N441 Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 03/10/2020	**Patient Initials** PK	**Age** 62	**Gender** M
Race/Ethnicity Caucasian	**Occupation** Unemployed	**Marital Status** Married	**Allergies** No known drug or food allergies
Code Status Full	**Height** 5’9	**Weight** 113kg	

Medical History (5 Points)

Past Medical History:.

- Atrial fibrillation
- Arthrosclerosis
- Coronary artery disease
- Cardiomyopathy
- COPDD
- Hyperlipidemia
- Hypertension
- Myocardial Infarction
- Renal Insufficiency

Past Surgical History:

- Cardiac catheterization (October 2019)
- Cardiac defibrillation and pacemaker placement (no date noted)
- Nephrectomy (no dated noted)

Family History:

- Patient noted that his mother and father had a history of heart disease. There was no other medical history noted.

Social History (tobacco/alcohol/drugs):

- The patient is currently unemployed. The patient did not say where he was previously employed. Patient says that he quit smoking. He has a smoking history of 35 years ago. Patient admits to the current use of alcohol, a glass or two of whiskey every few days. Patient denies the use of drug or substance abuse.

Assistive Devices:

- Patient denies the use of glasses but does have hearing aids. Patient also denies the use of any assistive devices such as a walker, cane, or wheelchair at home.

Living Situation:

- He lives at home with his wife and son.

Education Level:

- Patient's education level includes some college.

Admission Assessment

Chief Complaint (2 points):.

- Shortness of breath and dizziness the last few days.

History of present Illness (10 points):.

Patient presented to the ED on 03/10/2020 through an ambulance with complains of dizziness and shortness of breath over the last few days. Patient said that he's had chronic shortness of breath over the last year and a half but has recently gotten worse. Patient said that his intermittent dizziness has gotten worse. The day before coming to the ED, patient stated he tried to get up but got very dizzy. The same incidence occurred multiple times leading to his wife calling for an ambulance to take him to the ED. Patient denied headache, blurred vision, fever or chills, and chest pain. Upon physical examination, a CT head scan, CBC, chemistry profile, and

d-dimer were ordered to help determine the etiology of the patient's complaints. The CBC and chemistry profile showed low hemoglobin, elevated glucose, and lactic acid levels. The d-dimer was significantly elevated. The CT showed no abnormalities. The patient was admitted and is on hospital day one.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):.

- Anemia

Secondary Diagnosis (if applicable):.

- Hypotension, d-dimer elevation, and lactic acidosis

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

Anemia is defined as having a lower hemoglobin concentration than normal. This leads to a reduction in the amount of oxygen that is delivered to the body tissues (Mayo Clinic, 2019). The classification of anemia depends on the underlying cause. Anemia can be due to blood loss. It can be due to a destruction of red blood cells, also known as hemolytic anemia. It can be due to a lack of red blood cell production, also known as aplastic anemia. It can be due to the shape of red blood cells, also known as sickle cell anemia. It can also be due to a lack of something such as a lack of iron or certain vitamins.

It is important to recognize the risk factors and clinical manifestations of anemia so it can be effectively treated before serious complications can arise. Risk factors include; a poor diet lacking vitamins and minerals, Crohn's and celiac disease, menstruation and pregnancy in women, and chronic conditions such as cancer or kidney failure (Mayo Clinic, 2019). Other risk factors include family history, certain infections, autoimmune disorders, alcoholism, and certain medications (Cheever & Hinkle, 2017). The clinical manifestations depend on the severity of the

disorders and how fast the anemia occurred. Clinical manifestations include; mild to moderate fatigue, weakness, shortness of breath, tachycardia/palpitations, dizziness or syncope, pallor of nails beds and mucous membrane, paresthesias in hands and feet with possible loss of balance, and smooth, sore, bright-red tongue (Cheever & Hinkle, 2017). The patient, PK, presented to the hospital on 03/11/2020 with syncope. A factor that could have caused the anemia diagnosis for PK is the type of medication he is on due to other medical conditions.

There are multiple diagnostic tests that can be run to helpful in the diagnosis of anemia. The biggest test is a CBC. The CBC helps count the number of red blood cells (Mayo Clinic, 2019). Upon physical examination in the ED for PK, a CBC chemistry profile, a CT scan and d-dimer were ordered. The CBC showed a significantly decrease in red blood cells, hemoglobin and hematocrit, and platelet levels. The chemistry profile showed an increase in PK's lactic acid level. The d-dimer was significantly elevated. However, a d-dimer is not a definitive diagnosis. To treat this diagnosis, PK is receiving a blood transfusion. The biggest medical management is directed at correcting or controlling the underlying cause of the disease (Cheever & Hinkle, 2017).

Pathophysiology References (2) (APA):

Cheever, K., & Hinkle, J. (Eds). (2017). *Brunner's & Suddarth's Textbook of Medical-Surgical Nursing*: Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins

Mayo Clinic. (2019). Anemia. Retrieved March 13, 2020, from https://www.mayoclinic.org/diseases-conditions/anemia/symptoms-causes/syc-20351360

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	4.4-5.8	2.34	2.17	The patient has a new diagnosis of anemia. This can be the reason he has

				a lowered number of RBCs. Anemia occurs when somebody lacks health red blood cells to carry oxygen to the rest of the body tissues (Mayo Clinic, 2019). The patient had no other signs of bleeding.
Hgb	13.0-16.5	8.5	7.7	Low hemoglobin can be due to anemia, the body destroying red blood cells too fast, or an active bleed (American Cancer Society, 2020).
Hct	38-50	26.1	24.6	Similar to hemoglobin, hematocrit can be lowered for the same reasons (American Cancer Society, 2020). The patient is lacking in blood volume
Platelets	140-440	128	126	Low platelet levels can occur from specific medical conditions or taking certain medications (Mayo Clinic, 2018). The patient is on medication that can interfere with his body's ability to produce platelets. This along with a lowered blood volume can be the reason for the decreased level.
WBC	4-12	6.4	4.4	
Neutrophils	40-68	45	41.5	
Lymphocytes	19-49	27	30	
Monocytes	3-13	12	10	
Eosinophils	0-8	1.2	0.9	
Bands	0-10	3	0.4	

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	139	142	
K+	3.5-5.1	4.4	4.4	
Cl-	98-107	106	107	

CO2	21-31	21	22	
Glucose	70-99	175	167	Glucose levels can be elevated from an illness and from being stressed. The patient has been stressed from all of the testing being done (American Diabetes Association, 2019). This can be the reason for his elevated glucose.
BUN	6-20	16	18	
Creatinine	0.5-1.2	2.58	2.44	Elevated creatinine levels mean that the kidneys aren't working well. This can be due to low blood volume, medication and kidney disease. The patient has one kidney and is currently being treated for anemia. This could be the reason for the elevation (Mayo Clinic, 2018).
Albumin	3.5-5.7	4.1	3.7	
Calcium	8.6-10.3	9.2	8.6	
Mag	1.5-2	N/A	N/A	
Phosphate	0.8-1.5	N/A	N/A	
Bilirubin	0.2-0.8	0.5	0.4	
Alk Phos	50-100	N/A	N/A	
AST	10-30	N/A	N/A	
ALT	10-40	N/A	N/A	
Amylase	30-125	N/A	N/A	
Lipase	10-150	N/A	N/A	
Lactic Acid	0.5-2	2.5	1.9	Lactic acid is produced when oxygen is low and the body breaks down carbohydrates for energy. Levels get higher with conditions

				such as heart failure (University of Michigan Medicine, 2019). The patient has a medical history of CHF and has a low level of oxygen in the blood. This can be the reason for an initial high level.
Troponin	0-0.04	0.03	N/A	
CK-MB	5-25	N/A	N/A	
Total CK	3-5	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	0.9-1.1	1.3	N/A	High INR levels occur when the blood takes a prolonged period of time to clot (Mayo Clinic, 2018). The patient currently has a lowered blood volume which can explain why his INR is slightly elevated.
PT	11-14 sec	N/A	N/A	
PTT	25-36	30	N/A	
D-Dimer	0-622	2,040	N/A	D-dimer levels elevate in the indication of VTE. However, it is not used to diagnose a VTE. Elevation can also occur in other conditions that cause a pro-coagulant state (Lippi et al., 2013). The patient was being sent for further diagnostics to see if there was a VTE present.
BNP	0.5-30	N/A	N/A	
HDL	40-60	N/A	N/A	
LDL	< 130	N/A	N/A	
Cholesterol	< 200	N/A	N/A	

Triglycerides	< 150	N/A	N/A	
Hgb A1c	< 5.6%	N/A	N/A	
TSH	0.4-4	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, clear	N/A	N/A	
pH	5.0-8	N/A	N/A	
Specific Gravity	1.005-1.024	N/A	N/A	
Glucose	Normal	N/A	N/A	
Protein	Negative-Normal	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	<5	N/A	N/A	
RBC	0-3	N/A	N/A	
Leukoesterase	Negative	N/A	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	7.21	N/A	The patient's pH is low when the kidneys and lungs are unable to maintain a balance (Patel & Sharma, 2019).
PaO2	85-100	80	N/A	The patient's O2 is decreased because of the lungs inability to pull oxygen into the body and bloodstream. This can be due to the patient having a medical history of

				COPD and a diagnosis of anemia (Patel & Sharma, 2019).
PaCO2	35-45	54	N/A	The CO2 is elevated because the patient's lungs are unable remove CO2 correctly leading to a buildup. This can be due to conditions such as COPD (Patel & Sharma, 2019). The patient has a medical history of COPD.
HCO3	22-26	23	N/A	
SaO2	95-98	97	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):

American Cancer Society. (2020). Low Red Cell Counts. Retrieved March 13, 2020, from https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/low-blood-counts/anemia.html

American Diabetes Association. (2019). Hyperglycemia (High Blood Glucose). Retrieved March 13, 2020, from https://www.diabetes.org/diabetes/medication-management/blood-glucose-testing-and-control/hyperglycemia

Lippi, G., Bonfanti, L., & Saccenti, C. (2013). Causes of elevated d-dimer in patients admitted to a large urban emergency department. *European Journal Medicine*. Retrieved March 13, 2020, from https://acutecaretesting.org/en/journal-scans/causes-of-increased-d-dimer

Mayo Clinic. (2018). Creatinine Test. Retrieved March 13, 2020, from https://www.mayoclinic.org/tests-procedures/creatinine-test/about/pac-20384646

Mayo Clinic. (2018). Prothrombin Test Time. Retrieved March 13, 2020, from https://www.mayoclinic.org/tests-procedures/prothrombin-time/about/pac-20384661

Mayo Clinic. (2018). Thrombocytopenia. Retrieved March 13, 2020, from https://www.mayoclinic.org/diseases-conditions/thrombocytopenia/symptoms-causes/syc-20378293

Patel, S., & Sharma, S. (2019). Physiology, respiratory acidosis. *National Center for Biotechnology Information*. Retrieved March 13, 2020, from https://www.ncbi.nlm.nih.gov/books/NBK482430/

University of Michigan Medicine. (2019). Lactic Acid. Retrieved March 13, 2020, from https://www.uofmhealth.org/health-library/hw7871

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- The patient also had a VQ scan and chest x-ray ordered.

Diagnostic Test Correlation (5 points):

- VQ scans are used to help run out or diagnosis a pulmonary embolism in the lungs. It works by detecting regional differences in lung blood flow and air distribution (National Heart, Lung, and Blood Institute, 2019). The patient's result from the VQ scan were not up yet by the time the shift was over. Chest x-rays produce imagines of the heart, lungs, airway, and bones of the chest and spine. It is helpful is showing any fluid or air in the lungs or space surrounding the lungs (Mayo Clinic, 2020). The patient's chest x-ray showed no active disease.

Diagnostic Test Reference (APA):

Mayo Clinic. (2020). Chest X-Rays. Retrieved March 13, 2020, from https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

National Heart, Lung, and Blood Institute. (2019). Lung VQ Scan. Retrieved March 13, 2020, from https://www.nhlbi.nih.gov/health-topics/lung-vq-scan

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

Home Medications (5 required)

Brand/Generic	Amiodarone (Cordarone)	Carvedilol (Coreg)	Furosemide (Lasix)	Pravastatin (Pravachol)	Nitroglycerin (Rectiv)
Dose	200mg	25mg	40mg	80mg	0.4mg
Frequency	Daily	BID	Daily	Daily	PRN
Route	PO	PO	PO	PO	Sublingual
Classification	Antiarrhythmic	Beta blocker	Loop diuretic	Statin	Vasodilator
Mechanism of Action	Acts on cardiac cell membranes to prolong repolarization and refractory period leading to a raise in ventricular fibrillation threshold	Reduces cardiac output and tachycardia by causing vasodilation leading to reduced blood pressure	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation	Inhibits cholesterol synthesis in liver by blocking the enzyme needed to convert HMG-CoA to mevalonate, a cholesterol precursor	The vasodilation effect dilates coronary arteries, increasing blood flow to ischemic myocardial tissue and provides analgesic effects
Reason Client Taking	PMHX of atrial fibrillation	PMHX of HTN	PHMX of edema due to CHF	PHMX of hyperlipidemia	Chest pain
Contraindications (2)	Cardiogenic shock Hypokalemia	Asthma Severe bradycardia	Anuria Hypersensitivity to sulfonamides	Active hepatic disease Elevated liver enzymes	Cerebral hemorrhage Acute MI
Side Effects/Adverse Reactions (2)	Abnormal gait Acute renal failure	Increased cough Elevated BUN and creatinine levels	Anemia Dizziness	Hyperglycemia Peripheral nerve palsy	Headache Hypotension

Nursing Considerations (2)	Monitor vital signs and oxygen level routinely Monitor liver enzymes and thyroid hormone levels as ordered	Monitor patient's carefully because it can aggravate symptoms of arterial insufficiency Monitor blood glucose levels as ordered	Monitor vital signs and electrolyte levels routinely Give drug in the morning, if once a day, to decrease the need for overnight urination	Monitor BUN and creatinine levels routinely for abnormal elevated Give drug 1hr before or 4hrs after giving cholestyramine or colestipol	Place patient in a sitting up position when administering, don't rinse mouth for at least 5 minutes after Monitor heart and breath sounds, LOC, I&O routinely
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Check patient's implantable cardiac device prior to the start of therapy	Check patient's medication regimen because in CHF it is typically used with another medication	Obtain patient's weight prior to starting therapy	Check patient's liver enzymes prior to starting therapy	Check to see if the patient is receiving ergotamine or related drugs, the two should not be given together
Client Teaching needs (2)	Instruct patient to report abnormal bleeding or bruising Explain the need for routine testing	Warn that drug may cause dizziness, light-headedness, and orthostatic hypotension Educate to swallow extended-	Emphasize the importance of weight and diet control, especially limiting sodium intake Instruct to take medication at the same time every day to	Educate to take medication at bedtime without regard to meals Educate to notify provider if experiencing muscle pain, tenderness,	Suggest patient change positions slowly to reduce orthostatic hypotension Educate patient to notify prescribe immediatel

		release capsules whole	maintain therapeutic effect	weakness, and other evidence of myopathy	y about blurred vision, dizziness, and severe headache

Hospital Medications (5 required)

Brand/ Generic	Aspirin (Ancasal)	Enoxaparin (Lovenox)	(Piperacillin/ Tazobactam) Zosyn	Vancomycin (Vancocin)	Lisinopril (Prinivil)
Dose	81mg	30mg	4.5g, 200mL/hr.	2,500mg, 200mL/hr.	20mg
Frequency	Daily	Daily	Once	Once	Daily
Route	PO	SubQ	IV	IV	PO
Classification	Anti-platelet, nonopioid analgesic	Antithrombotic	Antibiotic	Antibiotic	ACE inhibitor
Mechanism of Action	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis leading to inflammatory symptoms subsiding	Potentiates the action of antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors	Binds to bacterial cell wall membrane causing cell death. This medication can also destroy penicillins.	Binds to bacterial cell wall membrane causing cell death.	Blocks the conversion of angiotension I to the vasoconstrictor angiotension II.
Reason Client Taking	PHMX of a MI	DVT prophylaxis	Cellulitis	Cellulitis	PHMX of CHF
Contraindications (2)	Asthma Peptic ulcer disease	Active major bleeding Thrombocyt	Renal impairment Hypersensitivity	Renal impairment Intestinal obstruction/infla	Hypovolemia Hyponatremia

		openia		mmation	
Side Effects/ Adverse Reactions (2)	Prolonged bleeding time Salicylism	Anemia Bloody stools	Diarrhea Rashes	Nephrotoxicity Phlebitis	Cough Hypotension
Nursing Considerations (2)	Don't crush timed-release or controlled-release tablets Monitor for tinnitus, a sign it has passed therapeutic effect	Do not give medication as an IM injection Keep protamine sulfate in the patient's room in the case of an accidental overdose	Monitor bowel function. Diarrhea, cramping, fever, and bloody stools should be reported immediately Monitor patient with mild to moderate rash for progression	Monitor IV site closely, the medication can cause necrosis and severe pain with extravasation Monitor I&O and daily weight routinely, cloudy or pink urine can indicate nephrotoxicity	Monitor weight and assess patient routinely for signs of fluid overload Monitor renal function because it may cause an increase in BUN and creatinine
Key Nursing Assessment(s) /Lab(s) Prior to Administration	Check patient's hearing prior to obtain a baseline	Check's medical history to see if they have a bleeding disorder, this medication should not be given if they do	Check patient's CBC to signs of an infection prior to starting therapy	Obtain specimens for culture and sensitivity prior to the start of therapy	Obtain patient's weight prior to the start of therapy to establish a baseline
Client Teaching needs (2)	Educate to take with food or after meals	Teach patient or family member on	Advise patient not to treat diarrhea without consulting health	Educate to report signs of hypersensitivity such as tinnitus,	Educate patient to take the medicatio

	to decrease GI effects Educate not to take medicatio n if it has a strong vinegar-like odor	how to administer medication if going home on it Advise patient not to rub the site after giving the injection to minimize bruising	care professional Advise patient to repot rash and signs of superinfection and allergy	vertigo, or hearing loss Advise patients on oral doses to take as directed. Take missed dose as soon as possible; do not double dose	n at the same time every day Advise patients to avoid salt substitute s containin g potassium

Medications Reference (APA):

Jones & Bartlett Learning. (2018). *Nursing's Drug Handbook* (17th ed.). Burlington, MA.

Frandesen, G. & Pennington, S. (2018). *Abrams' Clinical Drug Therapy: Rationales for Nursing Practice (11th ed.)*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is A&Ox4. Patient is awake in bed but appeared to be slightly upset over not getting breakfast. No other distress was noted.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Braden scale: 20 The patient is Caucasian male. His skin tone was pale due to race/ethnicity. Patient has good skin turgor and is warm to the touch. His skin was a little dry on his hands. Rashes were not noted. A few bruises were noted on his arms from IV attempts. Patient is not considered a skin risk.
HEENT (1 point): **Head/Neck:**	Patient's head is midline with no deviations.

Ears: **Eyes:** **Nose:** **Teeth:**	Patient's hair is white in color. Patient's ears show no abnormal drainage. Patient did mention he has congenital hearing loss in his right ear. Patient does have a hearing aid. PERLA is present. Patient denies the use of glasses. Patient's nose shows no sign of a deviated septum. Patient's oral mucosa was a little dry due to not drinking fluids. There were no noted abnormalities. Patient's teeth were present and yellow in color.
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:**	. Patient was on a telemetry monitor. Patient was in normal sinus rhythm. Upon physical examination, heart sounds were auscultated x5. S1, S2 heart sounds were noted. No noted additional heart sounds. Pulses were bilaterally assessed and were present, 2+. Patient's capillary refill was less than three seconds. Patient has edema in his lower extremities, no noted edema elsewhere. Patient showed no signs of neck vein distension.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **ET Tube:** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	Patient's lung sounds were auscultated both anteriorly and posteriorly at each lobe. Patient's lung sounds were clear bilaterally. However, the lower right and left lobes did have diminished lung sounds. No noted used of accessory muscles when breathing. Patient was on oxygen therapy at 3L. Patient does complain of shortness of breath and mentions the use of oxygen at home. Patient did not have an ET tube.
GASTROINTESTINAL (2 points): **Diet at home:** Low sodium **Current Diet:** Heart healthy **Height:** 5'9 **Weight:** 113kg **Auscultation Bowel sounds:** **Last BM:** 03/10/2020 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:**	Patient's normal diet at home is a low sodium diet. The patient's current diet is a heart healthy diet. Bowel sounds were auscultated and present in all four quadrants. Patient reports no pain. No noted tenderness or masses. No noted drains or wounds. The patient did have small scars on his abdomen from a previous nephrectomy surgery. Patient does not have an ostomy, nasogastric tube, or PEG tube in place. Patient's last bowel

Incisions: **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	movement was 03/10/2020. Patient denies any recent weight loss.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:** **CAUTI prevention measures:**	Patient is able to get up and ambulate to the bedside commode x1. Patient does not have dialysis or a catheter in place. Upon his last urination, patient denied hesitancy or urgency. Patient's urine did not have an abnormal color or odor. He is on strict I&Os.
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 ☐**	Fall Score: 18 Patient has active range of motion bilaterally. Patient is a fall risk. Patient is up with assistance x1. Patient has assistance as a precaution due to him being a fall risk. Patient denies the use of any assistive devices such as a walker, wheel chair, or cane at home.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is awake in bed but appeared to be slightly upset. He is A&Ox4. Patient kept mentioning how he just wanted to eat breakfast but was unable to do so with testing Patient speaks English at a normal pace. Patient MAEW and his PERLA was intact. His strength is equal bilaterally. Patient did not show signs of neurological damage.
PSYCHOSOCIAL/CULTURAL (2 points):	Patient presents in a good mood other than

Coping method(s): **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	stating how hungry he was. He was very nice and talkative. Patient lives at home with his wife and son. His wife and his pastor were present at the bedside. He appears to have a good support system from family. Patient is currently unemployed. When asked about religious preference, patient stated he is Catholic and his faith means a lot to him.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0745	74	94/50	18	98.3F	98%
1200	78	98/58	16	98.1F	96%

Vital Sign Trends/Correlation:

The patient's vital signs remained, for the majority, stable. The patient's blood pressure remained slow through the clinical shift. Patient's oxygen remained stable with 3L nasal cannula.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0745	Numerical	N/A	0/10	Patient denies pain	No interventions were needed
1200	Numerical	N/A	0/10	Patient denies pain	No interventions were needed

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18g **Location of IV:** Peripheral (L antecubital) **Date on IV:** 03/10/2020 **Patency of IV:** IV is patent. **Signs of erythema, drainage, etc.:** There is no evidence of erythema, drainage, or swelling. Patient also denies pain at IV	Dobutamine 500mg/250mL Continuous infusion Running at 8.2mL/hr.

insertion site. **IV dressing assessment:** The IV dressing was dry and intact.	
Other Lines (PICC, Port, central line, etc.)	
Type: **Size:** **Location:** **Date of insertion:** **Patency:** **Signs of erythema, drainage, etc.:** **Dressing assessment:** **Date on dressing:** **CUROS caps in place: Y ☐ N ☒** **CLABSI prevention measures:**	Patient has no other lines such as a PICC, port, or central line.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
575mL	350mL

Nursing Care

Summary of Care (2 points)

Overview of care:

- Patient was in good spirits most of the clinical shift. The patient only wanted to eat breakfast. The patient had his wife and pastor present at the bedside. Patient's abnormal lab values have to do with a new diagnosis of anemia. He received a blood transfusion during the clinical shift. The patient had no noted reaction to the transfusion.

Procedures/testing done:

- The patient had a nuclear medicine scan of his lungs. The patient also had an echocardiogram. These were both performed to assess if the patient had a pulmonary embolism. The results from both tests had no came back yet.

Complaints/Issues:

- Patient only had complaints of wanting to eat. There were no other complaints or issues.

Vital signs (stable/unstable):

- Patient's vital signs remained stable throughout the shift. The patient's blood pressure remained low.

Tolerating diet, activity, etc.:

- Patient was tolerating diet and activity level well.

Physician notifications:

- The physician was notified of the patient's continued decrease in hematological status. The physician ordered the patient to receive a blood transfusion.

Future plans for patient:

- The patient will continue to be monitored for signs of progress. There was no too much talk about discharge plans just yet.

Discharge Planning (2 points)

Discharge location:

- Upon discharge, patient will be going home with his wife and his son.

Home health needs (if applicable):

- Patient will not need home health needs.

Equipment needs (if applicable):

- Patient will not need any additional equipment at home.

Follow up plan:

- Patient will have to follow-up with his primary care provider.

Education needs:

- Patient received education on receiving a blood transfusion before receiving the transfusion. No other education is needed 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. Risk for ineffective breathing pattern related to poor lung function as evidenced by diminished bilaterally lower lobe lung sounds (Swearingen, 2016).	The nursing diagnosis was chosen because the patient mentioned he experiences acute on chronic shortness of breath. Experiencing multiple episodes of shortness of breath can lead to issues with breathing and breathing pattern.	**1.** Observe breathing pattern for SOB, nasal flaring, prolonged expiratory phase and use of accessory muscle **2.** Monitor and record vital signs to establish a baseline and compare to baseline	The patient had no issues with the interventions. The patient did state that he occasionally has to use pursed lip breathing to help manage his COPD. The patient had diminished lung sounds. Patient did state that he will have shortness of breath on exertion when ambulating to the bedside commode. There was no noted use of accessory muscles. The patient will continue to be monitored.
2. Risk for impaired gas exchange related to poor oxygenation as evidenced by respiratory acidosis (Swearingen, 2016).	The patient being in a prolonged period of respiratory acidosis can cause damage to the body. A prolonged period can also interfere with how well the patient is able to perform gas exchange.	**1.** Auscultate lung fields for any presence of crackles **2.** Observe color of skin, mucous membranes and nail beds for any symptoms of cyanosis	The patient had no complaints with the interventions. The patient was compliant when auscultating lung sounds. There were no noted symptoms of cyanosis. The patient will continue to be monitored.
1. Risk for decreased cardiac output	The patient has a medical history of heart failure and	**1.** Auscultate apical pulse, heart rate, and rhythm to note	The patient had no complaints with the interventions. The patient's

related to past medical history of congestive heart failure as evidenced by hypotension and chronic lower extremity edema (Swearingen, 2016).	other heart diseases. The patient also had a pacemaker placed. This puts the patient at a higher risk of having a decreased cardiac output due to the stress on his heart.	heart sounds **2**. Monitor blood pressure, urine output, and peripheral pulses	heart rate and urine output remained within normal limits. The patient's blood pressure was lowered through the clinical shift. The patient's peripheral pulses were assessed and within normal limits. The patient will continue to be monitored.
2. Risk for impaired skin integrity related to poor tissue perfusion as evidenced by chronic edema (Swearingen, 2016).	The patient has chronic edema due to his heart failure. However, the patient also has a new diagnosis of anemia with his hematological status being unstable. The lack of oxygen being perfused to the tissues can be a risk for impaired skin integrity	**1.** Inspect skin, noting skeletal prominences, presence of edema, and areas of altered circulation **2.** Encourage frequent position changes and assistive with range of motion exercises as needed	The patient was not that happy with frequent position changes. The patient wanted to rest comfortably and didn't want to continue to change positions. However, the patient tolerated the activity well. The patient's pressure points were without signs of skin breakdown. The only location of edema was the lower extremities. The patient will continue to be monitored.
3. Risk for activity intolerance related to generalized weakness as evidenced by poor oxygen supply and demand (Swearingen, 2016).	The patient is at risk for activity intolerance because of the lack of oxygen reaching the rest of his body tissues. The lack of oxygen can cause dizziness or other issues leading to activity intolerance.	**1.** Document cardiopulmonary response to activity to note tachycardia, dysrhythmias, dyspnea, and diaphoresis **2.** Check vital signs prior to activity and immediately after activity	The patient had no complaints being on telemetry or assessing vital signs routinely. The patient has a medical history of atrial fibrillation. There was no noted tachycardia, other dysrhythmias, and diaphoresis during activity. The patient's vital signs and activity tolerance will continue to be monitored.

Other References (APA):

Swearingen, P. (2016). *All-in-One Nursing Care Planning Resource* (4th ed.). St. Louis, Missouri: ELSEVIER.

Concept Map (20 Points):

N441 CARE PLAN

Subjective Data

Patient experiences acute on chronic shortness of breath
Intermittent dizziness for the last few days
Denies chest pain, headache, blurred vision, and fever or chills

Nursing Diagnosis/Outcomes

Risk for ineffective breathing pattern related to poor lung function as evidenced by diminished bilaterally lower lobe lung sounds
Outcome Patient's lungs sounds will improve to clear by the time of discharge
Risk for impaired gas exchange related to poor oxygenation as evidenced by respiratory acidosis
Outcome Patient will no longer be in respiratory acidosis within the next 24-48 hours
Risk for decreased cardiac output related to past medical history of congestive heart failure as evidenced by hypotension and chronic lower extremity edema
Outcome Patient's blood pressure will elevate to within normal limits within the next 24 hours.
Risk for impaired skin integrity related to poor tissue perfusion as evidenced by chronic edema
Outcome Patient will remain free of skin integrity issues until the time of discharge
Risk for activity intolerance related to generalized weakness as evidenced by poor oxygen supply and demand
Outcome Patient will show an increase for activity tolerance within 24-48 hours.

Objective Data

Patient's vital signs remained stable from admission through the day except for blood pressure which remained low.
CBC showed an unstable hematological status
D-dimer was significantly elevated
Chemistry profile showed lactic acidosis

Patient Information

Patient presented to the ED on 03/10/2020 through an ambulance with complains of dizziness and shortness of breath over the last few days. Patient said that he's had chronic shortness of breath over the last year and a half but has recently gotten worse. Patient said that his intermittent dizziness has gotten worse. The day before coming to the ED, patient stated he tried to get up but got very dizzy. The same incidence occurred multiple times leading to his wife calling for an ambulance to take him to the ED. Patient denied headache, blurred vision, fever or chills, and chest pain. Upon physical examination, a CT head scan, CBC, chemistry profile, and d-dimer were ordered to help determine the etiology of the patient's complaints. The CBC and chemistry profile showed low hemoglobin, elevated glucose, and lactic acid levels. The d-dimer was significantly elevated. The CT showed no abnormalities. The patient was admitted and is on hospital day one.

Nursing Interventions

Observe breathing pattern for SOB, nasal flaring, prolonged expiratory phase and use of accessory muscle
Monitor and record vital signs to establish a baseline and compare to baseline
Auscultate lung fields for any presence of crackles
Observe color of skin, mucous membranes and nail beds for any symptoms of cyanosis
Auscultate apical pulse, heart rate, and rhythm to note heart sounds
Monitor blood pressure, urine output, and peripheral pulses
Inspect skin, noting skeletal prominences, presence of edema, and areas of altered circulation
Encourage frequent position changes and assistive with range of motion exercises as needed
Document cardiopulmonary response to activity to note tachycardia, dysrhythmias, dyspnea, and diaphoresis
Check vital signs prior to activity and immediately after activity