N321 Care Plan #3

Lakeview College of Nursing

Lindsey Platt

Demographics (3 points)

Date of Admission 11/01/2019	**Patient Initials** ES	**Age** 94	**Gender** F
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** Amiodarone, dust, mold, aspirin, erythromycin, penicillin, sulfa drugs, pneumococcal vaccine
Code Status DNR	**Height** 152 cm	**Weight** 50.3 kg	

Medical History (5 Points)

Past Medical History: a-fib, hypertension (HTN), insulin-dependence diabetes, hypothyroidism, multiple myeloma, cardioversion, frequent PVCs

Past Surgical History: appendectomy, tonsillectomy

Family History: unknown (patient unable to state and no family was present)

Social History (tobacco/alcohol/drugs): denies

Assistive Devices: walker, glasses, dentures

Living Situation: lives with husband at Village of Hollybrook

Education Level: some college

Admission Assessment

Chief Complaint (2 points): weakness, nausea, headache

History of present Illness (10 points): Patient is a 94 year old female who presented at the emergency department for weakness and nausea for the past few days and one bowel incontinence. She was discharged and came in later that day with weakness and a headache. She came with EMS from Village of Holly brook assisted living facility. She was diagnosed with congestive heart failure (CHF) exacerbation and a hypertensive emergency. Her admission O2 Saturation level was 83%. Her admission blood pressure reading was 200/80, which is much higher than her normal.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):CHF exacerbation

Secondary Diagnosis (if applicable): hypertensive emergency

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

"Heart failure (HF) is a complex clinical syndrome in which the heart is unable to pump enough blood to meet the body's metabolic demands. It is caused by structural or functional cardiac disorders that impair the ventricle's ability to fill with or eject blood. HF is a chronic condition that is prone to acute exacerbations (termed acute decompensated heart failure [ADHF]). In most cases of ADHF, severe volume overload and pulmonary edema are present. HF usually results from either systolic or diastolic cardiac dysfunction or a combination of both. Clinical manifestations include dyspnea on exertion (DOE) or at rest, fatigue, decreased exercise tolerance, weakness, orthopnea (unable to lie flat; may need to sleep on pillows or sitting in a chair), paroxysmal nocturnal dyspnea, wheezing, cough, cyanosis, irregular or rapid HR, sudden weight gain from fluid retention, lower extremity edema, abdominal distention, nausea, early satiety, and nocturia. Associated indicators include chest/anginal pains, palpitations, near-syncope, and syncope. Low-output symptoms include positional lightheadedness, weakness, mental status changes, and decreased urine output, decreased or elevated blood pressure (BP), dysrhythmias, tachycardia, tachypnea, increased venous pulsations, pulsus alternans (alternating strong and weak heartbeats), increased central venous pressure (CVP), jugular venous distention, crackles (rales), wheezes, decreased breath sounds, cardiac gallop and/or murmur, hepatomegaly, ascites, and pitting edema in dependent areas (lower extremities, sacrum). Diagnostic testing include chest x-ray examination, electrocardiogram (ECG), left ventricular ejection fraction,

echocardiogram, cardiac catheterization, left ventriculography, endomyocardial biopsy, stress test, pulmonary function test, ABG values, serum blood urea nitrogen, serum electrolytes, cardiac enzymes, brain natriuretic peptide (BNP), digoxin level, CBC, and thyroid-stimulating hormone level. Risk factors include CAD, hypertension, DM, OSA or other pulmonary disease, recent IV fluid infusions, surgery, pregnancy, recent/current infectious illness, pneumonia, nonadherence to medication or diet regimen, obesity, hypercholesterolemia, and recent nonsteroidal anti-inflammatory drug or COX-2 inhibitor use. Treatments include angiotensin-converting enzyme (ACE) inhibitors, beta blockers, diuretics, aldosterone antagonists, inotropes, and digoxin" (Swearingen, 2018).

The patient . She is also on medications for DVT prevention, a-fib, and HTN. While she is fairly active for her age, she still has limited activity. She is also on medications for her cough which is a sign of heart failure as well. Listening to her heart, I did not hear any wheezes but lung sounds were slightly diminished and her heart sounded weak and her pulse also felt weak, especially on her lower extremities. Upon arrival, her pulse ox level was 83% which is indicative of a CHF exacerbation due to impaired blood perfusion.

"A hypertensive crisis is a severe increase in blood pressure that can lead to a stroke. Extremely high blood pressure — a top number (systolic pressure) of 180 millimeters of mercury (mm Hg) or higher or a bottom number (diastolic pressure) of 120 mm Hg or higher — can damage blood vessels. The blood vessels become inflamed and may leak fluid or blood. As a result, the heart may not be able to pump blood effectively. Causes of a hypertensive emergency include forgetting to take your blood pressure medication, stroke, heart attack, heart failure, kidney failure, rupture of your body's main artery (aorta), interaction between medications, convulsions during pregnancy (eclampsia). Signs and symptoms of a hypertensive crisis that may

be life-threatening may include severe chest pain, severe headache, accompanied by confusion and blurred vision, nausea and vomiting, severe anxiety, shortness of breath, seizures, and unresponsiveness" (Sheps, 2019).

The patient had a hypertensive emergency. Upon arrival to the ED, her chief complaint was a severe headache with nausea and vomiting which are classic signs of a hypertensive emergency. Her blood pressure was 200/80 upon arrival to the ED. This is higher than her normal blood pressure and abnormal for her because she is also on diuretics which should help decrease her blood pressure.

Pathophysiology References (2) (APA):

Sheps, Sheldon G. M. D. (2019, January 26). Hypertensive crisis: What are the symptoms? Retrieved November 10, 2019, from https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/expert-answers/hypertensive-crisis/faq-20058491.

Swearingen, P. L. (2018). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health*. Place of publication not identified: MOSBY.

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	**4.0-5.2**	**3.96**	**3.88**	**History of hypothyroidism**
Hgb	**F:12-15 M: 14-16**	**11.4**	**11.1**	**History of multiple myeloma**
Hct	**F:42-52 M:35-47**	**34.1**	**33.0**	**Nutritional problems (low of vitamins)**
Platelets	**140-440**	**200**	**229**	
WBC	**4.0-11.0**	**8.0**	**6.4**	

Neutrophils	**45-75%**	**86.3**	**63.1**	**stress**
Lymphocytes	**20-40%**	**8.4**	**23.3**	**stress**
Monocytes	**4-6%**	**4.8**	**11.8**	**stress**
Eosinophils	**<7%**	**0.1**	**1.4**	
Bands	**<3%**	**N/A**	**N/A**	

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-	**135-145**	**133**	**138**	
K+	**3.5-5.0**	**4.2**	**4.0**	
Cl-	**98-107**	**96**	**97**	
CO2	**35-45**	**23**	**35**	**CHF exacerbation upon arrival**
Glucose	**70-100**	**354**	**100**	**Eating too many carbs or stress**
BUN	**0.6-1.3**	**1.09**	**N/A**	
Creatinine	**6-20**	**29**	**N/A**	**History of diabetes**
Albumin	**3.4-5.4**	**3.8**	**N/A**	
Calcium	**8.5-10.5**	**9.1**	**N/A**	
Mag	**1.7-3.4**	**1.9**	**N/A**	
Phosphate	**2.5-4.5**	**N/A**	**N/A**	
Bilirubin	**<1.5**	**0.7**	**N/A**	
Alk Phos	**20-140**	**137**	**N/A**	

AST	**10-30**	**20**	**N/A**	
ALT	**10-40**	**14**	**N/A**	
Amylase	**23-85**	**N/A**	**N/A**	
Lipase	**60-160**	**N/A**	**N/A**	
Lactic Acid	**0.5-1.0**	**1.6**	**N/A**	**History of diabetes**

Other Tests 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
INR	**0.86-1.16**	**1.23**	**N/A**	**History of diabetes/insulin**
PT	**11.9-14.9**	**15.7**	**N/A**	**History of diabetes/insulin**
PTT	**60-70**	**31.1**	**N/A**	**History of diabetes/insulin**
D-Dimer	**<250**	**N/A**	**N/A**	
BNP	**<450**	**652**	**N/A**	
HDL	**>60**	**N/A**	**N/A**	
LDL	**<130**	**N/A**	**N/A**	
Cholesterol	**<200**	**N/A**	**N/A**	
Triglycerides	**<150**	**N/A**	**N/A**	
Hgb A1c	**<7-8%**	**N/A**	**N/A**	
TSH	**0.4-4.0**	**N/A**	**N/A**	

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	**Yellow and clear**	**Yellow and clear**	**N/A**	
pH	**6.0**	**5.0**	**N/A**	
Specific Gravity	**1.010-1.025**	**1.024**	**N/A**	
Glucose	**0-0.8**	**>500**	**N/A**	**History of diabetes**
Protein	**0-20**	**1+**	**N/A**	
Ketones	**Negative**	**1+**	**N/A**	**History of diabetes**
WBC	**4.5-11**	**1**	**N/A**	
RBC	**4**	**7**	**N/A**	**Could indicate infection**
Leukoesterase	**2-5**	**negative**	**N/A**	

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

NO LABS OBTAINED

Lab Correlations Reference (APA):

Khaled Fareed, M. D. (2019, September 11). Urinalysis (Urine) Test: Types, Drugs, Alcohol, Results and Interpretation. Retrieved November 17, 2019, from https://www.medicinenet.com/urinalysis/article.htm.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): 12 lead EKG on admission (11/1) for history of a-fib showed ventricular-paced rhythm with underlying a-fib flutter. Chest x-ray on admission for possible pneumothorax showed mild pulmonary edema and hazy bilateral lung interstitial thickening. She also had a CT of brain and head without contrast for severe headache showed

cerebellar atrophy and small vessel ischemic and degenerative changes, no hemorrhage. All findings are normal for her advanced age and past medical history.

Diagnostic Test Correlation (5 points): She got an EKG because she has a history of a-fib, a chest x-ray to rule out pneumothorax, and a head CT because she had a severe headache.

Diagnostic Test Reference (APA):

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

Home Medications (5 required)

Brand/Generic	**Furosemide (Lasix)(488)**	**metoprolol**	**Insulin aspart (NovoLOG) (565)**	**Levothyroxine (624)**	**Hydrocodone (8) acetaminophen**
Dose	**20 mg**	**25 mg**	**10 units**	**75 mcg**	**325 mg**
Frequency	**Daily**	**BID**	**BID**	**M/W/F**	**Q4H PRN**
Route	**PO**	**PO**	**injection**	**PO**	**PO**
Classification	**Diuretic**	**Antianginal**	**Antidiabetic**	**Thyroid hormone replacement**	**analgesic**
Mechanism of Action	**Inhibits sodium and water reabsorption and increases urine formation**	**Inhibits beta1 receptor sites**	**Stimulating glucose uptake by fat and skeletal muscle and inhibits hepatic glucose production**	**Replaces endogenous thyroid hormone**	**Inhibits prostaglandin synthesis in CNS and PNS (blocks pain impulse)**
Reason Client Taking	**CHF**	**HTN**	**hyperglycemia**	**hypothyroidism**	**pain**
Contraindications (2)	**Anuria, sulfonamides**	**Heart failure, hypersensitivity**	**Asthma, episodes of hypoglycemia**	**Untreated thyrotoxicosis**	**PUD, GI bleeds**
Side Effects/Adverse Reactions (2)	**Headache, restlessness**	**Dizziness, depression**	**UTI, hypoglycemia**	**Fatigue, dysphasia**	**Abdominal pain Heartburn**

Nursing Considerations (2)	**Use cautiously in patients with hepatic cirrhosis**	**Monitor for serotonin syndrome**	**Review signs of hypoglycemia and how to treat, monitor closely**	**Monitor glucose level, give 30-60 mins before breakfast**	**Risk for stroke increases the longer ibuprofen is used**

Hospital Medications (5 required)

Brand/Generic	**Apixaban (Eliquis)**	**Atorvastatin (Lipitor)(95)**	**Docusate sodium (331)**	**Cholecalciferol (vitamin D)**	**cyanocobalamin**
Dose	**2.5 mg**	**20 mg**	**100 mg**	**400 units**	**1000 mcg**
Frequency	**BID**	**daily**	**BID**	**daily**	**daily**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**anticoagulant**	**antihyperlipidemic**	**Stool softener**	**Vitamin**	**Vitamin**
Mechanism of Action	**Decrease clot formation**	**Increases LDL uptake**	**Decreases surface tension between oil and water in feces**	**Stimulates calcium and phosphate absorption in the small intestines**	**Protein synthesis and carbohydrate metabolism**
Reason Client Taking	**a-fib**	**Reduce risk of MI or stroke**	**Constipation**	**Vit D deficiency**	**B12 deficiency**
Contraindications (2)	**Active bleeding, pregnancy**	**Hepatic disease, pregnancy**	**Fecal impaction, hypersensitivity**	**Aluminum hydroxide, calcium**	**Dichlorphenamide, omadacycline**

				acetate	
Side Effects/Adverse Reactions (2)	**Syncope, GI bleed**	**Amnesia, orthostatic hypotension**	**Abdominal cramping, throat irritation**	**Arrythmias, confusion**	**Injection site reactions, diarrhea**
Nursing Considerations (2)	**Hold with patients with hepatic dysfunction**	**Hold and notify provider if patient complains of muscle pain or fever**	**Watch for electrolyte imbalance, long term use can lead to constipation**	**Increase sunlight exposure**	**Watch for weight loss**

Medications Reference (APA):

Jones & Bartlett Learning. (2018). *2018 Nurses drug handbook*. Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:**	A+Ox4 Patient does not show emotional or respiratory distress Appears well-nourished. She was sitting in her

Overall appearance:	chair asleep most of the time we went in. She is hard of hearing.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin appeared pink, warm and dry Varicose veins on lower extremities Temperature was 37.6 degrees No rashes. Her bottom was red. Lower extremities has random bruises. Skin turgor was normal, capillary refill less than 3 seconds Braden score of 19 No drains present
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head appeared normocephalic Hard of hearing to voice, she was not wearing a hearing aid so we had to talk loudly TMs are clear bilaterally Patient wears glasses Nasal passages are clear and moist She wears dentures .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:**	Heart sounds appeared normal. No murmurs. Peripheral pulses were normal 3+. Capillary refill less than 3 seconds. Lower extremities showed edema. No neck vein distention. Has a pacemaker.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Lungs had crackles and appeared diminished to auscultation bilaterally. No accessory muscle use needed. Respiratory rate was 16.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:**	Regular diet at home, she is now on 1500-1700 calorie diet 152 cm tall, 50.3 kg Bowel sounds active in all four quadrants pain upon palpation No distention, incisions, scars, drains, or wounds Last BM was this morning No ostomy, NG, or feeding tubes

Scars: **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Color of urine was dark amber No output while we were there No pain with urination No dialysis No catheter Normal uranalysis
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **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** ☐	Active ROM Fall risk of 60 She can get up and ambulate with one assist with a walker Did not need ADL assistance but general weakness and fatigue
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	A+Ox4 Moves all extremities Pupils equal, round, and reactive to light Strength was equal in all extremities bilaterally Slow to answer, seemed confused at first Complained of a severe headache No lightheadedness or focal weakness No slurred speech or sensory deficits
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:**	Has support from husband. Christian and goes to church. Highest level of education completed is some college. She participated in communion when she was offered

Religion & what it means to pt.: **Personal/Family Data (Think about home environment, family structure, and available family support):**	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0850	69	101/52	16	36.8	92
0930	69	135/62	18	37.6	90

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0740	10/10	head	Worst pain possible	throbbing	Administered hydrocodone
0940	7/10	Left hand	Severe	dull	blanket

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	22 gauge in peripheral right forearm dated 11/01 No signs of erythema or drainage

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
0	**0**

Nursing Care

Summary of Care (2 points)

Overview of care: The patient will achieve optimal nutrition requirements, remain free from falls and injury, understands prevention of skin breakdown, and maintains optimal oxygenation status and ventilation.

Procedures/testing done: none that day

Complaints/Issues: pain

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: She is currently on a 1500-1700 calorie diet but did not eat any of her breakfast. She was asleep most of the morning.

Physician notifications: fluctuating blood glucose levels

Future plans for patient: discharge

Discharge Planning (2 points)

Discharge location: Village of Hollybrook

Home health needs (if applicable):

Equipment needs (if applicable):

Follow up plan: continue to monitor

Education needs: needs general information on CHF and medication compliance

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

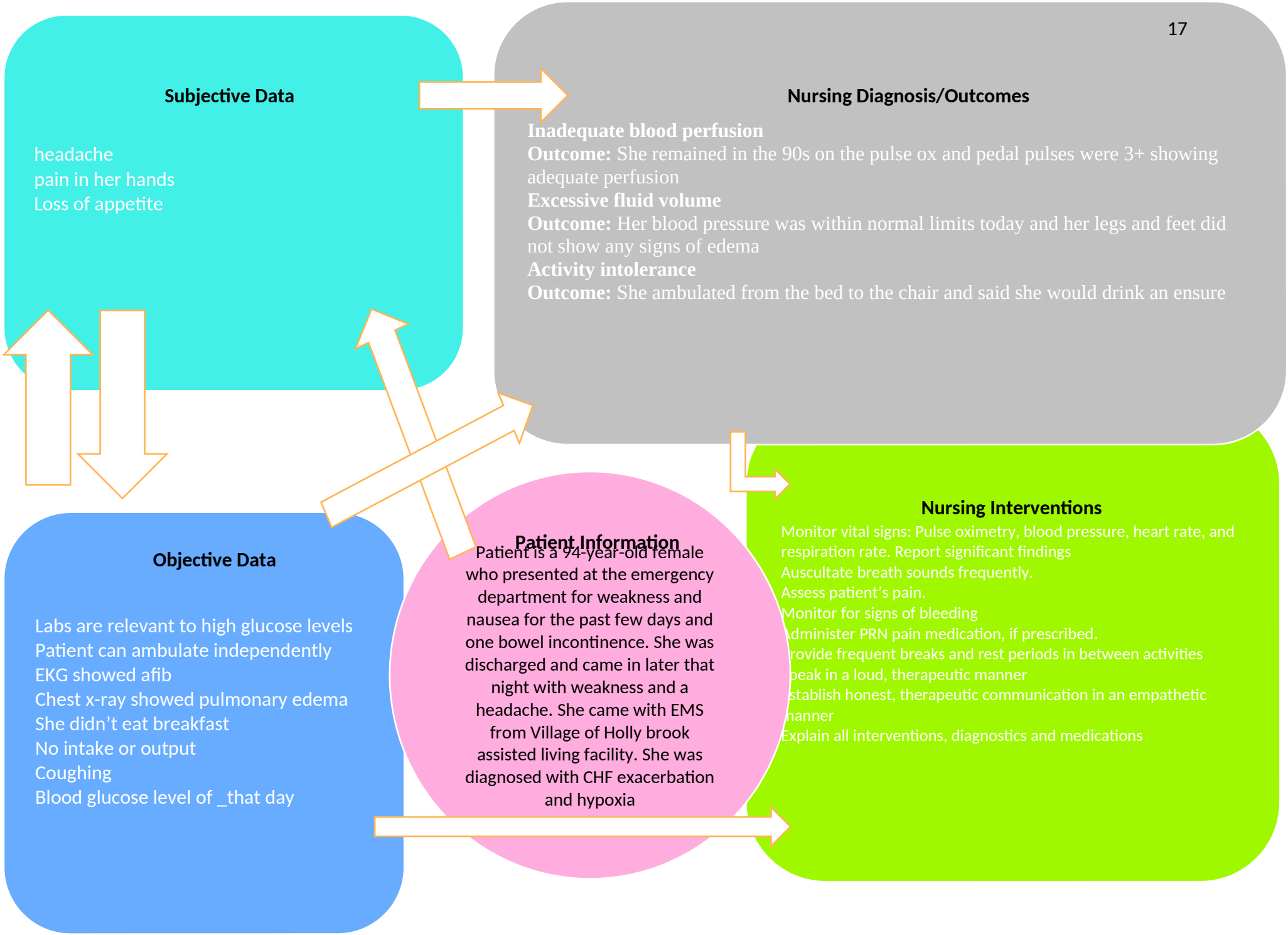
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Inadequate blood perfusion related to respiratory	Low oxygenation	**1**.Put the patient on continuous pulse	She remained in the 90s on the pulse ox and pedal

failure as evidenced by an oxygenation level of less than 90%	levels	oximetry **2.**assess peripheral pulses	pulses were 3+ showing adequate perfusion
2. Excess fluid volume related to decreased cardiac output as evidenced by high blood pressure	Blood pressure of 200/80 upon arrival	**1.** Check vital signs (blood pressure) routinely **2.**Assess lower extremities for edema	Her blood pressure was within normal limits today and her legs and feet did not show any signs of edema
3. Activity intolerance related to decreased oxygen supply and decreased cardiac muscle contractibility as evidenced by sleeping most of the morning	She slept through most of the morning, missing her breakfast	**1.**encourage the patient to wake up and eat her breakfast **2**ambulate the patient	She ambulated from the bed to the chair and said she would drink an ensure

Other References (APA):

Swearingen, P. L. (2018). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health*. Place of publication not identified: MOSBY.

Concept Map (20 Points):


Subjective Data
headache
pain in her hands
Loss of appetite
Nursing Diagnosis/Outcomes
Inadequate blood perfusion
Outcome: She remained in the 90s on the pulse ox and pedal pulses were 3+ showing adequate perfusion
Excessive fluid volume
Outcome: Her blood pressure was within normal limits today and her legs and feet did not show any signs of edema
Activity intolerance
Outcome: She ambulated from the bed to the chair and said she would drink an ensure
Objective Data
Labs are relevant to high glucose levels
Patient can ambulate independently
EKG showed afib
Chest x-ray showed pulmonary edema
She didn't eat breakfast
No intake or output
Coughing
Blood glucose level of _that day
Patient Information
Patient is a 94-year-old female who presented at the emergency department for weakness and nausea for the past few days and one bowel incontinence. She was discharged and came in later that night with weakness and a headache. She came with EMS from Village of Holly brook assisted living facility. She was diagnosed with CHF exacerbation and hypoxia
Nursing Interventions
Monitor vital signs: Pulse oximetry, blood pressure, heart rate, and respiration rate. Report significant findings
Auscultate breath sounds frequently.
Assess patient's pain.
Monitor for signs of bleeding
Administer PRN pain medication, if prescribed.
Provide frequent breaks and rest periods in between activities
Speak in a loud, therapeutic manner
Establish honest, therapeutic communication in an empathetic manner
Explain all interventions, diagnostics and medications