N431 Care Plan # 3

Lakeview College of Nursing

Shawna Stewart

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
2/26/20	J. M	72 y/o	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Retired city maintenance worker	Married	NKA
Code Status	**Height**	**Weight**	
Full Code	5'11 (71 inches)	162 lbs 11.2 oz (73.8kg)	

Medical History (5 Points)

Past Medical History:

AAA (abdominal aortic aneurysm)
Benign neoplasm of transverse colon
Bilateral <60% renal artery stenosis
Hernia of abdominal wall
Severe aortic valve stenosis
Dyslipidemia
Hyperlipidemia
Generalized anxiety disorder
HTN (Hypertension)
Mild to moderate regurgitation

Past Surgical History:

Severe Coronary disease
Quadriple bypass surgery (12/26/19)
Inguinal Hernia repair (8/22/17)
Right Phacoemulsion of Cataract (1/10/19)
Aortic valve replacement
Colonoscopy (1/26/17)
R/L Heart Catheterization (12/20/19)
Left Phacoemulsion of Cataract (1/24/19)

Family History:

No Family history on file

Social History (tobacco/alcohol/drugs):

The patient quit smoking in 1994. He does not consume alcohol or use illicit drugs.

Assistive Devices:

The patient states he does not use any assistive devices at home.

Living Situation:

The patient currently lives in the Champaign area with his wife.

Education Level:

Although the patient graduated from Danville High School, he did not attend college. Instead the patient began working for the City of Champaign as a maintenance worker.

Admission Assessment

Chief Complaint (2 points):

Increased Shortness of Breath

History of present Illness (10 points):

The patient presented to the emergency department complaining of shortness of breath that had worsened with the last few days. The patient also complained of a cough but denies any chest pain. A chest x-ray performed revealed a moderate volume left-sided pleural effusion which has worsened since a previous X-ray performed on 2/7/20. The x-ray also revealed a possible pneumonitis. The patient was admitted for dyspnea, pleural effusion and elevated troponin (revealed by labs). A thoracentesis was scheduled for later that morning to relieve fluid build-up within the chest.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):

Pleural Effusion

Secondary Diagnosis (if applicable):

Dyspnea

Elevated Troponin

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

Pleural effusion refers to an abnormal accumulation of fluid in the pleural cavity. Pleural effusion is rarely a primary disease process; it is usually secondary to other diseases (Hinkle & Cheever, 2018). The fluid that accumulates may be a transudate or exudate, purulent (containing pus), chyle, or sanguineous (bloody) and may be unilateral or bilateral. The accumulation of serous transudate (clear fluid) is often referred to as hydrothorax and the most common cause is congestive heart failure (Porth, 2015).

Clinical manifestations of pleural effusion vary with the cause. Fluid in the pleural cavity acts as a space occupying mass, causing a decrease in lung expansion on the affected side. Characteristic signs include dullness to percussion and diminished breath sounds. Hypoxemia may result due to decreased surface area for diffusion and can be treated with supplemental oxygen. Dyspnea is the most common symptom which occurs when fluid compresses the lung, resulting in an increased effort to breathe. The patient may also have a cough. Diagnosis can be made by physical examination, chest x-ray, chest CT and thoracentesis to confirm the presence of fluid.

My patient presented to the emergency department after worsening symptoms of shortness of breath. The patient had a chest x-ray which revealed mild to moderate volume left pleural effusion which has increased since 2/7/20. The patient also had a 12-Lead ECG which revealed ST and T wave abnormality, Prolonged QT. the patient underwent a thoracentesis in which 2000mL of fluid was removed. Prior to the procedure my examination revealed diminished breath sounds on the left side, while clear breath sounds were noted on the right. After the procedure was completed, the patient had a mild cough and crackles were noted throughout the left lung.

For medical management the objective is to discover the underlying cause and prevent re-accumulation of fluid. Specific treatment is directed at the underlying cause. A thoracentesis is performed to remove fluid, obtain a specimen for analysis, and to relieve dyspnea and respiratory compromise. A thoracentesis may be performed under ultrasound guidance. Depending on the size of the pleural effusion, the patient may be treated by removing the fluid during the thoracentesis procedure or by inserting a test tube connected to a water-seal drainage system or suction to evacuate the pleural space and re-expand the lung.

My patient underwent a thoracentesis in which suction was used to remove the fluid. The physician used an ultrasound to perform the procedure. Towards the end of the procedure the patient began to cough. The coughing continued periodically throughout the rest of the morning. The patient did state his breathing seemed to be easier. He also stated the dyspnea had clear. His blood pressure which was elevated prior to the procedure had decreased after. His pulse ox also increased and his other vitals remained stable.

Pathophysiology References (2) (APA):

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th.ed). Philadelphia, PA: Wolters Kluwer

Porth, C. M. (2015). *Essentials of Pathophysiology* (4th.ed). Philadelphia, PA: Wolters Kluwer

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	4.10-5.70 10^6/uL	3.74	NA	Could indicate anemia
Hgb	12.0-18.0 g/dL	10.5	NA	Could indicate anemia, but can also decrease in fluid retention or chronic disease.
Hct	37-51%	34.4	NA	Could indicate anemia, but can also decrease in fluid retention or chronic disease.
Platelets	140-400 10^3/uL	420	NA	Could indicate anemia. Elevates in chronic heart disease.
WBC	4.00-11.00 10^3/uL	10.14	NA	
Neutrophils	1.60-7.70 10^3/uL	8.01	NA	Elevates in tissue damage such as myocardial infarction.
Lymphocytes	1.00-4.90 10^3/uL	1.24	NA	
Monocytes	0.00-1.10	0.63	NA	

	10^3/uL			
Eosinophils	0.00-0.50 10^3/uL	0.16	NA	
Bands	NA	NA	NA	

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-	136-145 mmol/L	142	NA	
K+	3.5-5.1 mmol/L	3.6	NA	
Cl-	98-107 mmol/L	113	NA	Could indicate acute renal failure.
CO2	21.0-32.0 mmol/L	19.3	NA	Could indicate acute renal failure
Glucose	60-99 mg/dL	101	NA	Elevates in hyperglycemia.
BUN	7-18 mg/dL	25	NA	Increased in acute renal failure or congestive heart failure.
Creatinine	0.70-1.30 Mg/dL	1.36	NA	Increased in acute renal failure or congestive heart failure.
Albumin	3.4-5.0 g/dL	2.7	NA	
Calcium	8.5-10.1 mg/dL	9.3	NA	
Mag	1.6-2.6 mg/dL	2.1	NA	
Phosphate	2.5-4.5 Mg/dL	NA	NA	
Bilirubin	0.2-1.0 Mg/dL	0.8	NA	
Alk Phos	45-117 u/L	274	NA	Increased in chronic inflammation.
AST	15-37 u/L	64	NA	Can be elevated due to damage to the heart.

ALT	12-78 u/L	42	NA	
Amylase	30-110 u/ml	NA	NA	
Lipase	3-73 u/L	NA	NA	
Lactic Acid	3-23 mg/dL	Na	Na	
Troponin	0.00-0.05 ng/dl	0.09	NA	Elevates in acute MI or Myocardial damage.
CK-MB	0-3 ng/dL	NA	Na	
Total CK	36-204 u/L	NA	NA	

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	0.8-1.1	NA	NA	
PT	10.-13 sec	NA	NA	
PTT	25-39 sec	NA	NA	
D-Dimer	<300 ng/mL	NA	NA	
BNP	0-450 pg/dL	7731	NA	Elevates in heart failure
HDL	>60 mg/dL	NA	NA	
LDL	<100 mg/dL	NA	NA	
Cholesterol	<200 mg/dL	NA	NA	
Triglycerides	<150 mg/dL	NA	NA	
Hgb A1c	<6.5 %	NA	NA	
TSH	0.4-4.2 ulu/mL	NA	NA	

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-clear	NA	NA	
pH	5.0-9.0	NA	NA	
Specific Gravity	1.001-1.029	NA	Na	
Glucose	Negative	NA	Na	
Protein	<20 mg/dL	NA	NA	
Ketones	Negative	NA	NA	
WBC	<5 /hpf	Na	Na	
RBC	<5 /HPF	Na	Na	
Leukoesterase	Negative	NA	NA	

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	NA	NA	
PaO2	80-95 mmHg	NA	NA	
PaCO2	35-45 mmHg	NA	Na	
HCO3	22-26 mEq/L	NA	Na	
SaO2	95-100%	NA	NA	

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	NA	NA	
Blood Culture	Negative	NA	NA	
Sputum Culture	Negative	NA	NA	
Stool Culture	Negative	NA	NA	

Lab Correlations Reference (APA):

Van Leeuwen, A. M., Poelhuis-Leth, D. J., & Bladh, M. L. (2013). *Davis's Comprehensive Handbook of Laboratory & Diagnostic test with Nursing Implications.* (5th.ed.). Philadelphia, PA: F. A. Davis

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

-Chest X-ray, single view

For: Onset Dyspnea

Impression: Mild to moderate volume left pleural effusion increased since 2/7/20. Increasing bibasilar pneumonitis (left greater than right) with small nodular components.

-Chest X-ray, single view

For: S/P Thoracentesis

Impression: Interval reduction in the amount of pleural fluid on the left side consistent with history of thoracentesis. No evidence of pneumothorax.

-12-Lead ECG

For: Shortness of breath

Impression: Normal sinus rhythm: possible left atrial enlargement; ST and T wave abnormality, consider lateral ischemia. Prolonged QT-abnormal ECG

-12-Lead ECG

For: chest pain

Impression: Normal sinus rhythm; Possible left atrial enlargement. T wave abnormality, consider enferolateral ischemia. Prolonged QT-abnormal ECG.

Diagnostic Test Correlation (5 points):

The first chest x-ray was performed due to the onset of dyspnea. The second chest x-ray was performed following the thoracentesis to evaluate progress. The patient also underwent two ECG. The first was due to shortness of breath and the second was performed prior to the thoracentesis due to chest pain.

Diagnostic Test Reference (APA):

Van Leeuwen, A. M., Poelhuis-Leth, D. J., & Bladh, M. L. (2013). *Davis's Comprehensive Handbook of Laboratory & Diagnostic test with Nursing Implications.* (5th.ed.). Philadelphia, PA: F. A. Davis

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

Home Medications (5 required)

Brand/Generic	Lipitor/ Atorvastatin	Coreg/ Carvedilol	Plavix/ Clopidogrel	Risperdal/ Risperidone	Zoloft/ Sertraline
Dose	80mg	3.125mg	75mg	1mg	100mg
Frequency	Daily	BID	Daily	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	Anti-Lipemics	Anti-Hypertensives	Anti-Platelets	Anti-Psychotic	Anti-depressants
Mechanism of	Reduces	Reduces	Inhibits the	Blocks	Thought to

Action	plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver.	cardiac output and tachycardia, causes vasodilation and decreases peripheral vascular resistance, which reduces blood pressure and cardia workload.	binding of ADP to its platelet receptor, impeding ADP-mediated activation and subsequent platelet aggregation.	dopamine, 5-HT2, alpha 1 and alpha 2 adrenergic, and H. histaminergic receptors of the brain.	be linked to drug's inhibition of CNS neuronal uptake of serotonin.
Reason Client Taking	Hyper-Lipidemia	HTN, Heart failure	MI, PAD	Hallucinations	Major Depressive Disorder
Contraindications (2)	Hyper-sensitivity; -Acute hepatic disease	-Hyper-sensitivity; -Asthma or related bronchospastic condition.	-Hyper-sensitivity	-Hyper-sensitivity -Use cautiously in patient at risk for aspiration pneumonia.	-Hyper-sensitivity -patients taking pimozide or MAO inhibitors
Side Effects/Adverse Reactions (2)	-Arrhythmias -weakness	Dizziness; vertigo	Hemorrhage; Hematuria	-Weight gain or loss -Decreased libido	-Nervousness -increased appetite
Nursing Considerations (2)	-Monitor diabetic's BS b/c drug can affect blood glucose control; Expect liver function test to be performed prior to	-Monitor blood glucose level, drug may alter level: Do not stop drug abruptly in patients with angina, it may worsen.	-May cause fatal thrombotic thrombocytopenia purpura that requires urgent treatment: Don't confuse with Paxil.	-Monitor for tardive dyskinesia; Monitor for weight gain.	-Give once daily, with or without food. -Monitor for suicidal tendencies.

	and during therapy.				
Key Nursing Assessment(s)/Lab(s) Prior to Administration	-Lipid panel	Pulse/ BP	Assess for signs of bleeding. -May decrease platelet count	May increase AST, ALT, blood glucose; decrease Hbg, Hct & WBC	-May increase AST & ALT levels.
Client Teaching needs (2)	-Drug is adjunct to-not a substitute for-a low-cholesterol diet; Take at same time daily.	-May cause dizziness, light-headedness, or orthostatic hypotension take precaution; Seek emergency assistance if develop hive or swelling of the face, lips, tongue, or throat that causes trouble swallowing or breathing.	-Notify provider if unusual bleeding or bruising occurs: Drug may be taken without regard to food.	-Avoid activities that require alertness until full drug effects are known; Can take with or without food.	-use caution when performing hazardous tasks: Avoid alcohol and avoid stopping abruptly.

Hospital Medications (5 required)

Brand/Generic	Lasix/ Furosemide	Heparin	Melatonin	Zofran/ Ondansetron	Tylenol/ acetaminophen
Dose	40mg	5,000 units	3mg	4mg	650mg

Frequency	BID	Q8H	Daily @ HS	Daily PRN	Q4H PRN
Route	IV	Subcut	Po	IV	PO
Classification	Anti-hypertensive/ diuretic	Anti-coagulant	Sedative/ Hypnotic	Antimetic	Analgesic
Mechanism of Action	Inhibits sodium and chloride reabsorption at the proximal and distal tubules and the ascending loop of Henle.	Accelerates formation of anti-thrombin III-thrombin complex & deactivates thrombin, preventing conversion of fibrinogen to fibrin.	Hormone secreted to regulate sleep/wake cycle	May block 5-HT3 in the CNS in the chemoreceptor trigger zone and in the peripheral nervous system on nerve terminals of the vagus nerve.	Thought to produce analgesia by inhibiting prostaglandin and other substances that sensitize pain receptors.
Reason Client Taking	-Fluid retention	-Anti-coagulation	Insomnia	Nausea/ vomiting	Pain
Contraindications (2)	-Hyper-sensitivity -Patients with anuria	-hyper-sensitivity. -Use cautiously in women over 60 b/c of an increase risk of bleeding.	-Hyper-sensitivity - pregnancy and lactation	-hyper-sensitivity; -Use cautiously in patients with hepatic impairment.	-Hyper-sensitivity -Liver impairments
Side Effects/Adverse Reactions (2)	Vertigo; orthostatic hypotension	- hemorrhage -hematoma	- Drowsiness - hypotension	-Dizziness -fatigue	-Hypertension -constipation
Nursing Considerations (2)	Monitor weight, BP, & pulse rate routinely; Watch for	-Monitor for hypokalemia -Draw	-assess sleep pattern	-May increase the risk of prolonged QT interval	-many OTC & prescription drugs contain acetaminophe

	signs of hypokalemia (muscle weakness & cramps)	blood for PTT 4-6 hours after dose given subcut.		& torsades de pointes. -Monitor LFT (liver function test), don't exceed 8mg in patients with hepatic impairment.	n, be aware when calculating daily dose; Consider reducing total daily dose and increasing dosing intervals in patients with hepatic impairments.
Key Nursing Assessment(s)/Lab (s) Prior to Administration	-monitor decrease in calcium, K+, NA+	-May increase INR, PT & PTT	Monitor blood glucose, coagulant panels hormones levels & lipid panel	May increase AST & ALT levels	-Monitor liver function panel
Client Teaching needs (2)	-Take in the morning to avoid urination at night; May need magnesium & potassium supplement.	-Report all adverse reactions; -Avoid OTC drugs containing aspirin, other salicylates or drugs that may interact with heparin unless directed by provider.	-take at HS -Avoid concurrent use of alcohol or other CNS depressants.	-Immediately report difficulty breathing; Contact provider for signs of abnormal HR.	-Drug is for short-term use; -High doses or unsupervised long-term use can cause liver damage. Excessive alcohol consumption may increase risk.

Medications Reference (APA):

Ambrose, P. J. & Green, D. J. (2018). *Nurse's Drug Handbook* (17th.ed.). Burlington, MA: Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient is alert and oriented x3. No distress noted. Overall appearance is of a well-groomed adult male.
INTEGUMENTARY (2 points): **Skin color:** Pale **Character:** **Temperature:** Cool extremities, warm torso **Turgor:** rapid recoil **Rashes:** **Bruises:** Lg. on left ankle **Wounds:** Puncture wound to posterior chest **Braden Score:** 19 **Drains present: Y☐ N ☒** **Type:**	Skin intact, dry, torso warm to touch. Skin turgor rapid recoil. Has puncture wound to posterior chest due to a thoracentesis. Bandage dry and intact. Scar noted to anterior chest due to previous cardiac surgery. A bruise noted to left ankle. Extremities cool in temperature. No drains noted. Braden score 19.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and ears symmetrical. Pina rapid recoil, no discharge noted. Eyes PERLA, sclera white. No discharge noted. Nose midline, no septum deviation. Mouth and teeth moist, uvula midline. No sores or lesions present with the mouth.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** 2+ **Capillary refill:** <3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	S1, S2 audible with murmur noted. Regular rhythm on telemetry, pulse 70. No edema noted. No neck vein distention. Capillary refill <3 seconds. Pulse strength 2+ BLE, 3+ BUE. Extremities cool to touch.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Diminished breath sounds noted in left lung, due to fluid retention. Post thoracentesis, crackles noted. Clear breath sounds noted to the right lungs. No use of accessory muscles. Complained of shortness of breath with exertion. Respirations even and non-labored. Periods of apnea noted at times. Cough noted after procedure. No severe respiratory distress noted.

GASTROINTESTINAL (2 points): **Diet at home:** Regular **Current Diet** Cardiac **Height:** 5'11 **Weight:** 162 lbs 11.2 oz **Auscultation Bowel sounds:** **Last BM:** 2/24/20 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Bowel sounds active in all quads. Unable to assess continence due to no bowel movement this shift. Last BM 2/24/20. Patient states he is continent at home and able to perform own personal hygiene. No pain or mass noted. No abdominal distention, incisions, scars or wounds present. The patient is currently 5'11 and weighs 162 lbs. the patient is on a cardiac diet, at home consumes a regular diet. The patient is able to consume food orally and with no assistance from staff.
GENITOURINARY (2 Points): **Color:** yellow **Character:** **Quantity of urine:** adequate **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The patient is continent of bladder with one episode of incontinence. Able to perform own personal hygiene. Urine is yellow with no odor or complaints of pain associated with voiding. Adequate amount of urine voided in urinal each void. Patient currently is not on dialysis and no Foley catheter in place.
MUSCULOSKELETAL (2 points): **Neurovascular status:** extremities pale, cool. Pulse 2+ bilaterally **ROM:** active **Supportive devices:** non **Strength:** equal **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 12-moderate fall risk **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	MAE x4. The patient requires staff assistance for transfer and ambulation. The patient has full active ROM and equal strength bilaterally. No c/ o numbness or tingling noted, although extremities feel cool to the touch. Bilateral pulse strength is 2+. The patient is a moderate fall risk with activity as tolerated.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐**	The patient is awake, alert and oriented x4. Speech clear, but quiet. The patient whispers or

PERLA: Y ☒ N☐ **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** x3 **Mental Status:** alert **Speech:** clear **Sensory:** **LOC:** awake	does not speak due to fatigue. Eyes PERLA. Grip strength equal bilaterally, equal strength to lower extremities. No c/o numbness or tingling noted.
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):**	The patient currently lives in the Champaign-Urbana area with his wife of 47 years. He has one grown daughter as well. The patient states he grew up in Danville and graduated from Danville High School. He then went to work for the city of Champaign until retirement. The patient did not state any church affiliation.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0835	72	153/76	18	97.0	96% RA
1032	70	113/74	18	97.2	99% RA

Vital Sign Trends: The vitals remained stable throughout the day. The blood pressure which was elevated prior to procedure reduced afterward. The pulse ox increased which showed improved respirations.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0835	Numeric	NA	0	NA	NA
1032	Numeric	NA	0	NA	NA

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20g. **Location of IV:** Left Forearm **Date on IV:** 2/26/20 **Patency of IV:** Patent, flush easy **Signs of erythema, drainage, etc.:** **IV dressing assessment:** Dry, intact	The patient had a 20g. saline lock in the left lower forearm. Date on line is 2/26/20. IV patent, flushes easy. Dressing dry & intact. No signs of erythema or drainage noted.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
300ml	2000mL (fluid removed during thoracentesis), incontinent x1, void 350, void 400

Nursing Care

Summary of Care (2 points)

Overview of care: Introduce myself to patient, obtained vitals and performed a head to assessment. Spoke to resident for a while.

Procedures/testing done: The patient underwent a thoracentesis this day in which 2000mL of fluid was removed from the left chest.

Complaints/Issues: The patient did not voice any complaints other than the shortness of breath.

Vital signs (stable/unstable): Vital signs remained stable throughout the day. The BP was elevated prior to the procedure and decreased afterwards.

Tolerating diet, activity, etc.: Patient is currently on cardiac diet and tolerating well. Activity is as tolerated.

Physician notifications: Physicians making rounds this day, no new orders at this time.

Future plans for patient: The patient will remain in the hospital for a few days.

Discharge Planning (2 points)

Discharge location: Will discharge home with wife when able.

Home health needs (if applicable): Home health needs have not been discussed at this time.

Equipment needs (if applicable): Unsure of plans for equipment needs at this time.

Follow up plan: No follow up plans in discussion at this time.

Education needs: No education needs discussed at this time.

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. Ineffective breathing pattern r/t pain AEB inability to take deep breaths.	Patient reported shortness of breath and dyspnea upon admission.	**1.** Monitor respiratory rate, depth, and ease of respiration. **2.** Monitor oxygen saturation continuously using pulse ox.	After procedure was performed, patient reported easier breathing.
3. Excess fluid volume r/t compromised regulatory mechanism: heart failure AEB presence of pleural effusion in	The pleural effusion is usually an underlying condition secondary to another health issue.	**1.** Monitor daily weight for sudden increases **2.** Administer prescription diuretics as appropriate.	The diuretics were administered to reduce risk of fluid accumulation returning.

left chest cavity.			
1. Fatigue r/t disease process with decreased cardiac output AEB patient would take frequent naps.	Patient could barely carry a conversation and would nap frequently.	**1.** Assess severity of fatigue. **2** Teach strategies for energy conservation.	The patient was unable to carry a full conversation.
2. Activity intolerance r/t weakness, fatigue AEB increased fatigue with any activity.	The patient appeared weak and would tire easily.	**1.** When appropriate gradually increase activity. **2.** Slow the pace of care. Allow the patient extra time to carry out physical activities.	The patient requested assistance with urinal due to weakness.

Other References (APA):

Ackley, B. J. & Ladwig, G. B. (2013). *Nursing Diagnosis Handbook: An Evidence-Based Guide To Planning Care* (10th.ed.). Philadelphia, PA: Elsevier

Concept Map (20 Points):

N431 CARE PLAN

Subjective Data

-Shortness of breath.
-Fatigue
-Weakness

Nursing Diagnosis/Outcomes

-Ineffective breathing pattern related to pain as evidenced by inability to take deep breath.

*The patient will report ability to breath comfortably.

-Excess fluid volume related to compromised regulatory mechanisms: heart failure as evidenced by presence of pleural effusion in the left chest cavity.

*The patient will remain free of edema, effusion, and anasarca.

Objective Data

-X-ray revealing pleural effusion.
-Diminished breath sounds on left side.
-Elevated blood pressure.

Patient Information

72 y/o male, states he has noticed increased shortness of breath within the last week. Also complains of a cough, but denies chest pain. A chest x-ray performed revealed a pleural effusion and possible pneumonitis.

Nursing Interventions

-Monitor respiratory rate, depth, and ease of respirations.
-Monitor oxygen saturation continuously using pulse ximetry.

-Monitor daily weight for sudden increases.
-Administer prescription diuretics as appropriate.