N321 Care Plan 1

Lakeview College of Nursing

Trevor Davis

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
02/08/2020	JW	82	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Retired	Married	Hydrocodone, Penicillin, contrast media
Code Status	**Height**	**Weight**	
DNR	183 cm	104.4 kg	

Medical History (5 Points)

Past Medical History: JW has a medical history of SOB, CHF, A-fib, and non-Hodgkin's lymphoma, GERD

Past Surgical History: Insertion of implantable venous access port

Family History: JW says he has "no history of family illness"

Social History (tobacco/alcohol/drugs): JW drinks "1-2 beers per year" he is a former smoker, he quit smoking at age 32. The patient denies any use of illicit drugs.

Assistive Devices: JW uses a walker and sometimes a cane on days when he feels stronger**.**

Living Situation: JW lives at home with his wife. He feels safe at home

Education Level: High school graduate

Admission Assessment

Chief Complaint (2 points): "I think I have pneumonia"

History of present Illness (10 points): JW presented to the ED with complaints of constant chest pain with pressure that started the day prior. He rated the chest pain at an 8 upon arrival. He describes it as "dull and aching". The pain worsens with arm movement and when

ambulating. He also has shortness of breath and diaphoresis. He is also complaining of head and neck pain currently at a 3/10. JW takes Tylenol to alleviate pain, he does not like the side effects of narcotic medication.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):

- **CHF (Congestive Heart Failure)**

Secondary Diagnosis (if applicable):

- **Non-Hodgkin's Lymphoma**

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

Heart failure (HF) is a clinical syndrome resulting from a cardiac disorder that impairs the ability of the ventricles to fill and eject blood (Hinkle et al., 2018). "As the heart's workload increases, contractility of the myocardial muscle fibers decreases. Decreased contractility results in an increase in end- diastolic blood volume in the ventricle, stretching the myocardial muscle fibers and increasing the size of the ventricle" (Hinkle et al., 2018, p.821). Heart failure can be described in many ways. Chronic heart failure is one of the more common forms. Chronic heart failure is where the "heart gradually suffers weakening over a long period of time". (Capriotti & Frizzell, 2016, p. 383). Heart failure is characterized by signs and symptoms of shortness of breath, chest pain, edema, and fatigue from fluid overload and poor tissue perfusion to the rest of the body (Hinkle et al., 2018).

Most often, heart failure is managed with lifestyle changes and medications to prevent worsening effects of heart failure (Hinkle et al., 2018). The incidence of HF increases with age. More than 6 million people in the US have HF (Hinkle et al., 2018). JW is 82 and has most likely

suffered from symptoms of HF for many years. HF may go undetected until signs of pulmonary and peripheral edema present.

Diagnostic testing is essential to confirm HF (Hinkle et al., 2018). An echocardiogram is usually performed to determine the ejection fraction to identify anatomic features like structural abnormalities, valve malfunction, and confirm the diagnosis of HF (Hinkle et al., 2018). JW had an echocardiogram and HF was confirmed. A chest x-ray along with an ECG is often done to assist in the diagnosis of HF (Hinkle et al., 2018). Both of these tests were done to aid in the diagnosis and to determine the severity of HF in JW. BNP level is also a key indicator to determine the severity of HF. High levels are indicative of high cardiac filling pressure and can aid in the management of HF (Hinkle et al., 2018). JW had a BNP level of 332. Normal BNP levels are under 100 (Van Leeuwen & Bladh, 2017).

"The goals of management of HF are to relieve symptoms, to improve functional status and quality of life, and to extend survival." (Hinkle et al., 2018, p.823). Diuretics are prescribed to patients with fluid overload as a result of HF. Diuretics remove excess ECF by increasing urination rate (Hinkle et al., 2018). JW is currently prescribed furosemide 4 ml TID via IV push to remove excess fluid. Anticoagulants may be prescribed if the patient has a history of atrial fibrillation or a thrombolytic event (Hinkle et al., 2018). JW has a history of atrial fibrillation and is currently on apixaban to prevent complications. Supplemental oxygen is often given to patients due to a decreased saturated oxygen level.

JW shows clinical symptoms related to heart failure. His SaO2 on room air ranges between 88-95. Ambulation results in the lower saturation. JW was on 1.5 L supplemental O2 via nasal cannula. JW shows lower extremity edema graded at 1+. Shortness of breath along with chest pain are also associated with Heart failure.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. (2016). *Pathophysiology : introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

Hinkle, J. L., Cheever, K. H., & Lillian Sholtis Brunner. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing*. Wolters Kluwer.

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

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	3.8-5.41	3.32	3.54	Red blood cell counts can be decreased in situations involving chronic disease. Patient has a history of CHF. (Van Leeuwen & Bladh, 2017).
Hgb	11.3-15.2	9.8	10.3	Hemoglobin levels are decreased in situations involving chronic disease. Patient has a history of CHF and Non-Hodgkin's Lymphoma. (Van Leeuwen & Bladh, 2017).
Hct	33.2-45.3%	29.2	30.8	Hematocrit levels can be decreased in situations involving chronic disease. Patient has a history of CHF and Non-Hodgkins Lymphoma. (Van Leeuwen & Bladh, 2017).
Platelets	149-493 K	50	51	Thrombocytopenia is a term used to describe low platelet counts. It may be present in patients with chronic conditions. The patient presented with a past medical history involving

				chronic diseases like CHF and Non-Hodgkins Lymphoma (Van Leeuwen & Bladh, 2017).
WBC	4- 11.7 K	2.0	3.1	Low WBC count is likely a symptom of Non-Hodgkin's Lymphoma
Neutrophils	45.3- 79	45	48	
Lymphocytes	11.8- 45.9	29	39	
Monocytes	4.4- 12	N/A	6	Elevated monocytes are an effect of Non- Hodgkin's Lymphoma
Eosinophils	0- 6.3	6	3	
Bands	45-74	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	136	135	
K+	3.5-5.1	4.1	3.6	
Cl-	98-107	101	98	
CO2	22-29	24	29	
Glucose	70-99	112	132	JW does not have DM, elevated glucose levels could be a result of stress due to being hospitalized or blood was drawn shortly after a meal.
BUN	6-20	20	25	BUN values are elevated in the presence chronic diseases, and dehydration. Patient has a past medical history of CHF and Non-Hodgkin's lymphoma. JW could have been dehydrated with blood was drawn. JW is on diuretics and a fluid restriction. (Van Leeuwen & Bladh, 2017)
Creatinine	0.5-0.9	1.1	1.15	Creatine values are decreased in

				patients who are on fluid restrictions. Patient may be becoming dehydrated due to fluid restriction and diuretics. (Van Leeuwen & Bladh, 2017).
Albumin	3.5-5.2	3.7	3.7	
Calcium	8.6-10.4	8.5	8.8	
Mag	1.6-2.4	2.2	N/A	
Phosphate	2.5-4.5	N/A	N/A	
Bilirubin	0-1.2	0.7	N/A	
Alk Phos	35-105	67	N/A	
AST	0-32	14	N/A	
ALT	0-33	10	N/A	
Amylase	23-85	N/A	N/A	
Lipase	0-160	N/A	N/A	
Lactic Acid	0.5-2.4	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	0.86-1.14	N/A	N/A	
PT	11.9-15	N/A	N/A	
PTT	60-70	N/A	N/A	
D-Dimer	<0.5	N/A	N/A	

BNP	<100	332	N/A	BNP is elevated due to CHF. BNP level is also a key indicator to determine the severity of HF. High levels are indicative of high cardiac filling pressure and can aid in the management of HF (Hinkle et al., 2018).
HDL	>60	36	N/A	Low HDL is likely the result of CHF and lack of exercise (*Heart disease - Symptoms and causes*, 2018)
LDL	<130	78	N/A	
Cholesterol	<200	129	N/A	
Triglycerides	<150	76	N/A	
Hgb A1c	<6.4	5.7	N/A	
TSH	0.4-4.0	1.3	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	Clear, yellow	Clear , yellow	
pH	5-8	6	6	
Specific Gravity	1.005-1.034	1.027	1.031	
Glucose	Normal	Normal	Normal	
Protein	Negative	Negative	Negative	
Ketones	**Negative**	**Negative**	**Negative**	
WBC	<5	1	N/A	
RBC	0-3	3	N/A	
Leukoesterase	Negative	Negative	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	Negative	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	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* (7 ed.). Philadelphia, PA: F.A. Davis Company.

Hinkle, J. L., Cheever, K. H., & Lillian Sholtis Brunner. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing*. Wolters Kluwer.

Heart disease - Symptoms and causes. (2018). Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/heart-disease/symptoms-causes/syc-20353118

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

- **ECG**

JW presented to the ED with chest pain, he also has a history of A- fib. An ECG may be ordered to monitor and "evaluate problems which may be heart-related, such as severe tiredness, shortness of breath, dizziness, or fainting" (*Electrocardiogram*, 2019). The results of the ECG showed A-fib with a non-specific T-wave abnormality.

- **CT**

"Computed tomography is commonly referred to as a CT scan. A CT scan is a diagnostic imaging procedure that uses a combination of X-rays and computer technology to produce images of the inside of the body. It shows detailed images of any part of the body, including the bones, muscles, fat, organs and blood vessels" (*Computed Tomography (CT) Scan*, n.d., p.1). JW had a chest angio CT with contrast showing left and right pleural effusion with fluid volume overload. The ascending aorta is dilated 4.8 cm. Advanced atherosclerotic plaque was noted.

- **Chest X-ray**

A chest X-ray with 2 views was done. Cardiomegaly with clear lungs was noted by the radiologist.

- **Echocardiogram**

An echocardiogram is usually performed to determine the ejection fraction an to identify anatomic features like structural abnormalities, valve malfunction, and confirm the diagnosis of HF (Hinkle et al., 2018). JW had an echocardiogram and HF was confirmed by the radiologist.

Diagnostic Test Reference (APA):

Electrocardiogram. (2019). Johns Hopkins Medicine Health Library. https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/electrocardiogram

Computed Tomography (CT) Scan. (n.d.). Johns Hopkins Medicine Health Library. https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/computed-tomography-ct-scan

Hinkle, J. L., Cheever, K. H., & Lillian Sholtis Brunner. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing*. Wolters Kluwer.

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

Home Medications (5 required)

Brand/Generic	**(Lasix) furosemide**	**(Pepcid) famotidine**	**(Eliquis) apixiban**	**(Inderol) propanolol**	**(Zyrtec) cetrizine**
Dose	40 mg tab	40 mg tab	5 mg tab	20 mg tab	10 mg tab
Frequency	1x daily	1x daily	BID	1x daily	1x daily
Route	P.O.	P.O.	P.O.	P.O.	P.O.
Classification	Antihypertensive, diuretic	Antiulcer agent, gastric acid secretion inhibitor	Antithrombolytic	Antianginal, antiarrhythmic, antihypertensive	Antihistamine
Mechanism of Action	Inhibits sodium and water reabsorption in the loop of Henle to increase urine formation (*2019 Nurse's drug handbook.*, 2019)	Reduces HCl formation by preventing histamine from binding with receptors on the surface of parietal cells.	Inhibits free and clot-bound factor Xa and prothrombinase activity.	Prevents arterial dilation and decreases myocardial oxygen demand to help prevent anginal pain and death of myocardial tissue.	Blocks histamine receptors on cells
Reason Client Taking	Fluid volume overload from CHF	Manage symptoms of GERD	Reduce risk of embolism from A-fib	A-fib, chest pain	Allergies
Contraindications (2)	Hypersensitivity, Anuria unresponsive to furosemide	Hypersensitivity, Kidney disease	Bleeding, hypersensitivity	Hypersensitivity, CHF	Hypersensitivity, Kidney disease
Side	Orthostatic	Abdominal Pain,	Hemorrhagic	Hypotension,	Drowsiness,

Effects/Adverse Reactions (2)	hypotension, tachycardia	nausea	stroke, GI bleeding	fatigue	dry mouth
Nursing Considerations (2)	Obtain patient's weight before and periodically during use of furosemide Administer drug slowly. 2 ml over 2 min.	Notify provider if pain develops or has trouble swallowing or has bloody vomit or black stools. Avoid alcohol and smoking while taking famotidine.	Do not give to patients with hepatic dysfunction. Monitor closely for bleeding.	Monitor BP Monitor I&O	Assess symptoms and record baseline before and during treatment. Assess respiratory status, such as wheeze or tightness of the chest

Hospital Medications (5 required)

Brand/Generic	**(Lipitor) atorvastatin**	**(Eliquis) apixaban**	**(Colace) docusate**	**(Lasix) furosemide**	**(Zyrtec) cetrizine**
Dose	80 mg tab	5 mg tab	100 mg tab	4mL	10 mg tab
Frequency	Bedtime	BID	BID	TID	1x daily

Route	P.O.	P.O.	P.O.	IV push	P.O.
Classification	Antihyperlipidemic	Antithrombolytic	Stool Softener	Antihypertensive, diuretic	Antihistamine
Mechanism of Action	Inhibits HMG-CoA reductase and cholesterol synthesis in the liver. Increases the number of LDL receptors on liver cells to enhance LDL uptake and breakdown	Inhibits free and clot-bound factor Xa and prothrombinase activity.	Decreases surface tension between oil and water in feces	Inhibits sodium and water reabsorption in the loop of Henle to increase urine formation (*2019 Nurse's drug handbook.*, 2019)	Blocks histamine receptors on cells
Reason Client Taking	To control cholesterol level	Reduce risk of embolism from A-fib	constipation	Fluid volume overload from CHF	Allergies
Contraindications (2)	Liver disease, hypersensitivity	Bleeding, hypersensitivity	Fecal impaction, intestinal obstruction	Hypersensitivity, Anuria unresponsive to furosemide	Hypersensitivity, Kidney disease
Side Effects/Adverse Reactions (2)	Arrhythmias, hyperglycemia	Hemorrhagic stroke, GI bleeding	Syncope, Abdominal cramps	Orthostatic hypotension, tachycardia	Drowsiness, dry mouth
Nursing Considerations (2)	Run liver function tests regularly while using atorvastatin. Take med at same time every day.	Do not give to patients with hepatic dysfunction. Monitor closely for bleeding.	Assess for laxative abuse syndrome Tell pt. to increase water and fiber intake	Obtain patient's weight before and periodically during use of furosemide Administer drug slowly. 2 ml over 2 min.	Assess symptoms and record baseline before and during treatment. Assess respiratory status, such as wheeze or tightness of the chest

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	JW is A&Ox4. He is very aware of his surroundings and situation. He shows no signs of distress
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	JW's skin is normal in color, elasticity, and character for his age and race. His skin is warm and dry to the touch. He is mobile with assistance and shows no signs of skin impairment. Skin is free of rashes, bruises, or wounds. Braden Score: 19
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is normocephalic, midline with no deviations. JW has little to no hair, ears are normal in size with no drainage. TM is visible and pearly gray. PERRLA is noted. Nose shows no deviated septum, turbinates are equal bilaterally. Teeth are present, some are missing, replaced with crowns and caps. .
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:**	Normal Heart sounds noted, S1, S2. JW is being monitored by telemetry. Normal sinus rhythm was noted during examination. Radial and pedal pulses are 3+ bilaterally. Capillary refill of all extremities was within 3 seconds. Non- pitting Edema grade 1 was noted bilaterally on the lower legs and feet.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds were clear but diminished bilaterally. 20 breaths per minute. JW is short of breath. He has been on 1.5 L O2 N/C but is currently doing well on room air. No crackles

	noted.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	JW is on a regular diet at home. He is currently on a cardiac diet low in sodium. He is limited to 1200 mL of liquid per day. Height: 183 cm Weight: 104.4 kg Bowel sounds present in all 4 quadrants. Last BM: Last night Abdomen is soft, non- tender, with no masses or pain noted. No drains or wounds present
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine is clear, yellow. JW does not have pain while urinating. No genital abnormalities noted. JW is able to ambulate with assistance to the toilet.
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** ☐	JW has a weak gait. Equal strength bilaterally in all extremities noted. JW is up and lib with assistance and he uses a wheeled walker and a cane sometimes. Fall Score: 45 Yes Yes
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐**	A&Ox4. Mental status is age appropriate. JW is fatigued, he walked earlier in the morning with

PERLA: Y ☐ N☐ **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	the assistance of a walker and gait belt by a nurse.
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):**	JW has a supportive home life. His wife and son were both present during physical examination. JW did not discuss importance of religion. JW enjoys reading, watching the History channel, and spending time with his family.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1204	**85**	**103/60**	**20**	**37 C**	**94% room air**
1505	**93**	**128/60**	**18**	**36.7C**	**93% room air**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1220	**Numeric**	**Thorax**	**4/10**	**Dull, aching, worse with movement**	**Acetaminophen given at 930**
1505	**Numeric**	**Thorax, head and neck**	**4/10**	**Dull, aching, worse with movement**	**acetaminophen to be given at 1530**

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:**	JW has a 20 gauge right central line IV. The insertion date is not known. The line is very patent with good blood return. There are no signs of infection, drainage, or erythema. Dressing is clean. The IV has a heparin lock. Furosemide is given 4mL bolus over 2 minutes.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
240 mL	**200 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: JW was fatigued throughout the day. He remained in his room and visited with his wife and son. He had complaints of head and neck pain, but he did not want anything stronger than Tylenol to alleviate the pain. The Tylenol brought his pain level from 8 to 4. His vital signs are stable while resting. His oxygen saturation dropped below 90 while walking. The provider would like to see his O2 level rise before discharge. This may require an order for home oxygen. JW did well on 1.5 L O2 via nasal cannula. JW eats 50-75% of meals. JW had a chief complaint of possible pneumonia upon arrival. Pneumonia was ruled out and his chest pain is under control.

Procedures/testing done: ECG, Echo, Chest X-ray, and CT

Complaints/Issues: Chest pain (from possible pneumonia), head and neck pain

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Diet tolerated, pt. is mobile with assistance

Physician notifications: N/A

Future plans for patient: Possible discharge tomorrow with an order for home oxygen

Discharge Planning (2 points)

Discharge location: Home in Charleston Il.

Home health needs (if applicable):

Equipment needs (if applicable): Possible home/ portable oxygen concentrator

Follow up plan: Assess CHF and Non-Hodgkin's Lymphoma progression

Education needs: Discuss importance of fluid intake, cardiac diet, and oxygen safety

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. Decreased gas exchange R/T heart failure as evidenced by oxygen saturation below 90 (Swearingen &	"Oximetry of 92% or less and the presence of hypoxemia" (Swearingen & Wright, 2019, p.178).	1.Monitor oximetry and ABG values and report significant findings (Swearingen & Wright, 2019). 2.Administer oxygen as prescribed with	JW responded well to supplemental oxygen. His oximetry and ABG levels are currently within a normal range.

Wright, 2019).		humidity (Swearingen & Wright, 2019).	
2. Fluid overload R/T heart failure as evidenced by BNP level of 332 (Swearingen & Wright, 2019).	Weight gain, SOB, edema, along with an elevated BNP are signs of fluid overload (Swearingen & Wright, 2019).	1. Assess I&O at frequent intervals, including losses from diaphoresis and respirations (Swearingen & Wright, 2019). 2.Assess lung sounds for signs of fluid retention by listening for crackles (Swearingen & Wright, 2019).	JW is responding well to the interventions. I&O is being monitored closely along with weight. Lung sounds are clear.
3. Fatigue with decreased exercise tolerance R/T an imbalance between oxygen supply and demand for oxygen as evidenced by decreased contractility of cardiac muscle resulting in low oxygen saturation (Swearingen & Wright, 2019).	JW experiences chest pain, dysrhythmias, increased shortness of breath with exertion	1.Assess physiologic response to activity and report significant findings (Swearingen & Wright, 2019). 2Administer oxygen as prescribed (Swearingen & Wright, 2019).	Supplemental oxygen is being used when JW is walking. It seems to help with stamina. Will continue to monitor until pt. discharge.

Other References (APA):

Swearingen, P., & Wright, J. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. (5 ed.). Elsevier.

Concept Map (20 Points):

Subjective Data

- "I think I'm having pneumonia"
- Pain is 8/10
- Fatigued and short of breath
- Pain is worse with exertion
- Does not want opioid pain medication
- Does not like altered mental status as a result of opioid pain medication.

Nursing Diagnosis/Outcomes

- Decreased gas exchange
  - Outcome: increase tissue perfusion by administering supplemental O2 and monitoring fluid overload.
- Fluid overload
  - Outcome: Measure I&O, administer furosemide to keep fluid retention minimal.
- Fatigue with decreased exercise tolerance
  - Outcome: increase client's tolerance to exertion by increasing oxygen level.

Objective Data

- CBC shows anemia, leukopenia
- Imaging shows CHF with clear lungs
- Lower extremity non- pitting edema grade 1
- Lowered oxygen saturation with exertion
- Diminished, but clear lung sounds heard bilaterally

Patient Information

JW is an 82-year-old male with a History of CHF, SOB, Non-Hodgkin's Lymphoma, A- fib, and GERD. He was admitted for potential pneumonia. He has no pertinent family medical history or Surgical history. JW is allergic to contrast Dye, hydrocodone, penicillin.

Nursing Interventions

- Monitor oximetry and ABG values and report significant findings.
- .Administer oxygen as prescribed with humidity
- Assess I&O at frequent intervals, including losses from diaphoresis and respirations.
- Assess lung sounds for signs of fluid retention by listening for crackles.
- Assess physiologic response to activity and report significant findings.
- Administer oxygen as prescribed