N321 Care Plan #3

Lakeview College of Nursing

Delaney Lockard

Demographics (3 points)

Date of Admission 11/01/19	**Patient Initials** WJG	**Age** 88 y/o	**Gender** F
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Widowed	**Allergies** Sulfa
Code Status DNR	**Height** 160.02 cm	**Weight** 42.7 kg	

Medical History (5 Points)

Past Medical History: Hypertension (HTN), hyperthyroidism, nodule of the right lung, acute hypoxic respiratory failure, shortness of breath (SOB), chronic heart failure (CHF), emphysema, hyperacidity

Past Surgical History: No known surgeries

Family History: Maternal history of cardiovascular disease

Social History (tobacco/alcohol/drugs): Denies use of tobacco, alcohol and substances

Assistive Devices: gait belt

Living Situation: Patient lives alone in a nursing home

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): "Short of breath and fatigued"

History of present Illness (10 points):

The patient presented at the ED her granddaughter on 11/01/19 with a chief complaint of feeling "short of breath and fatigued." The patient has been having symptoms of increasing fatigue upon exertion of energy along with decreased exercise tolerance for the past four weeks. The patient expressed to her provider that she noticed a significant decrease in her ability to do

chores and walk without getting fatigued and short of breath. Her provider had suggested to undergo a cardiac stress test. On 11/1/19, the patient had these procedures performed at an outpatient location. Following completion of the cardiac stress test, the patient felt that her symptoms worsened and she was very dyspneic. The patient presented no palpations, fever, cough or edema.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute CHF exacerbation

Secondary Diagnosis (if applicable): Emphysema

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

Pathophysiology References (2) (APA):

Heart failure is caused when the heart is unable to pump enough blood to meet the body's needs. It can be caused by both structural or functional disfunctions. It is also a condition that is classified as chronic and it comes along with acute exacerbations also called acute decompensated heart failure (Swearingen, 2016). Risk factors for CHF include coronary artery disease, hypertension, diabetes mellitus, and obesity (Swearingen, 2016). Emphysema, the secondary diagnosis, is due to damage of the alveoli walls. Alveoli, also called air sacs, are needed for the exchange of oxygen in and out of the body. When the air sacs undergo destruction, there is less support. This leads to less oxygen being exchanged (Capriotti and Frizzell, 2016). The biggest risk factor for emphysema is a history of smoking. Along with smoking, advanced age is another risk factor (Hinkle, Cheever, and Brunner, 2018).

Signs and symptoms of heart failure include dyspnea upon exerting energy as well as at rest, weakness, sudden weight gain due to fluid retention, orthopnea and wheezing (Swearingen,

2016). An acute exacerbation patient will be extremely dyspneic with present wheezing (Swearingen, 2016). Some signs of emphysema include coughing, wheezing, and dyspneic. A long-term “smoker’s cough” is also a huge sign (Capriotti and Frizzell, 2016).

Expected findings for CHF would include an elevated blood pressure, present dysrhythmias, wheezes, hepatomegaly, ascites and edema (Swearingen, 2016). Upon auscultation, S3 and S4 may be heard. The patient’s pulse rate will be increased as well (Sweringen, 2016). Findings for emphysema include hypoxemia, crackles and wheezes, use of accessory muscles, and decreased oxygen saturation among other things (Capriotti and Frizzell, 2016).

To diagnose CHF, there are a number of options. The ones that are most used are chest x-rays, ECG, echocardiography, EF, ABG blood tests and serum BUN (Swearingen, 2016). Emphysema can be diagnosed but pulmonary function tests, a chest x-ray, and pulse oximetry (Hinkle, Cheever, and Brunner, 2018).

Treatment pertaining to CHF, the patient should be advised to exercise three times a week and comply with a low-sodium diet. A provide can also prescribe medications of diuretics, beta blockers, ACE inhibitors and vasodilators to help treat this disease. Surgeries, like coronary artery bypass, may be necessary (Capriotti and Frizzell, 2016). When treating emphysema, the provider will order the patient to be on incentive spirometry, which is used to measure the lung expansion. Medications for this condition can be bronchodilators, anti-inflammatory agents and mucolytic agents (Hinkle, Cheever, and Brunner, 2018). Make sure that the patient understands this is an irreversible condition but educate them to comply with their medications and lifestyle to delay the process.

Capriotti, T., & Frizzell, J. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* Philadelphia: PA. Davis Company.

Hinkle, J. L., Cheever, K. H., & Brunner, L. S. (2018). *Brunner & Suddarths textbook of medical-surgical nursing*. Philadelphia: Wolters Kluwer.

Swearingen, P. L. (2016*). All-in-one care planning resource: medical-surgical, pediatric, maternity; psychiatric nursing care plans*. Philadelphia, PA: Elsevier/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 (11/1/19)	Today's Value (11/04/19)	Reason for Abnormal Value
RBC	4.5-6	4.57	4.59	
Hgb	14-16	13.9	14.1	
Hct	35-47	40.6	38.8	
Platelets	150-400	228	234	
WBC	4500-11000	13.5	6.9	Due to seasonal allergies and inflammatory response to acute CHF exacerbation (p. 525)
Neutrophils	45-75%	75.1	69.8	
Lymphocytes	20-40%	6.0	22.2	Inflammatory response to acute CHF exacerbation (p. 525)
Monocytes	1-10%	3.6	6.3	
Eosinophils	< 7%	0.1	1.1	

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

		(11/01/19)	(11/04/19)	
Na-	135-145	139	137	
K+	3.5-5	4.2	4.2	
Cl-	97-107	103	97	
CO2	20-30	27	34	Due to patient's emphysema (p. 367)
Glucose	70-110	110	137	Due to blood glucose testing done after eating breakfast (p. 856)
BUN	10-20	19	38	Due to patient's acute CHF exacerbation (p. 1543)
Creatinine	0.6-1.3	0.95	1.3	
Albumin	3.5-5.2	3.8	N/A	
Calcium	8.6-10.2	8.7	8.6	
Mag	1.7-2.2	1.7	1.7	
Phosphate	2.5-4.5	4.3	4.1	
Bilirubin	0.1-1.2	0.5	N/A	
Alk Phos	30-120	69	N/A	
AST	10-30	25	N/A	
ALT	10-40	17	N/A	
Amylase		N/A		
Lipase		N/A		
Lactic Acid		N/A		

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 (11/01/19)	Today's Value (11/04/19)	Reason for Abnormal
INR		N/A		
PT		N/A		
PTT		N/A		
D-Dimer		N/A		
BNP	< 450	2327	N/A	Due to her CHF along with its acute exacerbation and cardiac overload (p. 336)
HDL		N/A		
LDL		N/A		
Cholesterol		N/A		
Triglycerides		N/A		
Hgb A1c	< 5.7	(11/02/19) 5.7	N/A	
TSH	0.4-4.0	(11/02/19) 1.98	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		N/A		
Ph		N/A		
Specific Gravity		N/A		
Glucose		N/A		
Protein		N/A		
Ketones		N/A		
WBC		N/A		
RBC		N/A		

Leukoesterase		N/A		

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		N/A		
Blood Culture		N/A		
Sputum Culture		N/A		
Stool Culture		N/A		

Lab Correlations Reference (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2017). *Davis's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications* (7th ed.). Philadelphia, PA: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest x-ray, echocardiography without contrast

Diagnostic Test Correlation (5 points): An echocardiography was ordered for the patient due to her acute CHF exacerbation. This diagnostic test is done to evaluate the ventricular function.

This procedure also tests the left ventricular ejection fraction. The patient's EF was 30-35%, meaning that the percentage of blood that is ejected from her heart's left ventricle during systole is not reaching what it should be. A chest x-ray was also ordered to assess if there was any cardiomegaly due to her acute CHF exacerbation. The findings were negative. The chest x-ray can also show if there is any pulmonary edema present.

Diagnostic Test Reference (APA):

Swearingen, P. L. (2016*). All-in-one care planning resource: medical-surgical, pediatric, maternity; psychiatric nursing care plans*. Philadelphia, PA: Elsevier/Mosby.

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

Home Medications (5 required)

Brand/Generic	atorvastatin	calcium	fluticasone	lisinopril	spironalactone

	(Lipitor)	carbonate (Tums)	propionate (Flonase)	(Zestril)	(Aldactone)
Dose	40 mg (2 tablets)	500 mg tablet	2 sprays	2.5 mg tablet	12.5 mg tablet
Frequency	QD	QD	QD	QD	QD
Route	PO	PO	Nasal	PO	PO
Classification	Antihyperlipidemic, HMG-CoA reductase inhibitor	Antacid	Anti-asthmatic, anti-inflammatory	Antihyper-tensive	Aldosterone antagonist, antihypertensive
Mechanism of Action	Reduces cholesterol in plasma and lipoprotein levels – increases liver cells to increase uptake and breakdown	Neutralizes or buffers stomach acid to relieve discomfort caused by hyperactivity.	Inhibits the cells involved in the inflammatory response, also inhibits the production of secretion of chemical mediators	Reduces blood pressure by inhibiting the conversion of angiotensin I to angiotensin II. Lisinopril can also inhibit renal and vascular production of angiotensin II.	Spiranolactone competes with aldosterone for certain receptors, preventing the reabsorption of sodium and water.
Reason Client Taking	Tx hyperlipidemia	Tx hyperacidity	Tx seasonal allergies	Tx hypertension	Tx hypertension, CHF
Contraindications (2)	Active hepatic disease, breastfeeding	Hypercalcemia, hypersensitivity to calcium salts or its components	Hypersensitivity to fluticasone or components, untreated nasal mucosal infection	Concurrent aliskiren use in patients with diabetes or hepatic impairment, hypersensitivity to lisinopril	Acute renal insufficiency, Addison's disease
Side Effects/Adverse Reactions (2)	Abnormal dreams, arrythmias	Paresthesia, hypotension	Allergic rhinitis, abdominal pain	Arrythmias, blurred vision	Dizziness, dyspnea
Nursing Considerations (2)	Expect to measure lipid levels every 2-4 weeks, monitor diabetic patients	Store at room temperature, protect from heat, moisture and direct light	Use cautiously in patients with hepatic impairment, monitor patient closely at start of therapy	Use cautiously in patients with CHF, fluid volume deficit, or renal failure, monitor blood pressure often	Expect to assess serum potassium levels 1 week after therapy begins, assess the effectiveness by

					monitoring BP and edema.

Hospital Medications (5 required)

Brand/Generic	carvedilol (Coreg)	aspirin	enoxaparin sodium (Lovenox)	hydralazine hydrochloride (Apresoline)	nitroglycerin (Nitrostat)
Dose	3.125 mg	81 mg tablet	30 mg/0.3 mL	10 mg/0.5 mL	0.4 mg/spray
Frequency	BID	QD	QD	PRN Q4H	PRN Q5M
Route	PO	PO	SubQ	IV push	Sublingual
Classification	Antihypertensive	Anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic	Antithrombotic	Antihypertensive, vasodilator	Antianginal, antihypertensive
Mechanism of Action	Reduces cardiac output along with tachycardia, this causes vasodilation and decreases peripheral vascular resistance.	Blocks the prostaglandin synthesis and therefore gets rid of swelling and pain; inhibits platelet aggregation; acts on the heat regulating center	Binds with antithrombin III, inactivating clotting factors. Without thrombin, fibrinogen cannot turn to fibrin and clots cannot form.	Has a positive inotropic effect on the heart, exerts a direct vasodilating effect on vascular smooth muscle	This reduces preload and afterload of the heart which in turn decreases myocardial workload as well as the oxygen demand.
Reason Client Taking	Tx hypertension	Tx hypertension	Tx prevention of deep vein thrombosis (DVT)	Tx hypertension	Tx chest pain and hypertension
Contraindications (2)	Asthma or other bronchospastic conditions, severe bradycardia	Asthma, bleeding problems	Active major bleeding, hypersensitivity to enoxaparin sodium	Coronary artery disease, mitral valve disease	Angle-closure glaucoma, hypersensitivity to nitrates
Side	Angina, dyspnea	Hearing loss,	Confusion,	Chills, angina	Anxiety,

Effects/Adverse Reactions (2)		bronchospasm	bloody stools		arrythmias
Nursing Considerations (2)	Avoid stopping drug quickly in patients with hyperthyroidism and in patients with angina, monitor blood glucose levels	Don't crush time-release tablets, ask about tinnitus	Use extreme caution in patients with history of heparin-induced thrombocytopenia (HIT), not recommended in patients with prosthetic heart valves	Give tablets with food to increase the bioavailability, monitor BP, pulse, and weight during therapy	Place under the tongue for sublingual route and make sure it is all dissolved, do not break or crush E.R. capsules.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook* (18th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient appears to be in and out of sleep while lying in bed. She appears tired with an A&O x 4. The patient is in neither pain nor distress. Her ID band and allergy band are both on her left extremity. Two of the upper side rails are up on the patient's bed.

INTEGUMENTARY (2 points): **Skin color:** Normal for ethnic **Character:** dry, pink, warm to touch **Temperature:** 36.4 C **Turgor:** Loose **Rashes:** None **Bruises:** Present on LUE **Wounds:** None **Braden Score:** 19 **Drains present: Y☐ N ☐** **Type:**	Patient is Caucasian and presents with a fair complexion. Her skin is pink, dry, and warm to touch. The skin turgor and its elasticity is loose with some tenting present, but no abnormal textures. No rashes are present on the patient. Bruises are present on the left upper extremity. There are no wounds present. This patient does not have drains present. Braden scale: 19
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patient's head is midline with no deviations. Ears show no abnormal drainage; the tympanic membrane is visible and pearly grey. Hair is a grey color, longer length, and fine. PEERLA is noted. Nose shows the turbinates equal bilaterally. Oral mucosa is pink and moist with no abnormalities. Patient uses glasses. Upper and lower row of teeth present to be intact.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** 3+ **Capillary refill:** < 3 seconds **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:** N/A	Patient is currently on telemetry. Heart sounds auscultated and S1 and S2 sounds noted. No murmur is present. Dorsalis pedis pulses graded at 3+ and present bilaterally. Capillary refill was < 3 seconds. Patient does not currently have edema. No signs of neck vein distention.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Patient used some accessory muscle use to aid her breathing during assessment. Patient's chief complaint is feeling "short of breath." The lungs were auscultated anteriorly and crackles were present bilaterally in the lower lobes. Patient denies the use of oxygen at home.
GASTROINTESTINAL (2 points): **Diet at home:** heart healthy **Current Diet:** heart healthy **Height:** 160.02 cm **Weight:** 42.4 kg **Auscultation Bowel sounds:** Active **Last BM:** 11/03/19 **Palpation: Pain, Mass etc.:** soft, non-	Patient is currently on a heart healthy diet in the hospital and at home. She denies tobacco, substance and alcohol use. Upon auscultation, bowel sounds are active in all four quadrants. Patient reports her last BM to be on 11/03/19. There is no pain upon palpation. Patient's abdomen is round and slightly distended. Patient has no present incisions, scars, or wounds upon

tender **Inspection:** **Distention:** round **Incisions:** none **Scars:** none **Drains:** none **Wounds:** none **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	assessment. There are also no masses present. No ostomy, nasogastric or PEG tubes present. Patient also denies rapid or current weight loss or gain.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Patient requires minimal assistant with a gait belt to and from the bathroom. No dialysis or catheter. Urine is yellow and hazy; there was 60 mL voided in my shift. Patient says she feels no pain, hesitancy, or urgency upon urination; patient is continent. Patient is also on I's and O's.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** 45 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	Patient shows no sign of neurovascular deficit as it is appropriate for her development. The patient is able to read and follow directions. Patient exhibits active range of motion bilaterally, with shortness of breath present. Patient has a Morse fall risk score of 45, making her at risk for falls. Patient requires some assistance when standing using a gait belt. She also needs minimal ADL assistance.
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 has been lying in her hospital bed sleeping for most of the shift prior to discharge. She appears tired. A&O x 4 and LOC x 4. Patient speaks English well. Patient's speech is clear with a normal pace for her developmental level. No sensory impairment noted. Patient MAEW for current age and situation. PERLA is present upon assessment as well.

PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient expresses that she "enjoys to knit and crochet." She also journals and likes to read books. Patient's developmental level is noted to be normal. Patient states that she is of the Christian religion. Her support system is slim; she has her granddaughter. Patient lives alone and she is retired.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
09:30	90 bpm	105/57	17	36.4 C	92% RA
11:45	93 bpm	98/56	18	36.4 C	92% RA

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09:30	Numeric scale		0		
11:45	Numeric scale		0		

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 g **Location of IV:** peripheral antecubital L. arm **Date on IV:** 11/01/19 **Patency of IV:** Catheter patent **Signs of erythema, drainage, etc.:** No sign of erythema, phlebitis, infiltration or drainage **IV dressing assessment:** IV is clean, dry and intact	Saline Lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

240 mL (in my shift)	250 mL (in my shift)

Nursing Care

Summary of Care (2 points)

Overview of care: Patient has been in the hospital receiving care since 11/01/19. She presented to the ED with symptoms of SOB and fatigue. During my shift, I assessed her vitals once and pain once. A head-to-toe assessment was performed. HPI, PMH and PSH were noted as well. Patient reported a 0 on the numeric pain scale when assessing her pain.

Procedures/testing done: During my shift there was no procedures or testing done.

Complaints/Issues: The patient did not have any complaints or issues about her care during my shift.

Vital signs (stable/unstable): Patient's vital signs appeared to be normal and stable upon both assessments.

Tolerating diet, activity, etc.: The patient's diet consists of heart healthy both at home and in the hospital. Patient ate 75% of the lunch that was provided to her. She tolerates ambulation to the bathroom with a gait belt and minimal assistance.

Provider notifications: The physician was not called to be notified of anything during my shift.

Future plans for patient: Discharging today, 11/01/19; follow-up appointments with provider

Discharge Planning (2 points)

Discharge location: Home by herself

Home health needs (if applicable): Follow instructions on medications

Equipment needs (if applicable): Not applicable

Follow up plan: Patient needs to rest and comply with her new medications. She should also follow-up with her provider to assess her and how her new medications are going.

Education needs: Compliance with her new medications as well as existing. Educational needs on what exactly an acute CHF exacerbation is and how to prevent triggers.

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. Impaired gas exchange related to alveolar-capillary membrane changes as evidence by chief complaint of "short of breath" and past medical history that includes emphysema and CHF.	To prevent further exacerbations and increase the patient's O2 levels.	**1.** Administer oxygen as prescribed. Deliver with humidity as well. **2.** Assist the patient into high Fowler's position.	The patient was in high-Fowler's position when I first entered her room. She was no longer on oxygen on when my shift began, but was prescribed 2 L via nasal cannula on admission day (11/1). Due to the increase in her O2 levels and decrease in her symptoms, the prescription was discontinued on 11/2.
2. Excess fluid volume related to compromised regulatory mechanisms occurring with decreased cardiac output as evidence by BUN levels increased and her diagnosis of CHF.	To decrease the patient's dyspnea as well as reduce edema down to 1+ or less. Also, to keep the patient's weight stable.	**1.** Assess for edema, especially in dependent areas. **2.** Monitor for jugular vein distention, peripheral edema, and ascites.	The patient's symptoms of shortness of breath decreased within one day of intervention. Upon assessment, there was 0+ peripheral edema present, no distention of the jugular vein, and minimal ascites in the abdomen. This patient was also having her I&O monitored.
3. Deficit knowledge related to unfamiliarity with the purpose, precautions, and side effects of vasodilators as evidence by the new	Within the first 24-hour period of the intervention, the patient presents an understanding of the new medication.	1. Assess the patient's health care literacy. Assess culture and culturally specific needs. 2. Teach the purpose of the vasodilator.	Upon assessment of the patient's healthcare literacy, she was familiar with the name nitroglycerin. She was willing to learn the purpose of the medication. A nurse provided client education for the patient and explained how this specific vasodilator

medication prescription of nitroglycerin.			works.

Other References (APA):

Swearingen, P. L. (2016*). All-in-one care planning resource: medical-surgical, pediatric, maternity; psychiatric nursing care plans*. Philadelphia, PA: Elsevier/Mosby.

Concept Map (20 Points):

Subjective Data

Significant decrease in her ability to do chores and activity tolerance the past 4 weeks.
Patient's chief complaint was "short of breath and fatigued" upon presenting to the ED on 11/1/19

Nursing Diagnosis/Outcomes

Impaired gas exchange / prevention
-Outcome: The patient's O2 levels increase as evidence by the decrease in SOB and decreased CO2 levels.
Excess fluid volume / prevention
-Outcome: The patient's edema is less than 1+ and her dyspnea has decreased as evidence by 0+ edema present, the patient's symptoms of shortness of breath decreased within one day of intervention. Upon assessment, there was 0+ peripheral edema present, no distention of the jugular vein, and minimal ascites in the abdomen.
Deficit knowledge / education
-Outcome: Patient presents an understanding of her new medication as evidence by being able to explain what a vasodilator does to the body.

Objective Data

-Patient was not febrile upon admission
- VS during my shift were not abnormal for the patient
-CBC with differential shows an increase in WBC, lymphocytes, CO2, BUN, and BNP.

Patient Information

J.G is an 88-year-old woman who has a past medical history of HTN, CHF, emphysema, hyperthyroidism, nodule of the right lung, acute hypoxic respiratory failure, SOB, and hyperacidity. The patient has no known past surgeries. History of cardiovascular disease on maternal side.

Nursing Interventions

Administration of carvedilol, aspirin, enoxaparin sodium, and hydralazine hydrochloride
Monitor VS and report any significant findings
Assess patient's angina often
Monitor for edema
Monitor WBC, CO2, BUN, and BNP levels
Administer nitroglycerin PRN angina
Speaking in a therapeutic manner to the patient
Educating the patient on the mechanism of action of nitroglycerin