 30). Albuterol and Ipratropium Inhaler: Side Effects, Dosage, Uses. Retrieved from https://www.medicinenet.com/albuterol_and_ipratropium_inhaler/article.htm.

Celexa Uses, Dosage & Side Effects. (n.d.). Retrieved from <https://www.drugs.com/celexa.html>.

Clopidogrel Oral : Uses, Side Effects, Interactions, Pictures, Warnings & Dosing. (n.d.). Retrieved from <https://www.webmd.com/drugs/2/drug-5190/clopidogrel-oral/details>.

Furosemide (Lasix) Uses, Dosage, Side Effects. (n.d.). Retrieved from <https://www.drugs.com/furosemide.html>.

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Alert x3 Orientation: Good Distress: None Overall appearance: comfortable	
INTEGUMENTARY: Skin color: Normal Character: good Temperature: N/A Turgor: Normal Rashes: None Bruises: None Wounds: None Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	
HEENT: Head/Neck: Normal Ears: PERRLA present Eyes: Normal Nose: Normal Teeth: Good	
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): N/A Peripheral Pulses: Strong Capillary refill: * 2 Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema: N/A	
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	
GASTROINTESTINAL: Diet at home: Diabetic Current Diet: Diabetic and Cardiac Height: 5'1 Weight: 209 Auscultation Bowel sounds: Last BM:	

<p>Palpation: Pain, Mass etc.: Inspection: 10/28/2019 Distention: None Incisions: None Scars: None Drains: None Wounds: None 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>GENITOURINARY: Color: Yellow Character: Clear Quantity of urine: N/A 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: N/A Size: N/A</p>	
<p>MUSCULOSKELETAL: Neurovascular status: Good 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: N/A Activity/Mobility Status: N/A Independent (up ad lib) <input type="checkbox"/> NO Needs assistance with equipment <input type="checkbox"/> No Needs support to stand and walk <input type="checkbox"/> Yes</p>	
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 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: Good Mental Status: Good Speech: Clear Sensory: Good LOC: None</p>	

PSYCHOSOCIAL/CULTURAL: Coping method(s): Family Developmental level: Normal Religion & what it means to pt.: A lot Personal/Family Data (Think about home environment, family structure, and available family support):	.
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Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
08:10	100	127 / 86	20	N/A	97

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
08: 10	6 / 10	Head	very serious	Sharp	gave pain meds

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
360	Voided x 3

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 diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> ● Explain why the nursing diagnosis was chosen 		<ul style="list-style-type: none"> ● How did the patient/family respond to the nurse’s actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Pain	Because patient	1. Give more pain	

	just underwent surgery	meds 2. Position patient properly	
2. Immobility	Patient was advised by doctor to do anything strenuous	1. Give patient call light 2. Rom and physical therapy	

Other References (APA):

Concept Map (20 Points):



