

N431 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 2/2/2020	Patient Initials S.T.	Age 82	Gender F
Race/Ethnicity African American	Occupation retired	Marital Status married	Allergies Codeine, morphine, penicillin, erythromycin
Code Status Full	Height 5'3	Weight 137.2 kg (300lbs)	

Medical History (5 Points)

Past Medical History: allergic asthma, a flutter, back pain, CAD, DM2, resp. failure, GERD, gout, HTN, obesity, venous insufficiency

Past Surgical History: appendectomy, hysterectomy, cholecystectomy, bladder suspension, thyroidectomy

Family History: brother and sister are diabetic; father had a stroke in the past

Social History (tobacco/alcohol/drugs): quit smoking 25 years ago, no alcohol or drug usage

Assistive Devices: walker

Living Situation: nursing home

Education Level: college degree

Admission Assessment

Chief Complaint (2 points): abdominal pain, Short of breath, confusion, rashes

History of present Illness (10 points): 82 year old with a past medical history and COPD, pt has a fib and on Xarelto, pt presented to E.D. with a rash on the foot that had developed over 2 months ago, and pt had blisters and all four extremities that had worsened. Tx with antibiotics for suspected cellulitis, pt was tachycardic and presented with pain all over but denies itching.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Chronic heart failure

Secondary Diagnosis (if applicable): COPD

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

Congestive heart failure is a condition which causes abnormalities like pressure and volume overload of the heart, loss of muscle, muscle diseases, cardiac muscle not pumping well, or tachycardia and other dysrhythmias, therefore the heart may become too weak to pump blood. Causes of CHF can stem from CAD; where there is a reduced blood supply because of narrowed or blocked arteries. Cardiomyopathy is another cause due to things such as excessive alcohol intake or infections. Heart attacks may also be a cause due to complete stoppage of blood flow to the heart. Genetics may play a cause in CHF too, African Americans are more susceptible to CHF. Signs and symptoms of heart failure include having congested lungs, shortness of breath, fluid retention; due to reduced blood supply to kidneys and causing swelling in the extremities and weight gain. It also includes tachycardia, chest pain, fainting, sweating, and breathing difficulties.

There are multiple risk factors that may lead to congestive heart failure. Diabetes, sleep apnea, viruses, alcohol, tobacco, obesity, hypertension, heart defects, and certain medications can all put a person at risk for development of this condition.

Procedures and treatment methods that help reverse congestive heart failure include coronary bypass, heart valve surgeries, heart transplants, and medications that help reverse the condition include angiotensin's for opening narrow arteries, beta blockers for slowing the heart rate down and reducing blood pressure, and diuretics to eliminate

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excess fluids backed up in the body. Although these may help reverse the issues, heart failure may not always be fixable. Recommended ways to prevent congestive heart failure would be to quit smoking, control high blood pressure, manage diabetes, stay physically active but don't over work the heart, eating healthy, and managing stress throughout each day. There are certain times when people should see a doctor about this condition; typically, any chest pain or weakness may indicate it is time for further examinations.

In congestive heart failure the ejection fraction is usually lower than the normal rate of 50, with that being said, heart failure can still develop with an ejection fraction above 50 in some cases.

Pathophysiology References (2) (APA): *Hinkle, J. L., & Cheever, K. H. (2018). Brunner & Suddarth's textbook of medical/surgical nursing. (14th. ed.). Philadelphia, PA*

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	3.8-5.3	3.48	3.62	This is due to low amounts of oxygen being delivered to the heart
Hgb	12-15.8	10	9	Low oxygen being carried to the heart, extreme low levels may be a predictor of death
Hct	36-47	34	33	Concurrent with fluid overload which is also seen in HF
Platelets	140-440	364	294	
WBC	4-12	14.6	14.8	Possibility of body fighting infection, or reduced epicardial blood flow

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Neutrophils	47-73	n/a	n/a	
Lymphocytes	18-42	20	14	
Monocytes	4-12	7.1	6.7	
Eosinophils	0-5	5	5	
Bands	n/a	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-	133-144	145	140	
K+	3.5-5.1	4.6	4.8	
Cl-	98-107	106	102	
CO2	21-31	36.6	36.3	Be an indicator of hyperventilation with pt prognosis of COPD, patient resps were at 20 during vital checks
Glucose	70-99	30	224	Patient has diabetes
BUN	7-25	29	30	
Creatinine	.5-1	1.4	1.45	Reduced kidney function happening, CHF causes water retention
Albumin	3.5-5.7	2.3	2.1	Kidneys taking albumin and protein out the blood resulting in hypoalbuminemia
Calcium	8.8-10.2	8.7	8.7	
Mag	1.9-2.5	n/a	n/a	
Phosphate	2.5-4.5	n/a	n/a	

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Bilirubin	0.2-0.8	.2	.2	
Alk Phos	34-104	n/a	n/a	
AST	13-39	22	7	Potential liver damage
ALT	7-52	20	20	
Amylase	23-85	n/a	n/a	
Lipase	0-160	n/a	n/a	
Lactic Acid	140-280	n/a	n/a	
Troponin	<.4	n/a	.10	Reversible or irreversible myocardial supply
CK-MB	<12	n/a	n/a	
Total CK	30-200	n/a	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	Today's Value	Reason for Abnormal
INR	2-3	n/a	n/a	
PT	11-13	n/a	n/a	
PTT	25-36	n/a	n/a	
D-Dimer	<250	n/a	n/a	
BNP	0-99	n/a	n/a	
HDL	60	n/a	n/a	
LDL	60-130	n/a	n/a	
Cholesterol	<200	n/a	n/a	

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Triglycerides	<150	n/a	n/a	
Hgb A1c	4-6.5	n/a	n/a	
TSH	.4-4	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	n/a	
pH	2.3-6.6	5	n/a	
Specific Gravity	1.015-1.025	1.018	n/a	
Glucose	Neg	Neg	n/a	
Protein	Neg	Neg	n/a	
Ketones	neg	Neg	n/a	
WBC	<5	Neg	n/a	
RBC	<5	Neg	n/a	
Leukoesterase	absent	neg	n/a	

Arterial Blood Gas **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
pH	7.35-7.45	7.356	n/a	
PaO2	>90	183.1	n/a	Breathing in too much concentrated oxygen
PaCO2	35-45	58.5	n/a	Respiratory acidosis is occurring
HCO3	22-26	23	n/a	
SaO2	95-100	99.2	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	Neg	n/a	n/a	
Blood Culture	Neg	n/a	n/a	
Sputum Culture	Neg	n/a	n/a	
Stool Culture	neg	n/a	n/a	

Lab Correlations Reference (APA): *Hinkle, J. L., & Cheever, K. H. (2018). Brunner & Suddarth's textbook of medical/surgical nursing. (14th. ed.). Philadelphia, PA*

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT of the abdomen pelvis with contrast, XR chest, XR shoulder

Diagnostic Test Correlation (5 points): CT indicated acute abdominal pain, where the lower thorax showed mediastinal lymphadenopathy is incomplete. Trace effusion and mild bibasilar airspace disease. Musculoskeletal showed bilateral axillary lymphadenopathy incomplete and sub q edematous changes in lower abdomen. Hepatobiliary showed nodular contour displaying concern for hepatocellular disease. Spleen showed low attenuative lesions. Gastro area showed diverticulitis and the ovary section displayed cystic lesion decreased in size. The chest XR showed cardiomegaly and pulmonary congestion, as well as left atelectasis and no pulmonary effusion. The shoulder XR indicated degenerative arthritis at joint sclerosis, remodeled humeral contour, and no fracture.

Diagnostic Test Reference (APA): Common Tests for Heart Failure. (n.d.).

Retrieved February 11, 2020, from

<https://www.heart.org/en/health-topics/heart-failure/diagnosing-heart-failure/common-tests-for-heart-failure>

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Home Medications (5 required)

Brand/ Generic	Benadryl (diphenhydramine)	Gabapentin (Neurontin)	Insulin lispro (Humalog)	Lancets (freestyle lancets)	Rivaroxaban (Xarelto)
Dose	25 mg	300mg	100 units	28g	15mg
Frequency	Q8hr	2 tabs twice day	Sliding scale before meals	4x daily	Once daily
Route	oral	oral	Sub Q	Sub Q	oral
Classification	Allergy, cold	Mood stabilizer	Lower blood glucose	Helps lower glucose	anticoagulant
Mechanism of Action	Decreases symptoms of histamine	Not known (according to davis drug guide)	Stimulates glucose uptake	Stimulates glucose uptake	Prevent bloodclots
Reason Client Taking	Help with her cold she had	Help her with any anxiety she is feeling	Diabetic	Diabetic	Prevent blood clots during heart failure
Contraindications (2)	Acute asthma and Lactation	Renal insufficiency and pregnancy	Allergies to insulin and hypoglycemia	Renal insufficiency and pregnancy	Bleeding and renal impairment
Side Effects/Ad	Headache and dizzy	Confusion and	Swelling and itching	Confusion and	Pruitis and bleeding

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verse Reactions (2)		depression		depression	
Nursing Considerations (2)	Cough suppressant and may cause motion sickness	Do not confuse with noroxin and administer without regards to meals	Use only insulin needles to draw up dose and don't confuse with Humulin	Use only insulin needles to draw up dose and don't confuse with Humulin	Administer with GI feeding tube and crush tablet if patient cannot swallow
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess sleep and assess itching	Behavior and restless leg syndrome	Assess confusion and assess hypoglycemia	Assess confusion and hypoglycemia	Assess for bleed and assess AST ALT labs
Client Teaching needs (2)	Avoid alcohol and may cause dry mouth	Notify healthcare before surgery of usage and don't take within 2 hours of antacids	Doesn't cure diabetes and instruct how to administer	Doesn't cure diabetes and instruct how to administer	Avoid alcohol and take as directed

Hospital Medications (5 required)

Brand/Generic	Cholecalciferol (vit D3)	Insulin NovoLog (aspart)	Allopurinol (zyloprim)	Ipratropium (albuterol)	Levothyroxine (eltroxin)
Dose	1000 units	1-5 units	100mg	3ml	175mcg
Frequency	daily	Before meals	daily	3x day	daily
Route	oral	Sub Q	oral	oral	oral
Classification	Vit D prep	insulin	antigout	Beta	Thyroid

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				adrenergic	
Mechanism of Action	Activation of liver and kidney to produce the vitamin	Stimulates glucose uptake	Inhibits production of uric acid	Inhibits cholinergic receptors	Replace endogenous thyroid
Reason Client Taking	Lacks vit D	Diabetic	Tx pt gout	Common cold med tx runny nose	Tx underactive thyroid
Contraindications (2)	Hypercalcemia and vitamin D toxicity	Hypoglycemia and allergies to insulin	Acute attacks of gout and renal insufficiency	Atropine usage and avoid during acute bronchospasm	Recent MI and hyperthyroidism
Side Effects/Adverse Reactions (2)	Weakness and somnolence	Erythema and swelling	Hypotension and flushing	Blurred vision and sore throat	Insomnia and irritability
Nursing Considerations (2)	Review diet and avoid concurrent antacids	Refrigerate meds and don't confuse with novolin	Helps prevent gout and may give with milk	Explain purpose of pulmonary function test and monitor for cough	Assess pulse and BP and monitor weight
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess vitamin deficiency and assess pain	Assess hypoglycemia and monitor weight	Monitor pain and assess I/O	Assess allergies and assess rhinitis	Monitor thyroid and monitor glucose in urine
Client Teaching needs (2)	Take as directed and follow up exams	Draw aspart first when mixing and comply with medication usage	May cause drowsiness, and take as directed	Directions on proper inhaler usage and instruct pt to rinse mouth after	Take as directed and doesn't cure the thyroid issue

Medications Reference (APA): Up-to-Date Drug Information. (n.d.). Retrieved February 9, 2020, from <https://www.drugguide.com/ddo/>.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: awake Orientation: partial oriented to surroundings Distress: fair amount of distress due to poor communication and pain in shoulders Overall appearance: blisters and open wounds on extremities, immobile, dyspnea present</p>	
<p>INTEGUMENTARY (2 points): Skin color: dark Character: dry Temperature: cool extremities, temp 97.5 Turgor: rapid recoil Rashes: present on extremities Bruises: not indicated Wounds: present on arms Braden Score: 17 Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: external urine catheter</p>	
<p>HEENT (1 point): Head/Neck: movable and free of scabs Ears: free of scabs and earwax Eyes: PERLA Nose: no discharge or nasal blockage Teeth: few teeth present, white and crooked</p>	
<p>CARDIOVASCULAR (2 points): Heart sounds: s1 and s2 present, no</p>	

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<p>murmurs S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): regular rhythm Peripheral Pulses: weak and thread, +1 Capillary refill: rapid recoil less than 3 seconds Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: bilateral both ankles and wrists</p>	
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character' clear but tachypnea present, shallow respirations</p>	
<p>GASTROINTESTINAL (2 points): Diet at home: nursing home meals Current Diet: cardiac and diabetic Height: 5'3 Weight: 137.3 kg 302lbs Auscultation Bowel sounds: present in all 4 quadrants Last BM: 3 days ago from assessment Palpation: Pain, Mass etc.: Inspection: Distention: not indicated Incisions: groin incision Scars: not indicated Drains: urine catheter Wounds: open wounds on arms and legs, reddish coloring 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 (2 Points): Color: yellow Character: clear Quantity of urine: >30ml Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	

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<p>Inspection of genitals: n/a Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: external urine catheter Size: n/a</p>	
<p>MUSCULOSKELETAL (2 points): Neurovascular status: alert but not fully oriented ROM: poor, not able to freely move extremities without discomfort Supportive devices: walker Strength: weak 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: needs assistance Independent (up ad lib) <input type="checkbox"/>no Needs assistance with equipment <input type="checkbox"/> yes Needs support to stand and walk <input type="checkbox"/>yes</p>	
<p>NEUROLOGICAL (2 points): MAEW: Y <input type="checkbox"/> N <input checked="" 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: partially Mental Status: good for patient's age group Speech: minimal understanding Sensory: normal LOC: awake</p>	
<p>PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): n/a Developmental level: college Religion & what it means to pt.: n/a Personal/Family Data (Think about home environment, family structure, and available family support): at nursing home has two sons that help care</p>	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:00 am	85	136/65	20	36.9 c	99

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				98.5 F	
11:30	87	150/65	20	37.7 c	98
				99.9	

Vital Sign Trends: very similar trends within a morning shift

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:00	7	shoulders	strong	More painful with movement, achy	Readjust and position
11:00	7	shoulders	strong	achy	Pain meds

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18G Location of IV: RUA Date on IV: 2/3/2020 Patency of IV: open Signs of erythema, drainage, etc.: no IV dressing assessment: n/a	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1320	1335

Nursing Care

Summary of Care (2 points)

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Overview of care: Took patient's vitals and preformed a head to toe assessment with my clinical instructor. I passed medications for my patient which included insulin, allopurinol, levothyroxine, cholecalciferol. The patient needed repositioned to enhance blood flow and avoid pressure ulcers from forming in bed due to being immobile and bed ridden during her stay.

Procedures/testing done: The patient had X-rays and a CT done the previous days at the hospital. There was a scheduled unknown biopsy needed for later in the day, the nurse and I was unsure at the time what it was specific to.

Complaints/Issues: patient had pain in her shoulders that wouldn't go away without medication compliance

Vital signs (stable/unstable): stable vitals which were relatively high respirations but within normal ranges, blood pressure was high systolic and lower diastolic, pulse ox readings were stable as well.

Tolerating diet, activity, etc.: cooperated with all tasks, diet including cardiac healthy and diabetic diets

Physician notifications: n/a

Future plans for patient: discharge and get patient back to nursing home

Discharge Planning (2 points)

Discharge location: nursing home

Home health needs (if applicable): n/a

Equipment needs (if applicable): n/a

Follow up plan: n/a

Education needs: n/a

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <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.
<p>1. Risk for acute pain due to shoulder pain as evidenced by pain scale 7/10 and movement of extremity</p>	<p>Patient indicated movement or touching of the shoulders caused pain</p>	<p>1. Asked about severity and characteristics 2. Gave pain meds</p>	<p>Patient complied and was willing to accept medications for pain</p>
<p>1. Risk for impaired skin integrity related to breakdown on the legs and arms as evidence of scabs and sores</p>	<p>Patient had open sores on all extremities</p>	<p>1. repositioned the patient 2.assessed the redness and severity</p>	<p>Client cooperated and took medications and allowed us to reposition her.</p>
<p>2. Risk for anxiety due to pain, lack of communication</p>	<p>Patient was in pain, had shallow quick respirations which correlates tachycardia to anxiety</p>	<p>1. Allowed patient time to speak and gather thoughts 2 administered gabapentin</p>	<p>Patient cooperated and spoke when desired</p>
<p>3. Risk for disturbed body image due to skin swelling and breakdown</p>	<p>The patient had open sores and swollen ankles and wrists</p>	<p>1. Assessed pulses in all distal extremities 2. Administered</p>	<p>Patient was compliant with what meds needed administered</p>

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		diuretics	
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Other References (APA):

Concept Map (20 Points):

Subjective Data

Pain 7/10 in shoulders
Diagnosis: CHF and COPD

Objective Data

Open wounds on extremities, edema on extremities, missing teeth, overweight, speech issues, dirty nails

Patient Information

82 year old with a past medical history and COPD, pt has a fib and on Xarelto, pt presented to E.D. with a rash on the foot that had developed over 2 months ago, and pt had blisters and all four extremities that had worsened. Tx with antibiotics for suspected cellulitis, pt was tachycardic and presented with pain all over but denies itching.

Nursing Diagnosis/Outcomes

- | | |
|----|---|
| 1. | Risk for acute pain due to shoulder pain as evidenced by pain scale 7/10 and movement of extremity |
| 1. | Risk for impaired skin integrity related to breakdown on the legs and arms as evidence of scabs and sores |
| 2. | Risk for anxiety due to pain, lack of communication |
| 3. | Risk for disturbed body image due to skin swelling and breakdown |

Nursing Interventions

Gave medications, head to toe assessment , repositioned patient, ordered breakfast for patient, took vital signs

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