

N321 Care Plan # 2

Lakeview College of Nursing

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**Demographics (3 points)**

<b>Date of Admission</b> 2/11/2020	<b>Patient Initials</b> AE	<b>Age</b> 81	<b>Gender</b> Female
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Retired	<b>Marital Status</b> Widowed	<b>Allergies</b> Hyrocodone, Wellbutrin, Orange Oil, Vaccinium Angustifolium
<b>Code Status</b> Full	<b>Height</b> 5'3"	<b>Weight</b> 124 lbs	

**Medical History (5 Points)**

**Past Medical History:** Vitamin D deficiency, Depression, Urge/Stress Incontinence, Palpitations, Fibromyalgia, Bipolar Disorder type 2, Anxiety, COPD, Benign Hypertension, SVT, CHF, Accidental Overdose, Actinic Keratosis, Hearing Loss, Bladder Hypertonicity, Eczema, Chronic Reflux Esophagitis, IBS, Furuncle of female breast, Osteoarthritis, Osteoporosis, Seborrheic Dermatitis

**Past Surgical History:** Hysterectomy (date unknown), Enlarge breast with implant (date unknown), Diagnostic colon endoscopy (date unknown)

**Family History:** Mother (deceased)- Hypertension, Alzheimer's, Father (deceased)- Cancer, Sister (alive)/Son (alive)/Daughter (alive)/Daughter (alive)- no known medical issues

**Social History (tobacco/alcohol/drugs):** Never smoker, smokeless tobacco user, e-cigarette user. No alcohol use. No illicit drug use.

**Assistive Devices:** Visual aid

**Living Situation:** Home by self

**Education Level:** Associate degree in Business

**Admission Assessment**

**Chief Complaint (2 points):** Accidental Drug Overdose

**History of present Illness (10 points):** Patient presented to OSF emergency department on 2/11/2020. Patient stated they were discharge from Carle Foundation Hospital earlier in the evening after receiving care for Supraventricular Tachycardia. Patient states they received 180 mg PO Diltiazem before discharge. Upon arrival to the patient's home, they took their evening medications as usual. After this, the patient realized they had taken another dose of 120 mg PO Diltiazem with their evening medications. Patient states they then brought themselves to the Emergency Department to be monitored. Patient denies symptoms of overdose or cardiac issues.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Drug Toxicity

**Secondary Diagnosis (if applicable):** Supraventricular Tachycardia

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

Supraventricular tachycardia is a condition that occurs spontaneously and lasts for short periods. It happens with a quick onset and termination. Irregular impulse formation and electrical conduction pathways may cause episodes of supraventricular tachycardia. A reentry mechanism triggered by premature atrial or ventricular beats this combination may cause an episode of supraventricular tachycardia (Gugneja, 2019). In otherwise healthy individuals, causes may also include hyperthyroidism, and caffeine, alcohol, or drug use. In less healthy individuals, reasons may consist of previous myocardial infarction, mitral valve prolapse, rheumatic heart disease, pericarditis, pneumonia, chronic lung disease, and repeated alcohol intoxication.

All patients may present with different symptoms. Some patients may be asymptomatic, others may have minor palpitations, while more still may present with more severe symptoms.

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Generalized symptoms may include a fluttering feeling in your chest, shortness of breath, lightheaded or dizziness, excessive sweating, feeling like your neck is pounding, and syncope or near syncope (Gugneja, 2019). Over half of patients who experience supraventricular tachycardia experienced palpitations and dizziness.

Physical exams for patients who are experiencing supraventricular tachycardia may focus on both the cardiac and respiratory systems (Gugneja, 2019). Healthy patients with a significant hemodynamic reserve typically only display tachycardia. Patients who have a more limited reserve may show more symptoms. These patients are often the ones who are experiencing tachypnea and hypotension (Sorenson, 2019). In patients who have heart failure, it may be possible to auscultate crackles during the pulmonary exam. As more fluids build up in the body, an S3 heart sound may become present. These patients may also be those who exhibit bounding jugular venous pulses in the neck.

Electrolyte studies, a CBC, thyroid studies, and Digoxin levels are all lab tests that run to diagnose why a patient may be experiencing supraventricular tachycardia. Electrolyte levels can affect the heart in different ways, depending on what electrolytes are high or low. A doctor may request a CBC to determine whether anemia or a cardiac issue is the cause of the dysrhythmia. Thyroid studies may determine whether hyperthyroidism may be an underlying issue. Digoxin levels determine whether a patient who is taking digoxin has reached supratherapeutic levels. Supratherapeutic levels of digoxin can cause multiple dysrhythmias, including supraventricular tachycardia. An EKG is often used to determine whether or not a patient is tachycardic. Imaging studies, such as echocardiography, MRI, and a chest x-ray, may also be run. An echocardiogram, MRI, and chest x-ray may determine if a patient has cardiomegaly, pulmonary edema, or another structural issue with the heart.

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This patient most frequently experienced palpitations as their primary symptom of supraventricular tachycardia. They were seen for them by a cardiologist and diagnosed with them before this hospital admission. This patient may have supraventricular tachycardia caused by congestive heart failure and chronic obstructive pulmonary disease. Chronic lung disease is one of the most common causes of supraventricular tachycardia (Sorenson, 2019). This patient's supraventricular tachycardia was diagnosed initially with an electrocardiogram. During this hospital admission, the patient's EKG was initially examined using a 12-lead electrocardiogram in the emergency department. This electrocardiogram's result was healthy and used to determine if the patient was experiencing any issues after taking an extra dose of their scheduled Cardizem. This patient's supraventricular tachycardia is being treated with 180 mg PO diltiazem (Cardizem) every morning.

Medications used to treat supraventricular tachycardia include digoxin, calcium channel blockers, and diltiazem. Electrical cardioversion is one of the most effective ways to restore normal sinus rhythm in patients with electrical issues in the heart. It can be used safely in healthy patients as well as those with hypotension, pulmonary edema, and ischemic chest pain (Gugneja, 2019). As with most cardiac health issues, supraventricular tachycardia can also be managed with diet and exercise to treat underlying conditions. The treatment of underlying conditions may aid in lessening the frequency in occurrence of episodes. Radiofrequency catheter ablation may be performed in patients whose long-term treatment is not likely to be tolerable or desired on an individual basis. This treatment is used as the first option in patients who have symptomatic and recurrent supraventricular tachycardia episodes.

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

Gugneja, M. (2019). Paroxysmal Supraventricular Tachycardia: Background, Etiology, Epidemiology. *EMedicine*. Medscape. <https://emedicine.medscape.com/article/156670> overview

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

Pearson.

**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	4.2-6.2 million/mm <sup>3</sup>	4.48	4.35	
Hgb	12-18 g/dL	13.6	13.2	
Hct	36-50 mL/dL	40.7	39.3	
Platelets	150,000-350,000/mm <sup>3</sup>	165	175	
WBC	4,500-11,000/mm <sup>3</sup>	5.9	5.3	
Neutrophils	52-62%	55.0	51.3	Neutrophils may be decreased due to infections or autoimmune disorders. This patient's may be decreased due to multiple autoimmune disorders.
Lymphocytes	25-33%	30.0	30.5	
Monocytes	3-7%	11.8	13.5	Elevated monocytes can indicate chronic infection, autoimmune disorders, or cancer. This patient's monocytes are likely elevated due to multiple autoimmune disorders.
Eosinophils	1-3%	2.2	3.1	
Bands	3-5%	--	--	

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 mEq/L	140	139	
K+	3.5-5 mEq/L	3.7	4.2	
Cl-	98-108 mEq/L	106	105	
CO2	22-32 mEq/L	25	29	
Glucose	70-100 mg/dL	104	98	Blood sugar may be elevated in Diabetes mellitus, from use of Beta blockers or steroids, or as a stress response. This patient's was likely elevated at admission due to stress. It was her second hospitalization in the week.
BUN	10-25 mg/dL	15	20	
Creatinine	0.2-0.9 mg/dL	0.91	0.97	Creatinine may be elevated due to dehydration, kidney disease/damage, or antibiotics. This patient's is most likely elevated due to kidney damage caused by hypertension prior to being controlled.
Albumin	3.5-5 g/dL	--	--	
Calcium	8.5-10.5 mg/dL	9.3	9.5	
Mag	1.5-2.5 mg/dL	--	--	
Phosphate	2.5-4.5 mg/dL	--	--	
Bilirubin	0.1-1.3 mg/dL	--	--	
Alk Phos	40-120 U/L	--	--	
AST	10-30	--	--	

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<b>ALT</b>	10-40	--	--	
<b>Amylase</b>	23-85 U/L	--	--	
<b>Lipase</b>	0-160 U/L	--	--	
<b>Lactic Acid</b>	0.5-1 mmol/ L	--	--	

Other Tests **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>INR</b>	Standard: 2-3 High Dose: 3-4	--	--	
<b>PT</b>	Males: 9.6-11.8 Females: 9.5-11.3	--	--	
<b>PTT</b>	30-40 seconds	--	--	
<b>D-Dimer</b>	<= 250 ng/mL	--	--	
<b>BNP</b>	<100 pg/mL	--	--	
<b>HDL</b>	>60 mg/dL	--	--	
<b>LDL</b>	<130 mg/dL	--	--	
<b>Cholesterol</b>	<200 mg/dL	--	--	
<b>Triglycerides</b>	<150 mg/dL	--	--	
<b>Hgb A1c</b>	Diabetic: 6.5%	--	--	
<b>TSH</b>	0.4-4.0 mU/L	--	--	

**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
<b>Color &amp; Clarity</b>	Light Yellow, Clear	--	--	
<b>pH</b>	4.6-8.0	--	--	
<b>Specific Gravity</b>	1.001-1.035	--	--	
<b>Glucose</b>	Negative	--	--	
<b>Protein</b>	Negative	--	--	
<b>Ketones</b>	Negative	--	--	
<b>WBC</b>	Negative	--	--	
<b>RBC</b>	Negative	--	--	
<b>Leukoesterase</b>	Negative	--	--	

**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
<b>Urine Culture</b>	(-) <10,000/ mL (+) >10,000/ mL	--	--	
<b>Blood Culture</b>	Negative	--	--	
<b>Sputum Culture</b>	Normal Upper Respiratory Tract	--	--	
<b>Stool Culture</b>	Normal	--	--	

	Intestinal Flora			
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**Lab Correlations Reference (APA):**

Pagana, K.D., Pagana, T.J., Pagana, T.N. (2019). *Mosby's diagnostic and laboratory test reference*. Elsevier.

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

White, K. (2016). *Fast facts for critical care*. Kathy White Learning Systems.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):**

EKG: Atrial rate- 63; QRS duration- 78; QTC calculation- 450; AT duration- 440; R axis- -10; T axis- 18; P axis 61; PR interval- 166; Ventricular rate- 63

**Diagnostic Test Correlation (5 points):**

Electrocardiograms are used to monitor a patient's heart rate and rhythm. It is used when a patient is suspected to have dysrhythmias such as Brady or Tachycardia, SVT, PVCs, Atrial or Ventricular fibrillation, and ventricular asystole. A diagnostic EKG was run on this patient upon admission to the hospital for suspicion of SVT.

**Diagnostic Test Reference (APA):**

*RN adult medical surgical nursing*. (11.0, pp. 271–272). (2019). Ati Nursing Education.

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

**Home Medications (5 required)**

<b>Brand/Generic</b>	acetaminophen	aspirin	diltiazem HCl (Cardizem)	linaclotide (Linzess)	esomeprazole (Nexium)
<b>Dose</b>	650 mg	81 mg	180 mg	72 mcg	20 mg
<b>Frequency</b>	Q4 PRN	Daily	Daily	Q morning before breakfast	Q morning before breakfast
<b>Route</b>	Oral	Oral	Oral	Oral	Oral
<b>Classification</b>	Antipyretic, nonopioid analgesic	Anti-inflammatory  Anti-platelet	Antianginal  Antiarrhythmic  Antihypertensive	Bowel stimulator	Antiulcerative
<b>Mechanism of Action</b>	Inhibits prostaglandin production to interfere with pain impulse generation. Also affects the thermoregulator	Blocks the enzyme for prostaglandin synthesis	Inhibits smooth muscle cell contractions	Reduces activity in pain sensing nerves reducing pain associated with IBS	Interferes with gastric acid secretion
<b>Reason Client Taking</b>	Mild to moderate pain relief	Mild to moderate pain	Treat SVT	IBS	Chronic reflux esophagitis
<b>Contraindications (2)</b>	Hypersensitivity  Hepatic impairment	Asthma  Peptic Ulcer Disease	Acute MI  Systolic blood pressure below 90	Hypersensitivity  Bowel obstruction	Hypersensitivity  Use of other medications through same IV site
<b>Side Effects/Adverse</b>	Hypertension	GI Bleeding	Weakness	Headache	Fever

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<b>Reactions (2)</b>	Abdominal pain	Thrombocytopenia	Bradycardia	Abdominal distension	Dry mouth
<b>Nursing Considerations (2)</b>	Use caution with Hepatic impairment  Monitor renal function with long-term therapy	Do not crush time-release  Ask about tinnitus	Use caution with hepatic or renal function impairment  Monitor EKG and blood pressure regularly	Not for children under 17  Monitor for diarrhea that may become severe	Give orally at least 1 hour before meals  Obtain stool samples if severe diarrhea occurs

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	enoxaparin (Lovenox)	pantoprazole (Protonix)	ondansetron (Zofran)	--	--
<b>Dose</b>	40 mg	20 mg	4 mg		
<b>Frequency</b>	Daily	Daily	Q12 PRN		
<b>Route</b>	Subcutaneous	Oral	Oral or IV		
<b>Classification</b>	Antithrombotic	Antiulcer	Antiemetic		
<b>Mechanism of Action</b>	Inactivates clotting factors	Interferes with gastric acid secretion	Blocks serotonin receptors in intestine		
<b>Reason Client Taking</b>	Prevent DVT, STEMI, angina complications	Chronic reflux esophagitis	Nausea		
<b>Contraindications (2)</b>	Active major bleeding  History of HIT	Hypersensitivity  Concurrent therapy with rilpivirine products	Congenital long QT syndrome  Hypersensitivity		
<b>Side</b>	CHF	Fatigue	Drowsiness		

<b>Effects/Adverse Reactions (2)</b>	Nausea	Hyperglycemia	Prolonged QT interval		
<b>Nursing Considerations (2)</b>	Caution with history of HIT  Don't give by IM injection	Don't give within 4 weeks of antibiotics for H. pylori Administer oral 30 minutes before meal	May contain aspartame  Correct hypokalemia or hypomagnesemia before giving		

**Medications Reference (APA):**

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook* (18<sup>th</sup> ed.).

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL (1 point):</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	Awake and alert Oriented to self, place, time, and situation No signs of distress Appearance appropriate for situation
<b>INTEGUMENTARY (2 points):</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>	Skin color appropriate for race Dry Warm Quick return to normal No rashes No bruises No wounds 19
<b>HEENT (1 point):</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	Head normocephalic, no tracheal deviation noted No excess cerumen, no hearing aid Vision aid, glasses at bedside Nose centered, no evidence of septal deviation Good dentition, teeth white, no dentures
<b>CARDIOVASCULAR (2 points):</b>	

<p><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 type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p>S1, S2 sounds clear throughout                  No S3, S4 or murmur noted                  Normal Sinus Rhythm with prior SVT                  Even bilaterally, strong                  Less than 3 seconds</p>
<p><b>RESPIRATORY (2 points):</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>All fields clear, no adventitious breath sounds noted</p>
<p><b>GASTROINTESTINAL (2 points):</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:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b></p>	<p>Regular home diet                  Cardiac diet                  5'3"                  124 lbs                  Bowel sounds present all four quadrants                  2/9/2020                  No pain with palpation. No masses or organomegaly noted.                  No distension noted                  No incisions noted                  Small scar in suprapubic region- Hysterectomy                  No drains present                  No wounds noted</p>
<p><b>GENITOURINARY (2 Points):</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b>              <b>Size:</b></p>	<p>Pale yellow                  Clear                  Adequate                    No redness, hernias, palpable lymph nodes</p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status:</b>  <b>ROM:</b></p>	<p>No pain, pallor, paresthesia or paralysis noted in extremities. Pulses present, equal bilaterally</p>

<p><b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>throughout.  ROM intact, equal bilaterally  No supportive devices  Strength 5/5 bilaterally, upper and lower extremities.  7  Independent</p>
<p><b>NEUROLOGICAL (2 points):</b>  <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"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>Oriented to self, place, time, and situation  Cognitive  Clear, non-slurred. Purposeful. Appropriate.  Vision aid, no other sensory deficits.  None reported.</p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</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>Uses distractions for coping mechanism- music, taking walks, reading  Older adult.  Presbyterian. Very important to patient. Hosts Bible studies in their home.  Patient is widowed, lives alone at home. Children are supportive. One daughter lives close, helps her around the house, running errands.</p>

**Vital Signs, 2 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0725	67	135/65	20	96.5 F	96%
1122	73	117/41	20	97.5 F	97%

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
0725	Numbers	None	0	None	None

1134	Numbers	None	0	None	None
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**IV Assessment (2 Points)**

IV Assessment	Fluid Type/Rate or Saline Lock
<b>Size of IV:</b> 20 <b>Location of IV:</b> L arm <b>Date on IV:</b> 2/11/2020 <b>Patency of IV:</b> Easy to flush, patent. <b>Signs of erythema, drainage, etc.:</b> None <b>IV dressing assessment:</b> Clean, dry, intact.	Saline Lock

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
700	2 medium occurrences (patient flushed toilet)

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:** Performed vital signs, pain assessments. Passed oral and subcutaneous medications. Monitored patient during walk around unit.

**Procedures/testing done:** None.

**Complaints/Issues:** Patient expressed concern about changing the timing of Diltiazem medication from evening to morning.

**Vital signs (stable/unstable):** All vital signs stable.

**Tolerating diet, activity, etc.:** Patient tolerating diet, activity, and care.

**Physician notifications:** Dr. Sekar notified of medication needs for Diltiazem. Patient requested to take medication in the evenings.

**Future plans for patient:** Discharge to home.

**Discharge Planning (2 points)**

**Discharge location:** Home, lives alone

**Home health needs (if applicable):** None

**Equipment needs (if applicable):** None

**Follow up plan:** Follow up with Cardiology in 3 weeks

**Education needs:** Medication review for timing

**Nursing Diagnosis (15 points)**

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

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<p><b>Rational</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Intervention (2 per dx)</b></p>	<p><b>Evaluation</b></p> <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>
<p><b>1.</b> Ineffective health maintenance related to multiple hospitalizations as evidenced by accidental overdose.</p>	<p>Patient was admitted to hospital for second time within 3 days due to taking a second dose of a medication in one day.</p>	<p><b>1.</b> Teach medication reconciliation to patient to include a medication separation box.</p> <p><b>2.</b> Teach importance of taking proper dosage of medications.</p>	<p>Patient took well to the idea of starting to use a pill counter in order to not take a second dose of a medication. Patient states they understand the importance of taking the proper dose of their medications. Patient was able to restate the importance of single doses and demonstrated how they will separate their medications to ensure proper dosage.</p>
<p><b>2.</b> Readiness for enhanced knowledge related to medication overdose as</p>	<p>Patient displays readiness to learn more about risks of medication overdose, specifically for</p>	<p><b>1.</b> Improve knowledge about side effects of drug toxicity.</p> <p><b>2.</b> Improve</p>	<p>Patient was understanding of the need to be educated more deeply about the risks of taking extra doses of Cardizem.</p>

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evidenced by compliance with reconciliation teaching.	Cardizem.	knowledge of side effects of excessive Cardizem intake.	Patient was willing to write down the side effects of both drug toxicity and excessive Cardizem, so they have them on hand at home.
<b>3.</b> Risk for loneliness related to depression as evidenced by lack of company at home.	Patient lives with both depression and anxiety. One of their three children help at home a few days a week. Patient was recently widowed.	<b>1.</b> Speak with patient about willingness to communicate with their children when they need company.  <b>2.</b> Assist patient in learning effective communication.	Patient was hesitant to change their communication methods, but ultimately stated they were willing to try. Patient understands the importance of mental health. Patient stated they would begin by calling the closest daughter for a visit.

**Other References (APA):**

Swearingen, P.L. & Wright, J.D. (2019). *All-in-one nursing care plan resource: medical-surgical, pediatric, maternity, and psychiatric mental health* (5<sup>th</sup> ed.). Elsevier.

**Concept Map (20 Points):**

### Subjective Data

Pt presented to OSF ED after being discharged from Carle prior that day. Pt states they received 180 mg PO diltiazem at Carle prior to discharge. Upon arriving home, they took their evening medications per usual. Pt then realized they took another 120 mg PO diltiazem. Pt stated they were concerned for drug toxicity, so they came to the ER. Pt complained of no pain or symptoms throughout shift.

### Objective Data

Vital signs stable throughout shift. Elevated lab values include glucose, monocytes, creatinine. Decreased lab values include neutrophils. EKG presentation within desired limits. Cardiac and respiratory assessments show no evidence of complications.

### Patient Information

81-year-old female patient presents to the ED with concern for drug toxicity. Pt states they took an extra 120 mg PO dose of diltiazem. Pt medical history includes palpitations, SVT, and COPD.

### Nursing Diagnosis/Outcomes

Ineffective health maintenance related to multiple hospitalizations as evidenced by accidental overdose. Prevent further worries of drug toxicity Educate patient on importance of proper dosage

Readiness for enhanced knowledge related to medication overdose as evidenced by compliance with reconciliation teaching. Ensure proper medication compliance Educate patient on pill reminders and ways to keep track of daily medications

Risk for loneliness related to depression as evidenced by lack of company at home Good mental health Educate patient on positive communication skills and importance of reaching out when they need someone

### Nursing Interventions

Medication interventions: diltiazem, linaclotide, esomeprazole, aspirin, enoxaparin

Nursing interventions: Vital signs, pain assessment, head-to-toe assessment, education for medications, education for importance of dosage, monitored during walk around unit

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