N431 Care Plan #3

Lakeview College of Nursing

Hannah Johnson

Demographics (3 points)

Date of Admission 3/17/2020	**Patient Initials** R.O.	**Age** 54 years old	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Gas Station Attendant	**Marital Status** Divorced	**Allergies** PCN
Code Status Full Code	**Height** 5’ 10”	**Weight** 220 lbs.	

Medical History (5 Points)

Past Medical History: Hypertension, hypercholesterolemia, obesity (BMI – 31.6)

Past Surgical History: Appendectomy (2007)

Family History: Mother: Diabetes, Father: MI s/p stent replacement, Sister: Obesity

Social History (tobacco/alcohol/drugs): Tobacco: 1 pack/day for 30 years, Alcohol: Patient states he drinks “a few beers on the weekends”, Drugs: Patient denies use.

Assistive Devices: No assistive devices.

Living Situation: Patient lives at home alone.

Education Level: Patient has high school diploma, no other education noted.

Admission Assessment

Chief Complaint (2 points): Substernal chest pain and nausea.

History of present Illness (10 points): The patient is a 54-year-old male who presented to the Emergency Department for substernal chest pain and nausea. An EKG was performed to reveal ST-elevation I, I, II and AVF. He was taken to the cardiac cath lab where his right coronary artery was noted to have a 95% blockage. A stent was placed by Dr. Whapham and he was admitted to the cardiac unit at the hospital. He is a smoker of 1 pack a day for the past 30 years.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): ST-elevation myocardial infarction

Secondary Diagnosis (if applicable): N/A

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

"Myocardial infarction is the irreversible damage of myocardial tissue caused by prolonged ischemia and hypoxia. This most commonly occurs when a coronary artery becomes occluded following the rupture of an atherosclerotic plaque, which then leads to the formation of a blood clot (coronary thrombosis). This even can also trigger coronary vasospasm. If a vessel becomes completely occluded, the myocardium normally supplied by that vessel will become ischemic and hypoxic. Without sufficient oxygen, the tissue dies. The damaged tissue is initially comprised of a necrotic core surrounded by a marginal (or border) zone that can either recover normal function or become irreversibly damaged. The hypoxic tissue within the border zone may become a site for generating arrhythmias. Myocardial infarctions produce clinical symptoms that include intense chest pain that may radiate into the neck, jaw or arms, a sense of substernal heaviness, squeezing or pressure, shortness of breath, fatigue, fainting, nausea, sweating, anxiety,

Some vital signs often seen with myocardial infarctions can be increased heart rate and elevated blood pressure. According to my patient's vital signs my patient had an elevated blood pressure although his pulse was within normal limits. (Hinkle & Cheever, 2018) Troponin levels and CK-MB would be elevated. Both these labs were elevated in my patient.

Some treatments for MIs include management of an elevated triglyceride level on weight reduction and increased physical activity. If diet alone normalize serum cholesterol levels, medications can have a synergistic effect with the prescribed diet and control cholesterol levels. Lipid-lowering medications can reduce CAD mortality in patients with elevated lipid levels and in at-risk patients with normal lipid levels. Also promoting cessation of tobacco use. (Hinkle &

Cheever, 2018) My patient was prescribed Aspirin 81 to help prevent the possibility of a future MI. He is also on atorvastatin to control his lipid levels. He also had a stent put in his RCA.

Pathophysiology References (2) (APA):

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

Klabunde, R. E. (n.d.). The Pharmacologic Treatment of Myocardial Infarction. Retrieved April 11, 2020, from https://www.cvpharmacology.com/clinical topics/myocardial infarction

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	F: 4.5-5 M: 4.5-6	N/A	N/A	N/A
Hgb	F: 12-15 M: 14-16	13.1	13.1	Could be related to patient's chronic hyperlipidemia or hypercholesterolemia. Anemia is often associated with chronic disease. (Van & Mickey Lynn Bladh, 2017)
Hct	F: 42-52 M: 25-47	N/A	N/A	N/A
Platelets	150,000-400,000	N/A	N/A	N/A
WBC	4,500-11,000	6.3	6.3	N/A
Neutrophils	45-75%	N/A	N/A	N/A
Lymphocytes	20-40%	N/A	N/A	N/A
Monocytes	1-10%	N/A	N/A	N/A
Eosinophils	<7%	N/A	N/A	N/A
Bands	<1%	N/A	N/A	N/A

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	135-145	135	135	N/A
K+	3.5-5.0	3.6	3.6	N/A
Cl-	97-107	N/A	N/A	N/A
CO2	20-30	N/A	N/A	N/A
Glucose	70-110	171	171	This could be related to stress which is caused by stress-induced release of catecholamines, which stimulates glucagon production. Patient could be stressed due to his diagnosis. (Van & Mickey Lynn Bladh, 2017)
BUN	10-20	10	10	N/A
Creatinine	0.7-1.4	1.53	1.53	High creatinine levels could happen due to if the patient is dehydrated or if there is an AKI (Van & Mickey Lynn Bladh, 2017)
Albumin	3.5-5	N/A	N/A	N/A
Calcium	8.6-10.2	N/A	N/A	N/A
Mag	1.3-2.1	N/A	N/A	N/A
Phosphate	2.5-4.5	N/A	N/A	N/A
Bilirubin	0.3-1	N/A	N/A	N/A
Alk Phos	30-120	N/A	N/A	N/A
AST	0-35	N/A	N/A	N/A
ALT	4-36	N/A	N/A	N/A

Amylase	30-220	N/A	N/A	N/A
Lipase	0-160	N/A	N/A	N/A
Lactic Acid	0.5-1	N/A	N/A	N/A
Troponin	0-0.04	0.98	0.98	Troponin is used to diagnosis an MI. Since the patient's troponin is elevated it is determined he had an MI. (Van & Mickey Lynn Bladh, 2017)
CK-MB	5-25	42	42	High CK-MB determines that there is damage to the heart muscle. (Van & Mickey Lynn Bladh, 2017)
Total CK	22-198	N/A	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	0.8-1.1	N/A	N/A	N/A
PT	11-12.5	N/A	N/A	N/A
PTT	30-40	N/A	N/A	N/A
D-Dimer	<0.4	N/A	N/A	N/A
BNP	<100	N/A	N/A	N/A
HDL	>60	N/A	N/A	N/A
LDL	<130	N/A	N/A	N/A
Cholesterol	<200	N/A	N/A	N/A
Triglycerides	<150	N/A	N/A	N/A
Hgb A1c	4-5.9%	N/A	N/A	N/A
TSH	0.4-4.0	N/A	N/A	N/A

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Yellow and Clear	N/A	N/A	N/A
pH	5.0-8.0	N/A	N/A	N/A
Specific Gravity	1.005-1.035	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	<5	N/A	N/A	N/A
RBC	0-3	N/A	N/A	N/A
Leukoesterase	Negative	N/A	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	N/A	N/A	N/A
PaO2	80-100 mmHg	N/A	N/A	N/A
PaCO2	35-45 mmHg	N/A	N/A	N/A
HCO3	22-26 mEq/L	N/A	N/A	N/A
SaO2	95-100%	N/A	N/A	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	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (APA):

Van, A. M., & Mickey Lynn Bladh. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): The patient's chest x-ray was negative for any acute abnormalities and the cardiac silhouette is within normal limits. The patient's EKG showed ST with ST-elevation in I, II, and AVF leads. Patient had a cardiac catheterization. Blood flow resumed to RCA as noted under fluoroscopy.

Diagnostic Test Correlation (5 points): A chest x-ray was performed for the patient's initial complaint of SOB. Chest radiography, commonly called chest x-ray, is one of the most frequently performed diagnostic imaging studies. This study yields information about the pulmonary, cardiac, and skeletal systems. The lungs, filled with air, are easily penetrated by x-rays and appear black on chest images. A routine chest x-ray includes a posteroanterior projection, in which x-rays pass from the posterior to the anterior, and a left lateral projection. (Van & Mickey Lynn Bladh, 2017) The patient's chest x-ray showed no acute abnormalities and

the cardiac silhouette is within normal limits. An EKG is used to evaluate the electrical impulses generated by the heart during the cardiac cycle to assist with diagnosis of cardiac dysrhythmias, blocks, damage, infection or enlargement. (Van & Mickey Lynn Bladh, 2017) The patients EKG showed ST with ST-elevation in I, II and AVF leads. A cardiac catherization was done to visualize and asses s the heart and surrounding structure for abnormalities, defects, aneurysm, atherosclerosis, and tumors. (Van & Mickey Lynn Bladh, 2017) Following, 1 stent was placed in the patient's RCA, where blood flow resumed to RCA as noted under fluoroscopy. Patient was noted to follow this procedure well.

Diagnostic Test Reference (APA):

Van, A. M., & Mickey Lynn Bladh. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* F.A. Davis Company.

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

Home Medications (5 required)

Brand/Generic	Lisinopril (Zestril)	Atorvastatin (Lipitor)	Aspirin (acetylsalicylic acid)	Ondansetron (Zofran)	Nitroglycerin (glyceryl trinitrate)
Dose	10 mg	20 mg	81 mg	3 mg	0.4 mg
Frequency	BID	Daily	Daily	Q6H PRN	PRN
Route	PO	PO	PO	PO ODT	PO ODT
Classification	Antihypertensive, vasodilator (ACE inhibitor)	Antihyperlipidemic	Anti-inflammatory, Antiplatelet	Antiemetic	Antianginal, antihypertensive, rectal analgesic, vasodilator

Mechanism of Action	May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II is a potent vasoconstrictor that also stimulated adrenal cortex to secrete aldosterone. Lisinopril may also inhibit renal and vascular production of angiotensin II. Decreased release of aldosterone reduces sodium and water reabsorption and increases their excretion, thereby reducing blood pressure.	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown.	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammatory response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside.	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. The action reduces nausea and vomiting by preventing serotonin release in the small intestine (probable cause of chemotherapy-and radiation-induced nausea and vomiting) and by blocking signals to the CNS. Ondansetron may also bind to other serotonin receptors and mu-opioid receptors.	May interact with nitrate receptors in vascular smooth-muscle cell membranes. This interaction reduces nitroglycerin to nitric oxide, which activates the enzyme guanylate cyclase, increasing intracellular formation of cGMP. Increased cGMP level may relax vascular smooth muscle by forcing calcium out of muscle cells, causing vasodilation. Venous dilation decreases venous return to the heart, reducing left ventricular end-diastolic pressure and pulmonary artery wedge pressure.
Reason Client	Hypertensio	Hyperlipidemia	Prevent	Nausea	Chest pain

Taking	n		clotting, and to prevent MI.		
Contraindications (2)	Patients with renal impairment, history of angioedema related to previous treatment	Active hepatic disease, breastfeeding, and unexplained persistent rise in serum transaminase level	Asthma, bleeding problems	Concomitant use of apomorphine, congenital long QT syndrome, and hypersensitivity to ondansetron or its components.	Angle-closure glaucoma, cerebral hemorrhage, and concurrent use of phosphodiesterase inhibitors.
Side Effects/Adverse Reactions (2)	Arrhythmias, confusion, acute renal failure.	Arrythmias, anemia, and hyperglycemia.	Decreased blood iron level, bronchospasm, and diarrhea.	Agitation, Arrhythmias, and abdominal pain.	Agitation, Edema, bronchitis, and arthralgia.
Nursing Considerations (2)	Use lisinopril cautiously in patients with fluid volume deficit, heart failure, impaired renal function, or sodium depletion. Be aware that lisinopril should not be given to a patient who is hemodynamically unstable	Know that atorvastatin is used in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid-lowering treatments or alone only if other treatments aren't available. Expect to measure lipid levels 2 to 4 weeks after therapy starts, to adjust	Don't crush timed-release or controlled-release aspirin tables unless directed. Ask about tinnitus. This reaction usually occurs when blood aspirin level reaches or exceeds maximum dosage for	Be aware that oral disintegrating tablets may contain aspartame, which is metabolized to phenylalanine and must be avoided in patients with phenylketonuria. Place disintegrating tablet or oral soluble film on patient's	Plan a nitroglycerin-free period of about 10 hours each day, as prescribed, to maintain therapeutic effects and avoid tolerance. Use nitroglycerin cautiously in patients with hypertrophic obstructive cardiomyopathy because nitrate therapy may

	after an acute MI.	dosage as directed, and to repeat periodically until lipid levels are within desired range.	therapeutic effect.	tongue immediately after opening package. It dissolves in seconds.	aggravate angina in this condition.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor serum creatinine, blood pressure, and potassium.	Lipid levels, and liver function tests.	Clotting factors	EKG, potassium, and magnesium.	Heart and breath sounds, LOC, and intake and output.
Client Teaching needs (2)	Teach client how to check their client blood pressure at home. Advise patient to take at the same time every day.	Emphasize that atorvastatin is an adjunct to-not a substitute for-a low-cholesterol diet. Tell patient to take drug at the same time each day to maintain its effects.	Instruct patient to take aspirin with food or after meals because it may cause GI upset if taken on an empty stomach. Tell patient to consult prescriber before taking aspirin with any prescription drug for blood disorder, diabetes, gout, or arthritis.	Advise patient to immediately to immediately report signs of hypersensitivity, or a rash. Advise patients to seek immediate medical attention if patient experiences persistent, severe, unusual, or worsening symptoms.	Advise patient to notify prescriber immediately about blurred vision, dizziness, and severe headache. Urge patient to avoid alcohol and erectile dysfunction drugs during therapy.

Hospital Medications (5 required)

Brand/Generic	0.9% normal saline solution (Sodium Chloride)	Heparin	Acetaminophen (Tylenol)	Docusate (Colace)	Morphine
Dose	125 mL/hr.	5,000 units	650 mg	100 mg	1 mg
Frequency	Continuous	BID	Q6H PRN	BID	Q4H PRN
Route	IV	SubQ	PO	PO	IV
Classification	Electrolytes	Anticoagulant	Nonopioid analgesic	Laxative, stool softener	Analgesic
Mechanism of Action	The IV solution is valuable in balancing fluid and electrolyte. Sodium is an essential cation of fluid function and helps control water distribution.	Binds with antithrombin III, enhancing antithrombin III's inactivation of the coagulation enzymes thrombin (factor IIa) and factors Xa and Xia. At low doses, heparin inhibits factor Ca and prevents conversion of prothrombin to thrombin. Thrombin is needed for conversion of fibrinogen to fibrin; without fibrin, clots can't form. At high doses, heparin inactivates thrombin, preventing fibrin formation and	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E_2.	Acts as a surfactant that softens stool by decreasing surface tension between oil and water in feces. This action lets more fluid penetrate stool, forming a softer fecal mass.	Binds with and activates opioid receptors (mainly mu receptors) in brain and spinal cord to produce analgesia and euphoria.

		existing clot extension.			
Reason Client Taking	Potential dehydration	To prevent clots in patients who undergo cardiovascular surgery.	Pain management/ fever	Constipation	Severe pain
Contraindications (2)	Severe renal impairment, congestive heart failure patients	Breastfeeding, severe thrombocytopenia , and uncontrolled bleeding.	Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe active liver disease	Fecal impaction, intestinal obstruction, and undiagnosed abdominal pain	Acute or severe bronchial asthma in an unmonitored setting, respiratory depression, and seizure disorders.
Side Effects/Adverse Reactions (2)	Hypertension , fluid retention	Chills, dyspnea, alopecia, and chest pain.	Abdominal pain, anaphylaxis, and hypoglycemic coma.	Dizziness, palpitations, and abdominal cramps	Agitation, bradycardia, decreased ejaculate potency, and anemia.
Nursing Considerations (2)	Make sure it is stored at room temperature. Monitor for edema.	Use heparin cautiously in alcoholics; menstruating women; patients over 60, especially women; and patients with mild hepatic or renal disease or a history of allergies, asthma, or GI ulcer. Give heparin only subcutaneously or I.V. route; I.M, use causes hematoma, irritation and pain.	Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment. Monitor renal function in patient on long term therapy.	Asses for laxative abuse syndrome, especially in women with anorexia nervosa, depression, or personality disorders. Expect long-term or excessive use of docusate to cause dependence on laxatives for bowel movements, electrolyte	Assess patients drug use, including all prescription and OTC drugs before therapy begins. Discard injection solution that is discolored or darker than pale yellow or that contains precipitates that don’t dissolve with shaking.

				imbalances, osteomalacia, steatorrhea, and vitamin and mineral deficiencies.	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	IV access, lung and heart sounds.	Clotting factors, renal and hepatic functions.	Renal and liver function	Fecal impaction	Respiratory rate
Client Teaching needs (2)	Report allergic reactions. Tell patient to report stinging or anything wrong with IV access.	Explain heparin can't be taken orally. Instruct patient and family to watch and report abdominal or lower back pain, black stools, bleeding gums bloody urine, excessive menstrual bleeding, nosebleeds, and severe headaches.	Tell patient that tablets may be crushed or swallowed whole. Teach patients to recognize signs of hepatotoxicity, such as bleeding, easy bruising, and malaise, which commonly occurs with chronic overdose.	Tell patient not to use docusate when she has abdominal pain, nausea, and vomiting. Advise patient to take docusate with a full glass of water or milk.	Tell patient to change positions slowly to minimize the orthostatic hypotension. Advise patient to avoid potentially hazardous activities during morphine therapy.

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is A&O x 4. Oriented to person, place, date and time. Shows no signs of distress. Patient is well groomed and dressed well.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:** N/A	Skin is pink, warm, and try. Patient has a temperature of 37.0 degrees. Turgor is elastic. There are no signs of rashes, bruises or wounds. Patient has a Braden score of 20 and has no drains present. Patient has cardiac catheterization insertion in his left femoral. Site has gauze and tegaderm in place. No signs of bleeding. Dressing is clean, dry and intact.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is normophiliac. Trachea is midline. Ears have a pearly gray tympanic membrane. Patients eyes are equal, round, reactive, and accommodate to light. Nose is midline, shows no signs of polyps. Oral mucosa is pink and moist. Patient has all teeth and they are clean. .
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:** N/A	Patient hear sounds are normal. S1 and S2 noted. Patient showed ST with ST-elevation in I, II, and AVF leads. Patient has a pulse of 76. Radial pulses are 2+ bilaterally. Capillary refill less than 3 seconds. Patient has no neck vein distention and no signs of edema.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Patient has no signs of adventitious lung sounds. Lung sounds auscultated anteriorly, posteriorly. Middle lobe shows no signs of adventitious sounds. Patient is not using accessory muscles.
GASTROINTESTINAL (2 points): **Diet at home:**	Patients at home diet was a regular diet, upon admission to the hospital it got switched to a low-

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:** N/A **Feeding tubes/PEG tube Y ☐ N ☒** **Type:** N/A	fat diet. The patient is 5'10" and weights 220 lbs. Bowel sounds auscultated in all 4 quadrants. Patients last bowel movement was at 0945. Patients abdomen is soft and non-tender. There are no signs of distention, incisions, scars, drains or wounds. Patient has no ostomy, NG tubes, or feeding tubes.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** N/A **Size:** N/A	Patients urine is clear and yellow and has no foul odor. Patient voided 800 mL. There is no pain upon urination. The patient is not on dialysis and does not have a catheter inserted. Patients genitals show no signs of irritation.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** 65 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☒	Patient shows AROM. Patient has no assistive devices. Patients strength is equal bilaterally in both the upper and lower extremities. Patient needs no ADL assistance but needs help getting up due to his cardiac catherization placement. Patient is a fall risk and has a fall risk of 65.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐**	Patient is able to move all extremities well. Patient denies numbness and tingling in extremities. Patients pupils are equal, round, reactive and accommodating to light. Patient is oriented to date, place, time and situation.

Orientation: **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patients speech is clear. Patient is AOx4.
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):**	Patient enjoys working and spending time with his friends. Developmental level is appropriate for the patients age. The patient is Christian but isn't practicing. The patient feels safe at home.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	76	163/76	16	37.0	98% → Room Air
1100	69	124/63	18	36.9	97% → Room Air

Vital Sign Trends: Patients pulse was within normal limits. The patients first blood pressure was a little bit hypertensive but was corrected after being given his lisinopril. Patients respiratory rate, temperature and oxygen saturation are all within normal limits.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric Scale (0-10)	Generalized pain at catheterization insertion site	4/10	Sharp, persistent pain	Tylenol administered

1100	Numeric Scale (0-10)	Generalized pain	1/10	Dull, persistent pain	No intervention at this time

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18G x 2 **Location of IV:** left antecubital and right antecubital **Date on IV:** Both inserted on 3/16/2020 **Patency of IV:** flushes easily, no signs of complications. **Signs of erythema, drainage, etc.:** No signs of erythema or drainage. **IV dressing assessment:** Dressing is dry, clean and intact.	Saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
920 mL	800 mL 1x stool

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was admitted due to his substernal chest pain and nausea. He had a stent placed in his RCA. He was started on a low-fat diet and will be discharged with a new prescription of aspirin 81 mg.

Procedures/testing done: EKG, Chest x-ray and cardiac catheterization.

Complaints/Issues: Patient was in pain, and it was relieved with Tylenol.

Vital signs (stable/unstable): Patients heart rate, temperature, respirations, and O2 saturation were within normal limits. After being given lisinopril the blood pressure was brought back down.

Tolerating diet, activity, etc.: Patient was on a regular diet, but currently being switched to a low-fat diet that should continue upon discharge. Patient seems to be tolerating activity well.

Physician notifications: Physician didn't see patient during this shift.

Future plans for patient: He is being referred to Dr. Nallamothu for cardiology services. He will make an appointment for 1 week from the day of discharge.

Discharge Planning (2 points)

Discharge location: Patient is discharging home.

Home health needs (if applicable): Patient has no home health needs.

Equipment needs (if applicable): Patient needs no equipment.

Follow up plan: Follow up with cardiologist 1 week after discharge.

Education needs: Patient needs education needs on his new low-fat diet regimen. He also needs education on the importance of taking his new 81 mg aspirin daily in relation to his stent placement. He should also receive education on smoking cessation.

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. Acute pain	This was chosen	**1.** Obtain	Patients EKG came back

related to decreased oxygen supply to myocardium as evidenced by cardiac catheterization.	due to the patient's pain assessment being 6/10.	ECG as prescribed. 2. As prescribed, add IV morphine sulfate in small increments. Monitor HR, RR, and BP.	with ST elevation noting a STEMI. He was given morphine sulfate for his pain.
2. Activity intolerance related to generalized weakness as evidenced by recent STEMI diagnosis.	This was chosen due to his of incision in his left femoral from the cardiac catheterization.	**1.** Assess vital signs at frequent intervals and be alert to any changes. **2.**Assist with exercises and allow rest periods.	Patient responded well. He was able to tell. Us when he was tired and needed to rest. His vital signs were within normal limits except blood pressure until his lisinopril was given.
3. Deficient knowledge related to unfamiliarity with the purpose, precautions, and side effects of nitrates as evidenced by nitroglycerin prescription.	This was chosen because the patient is on ODT nitroglycerin and needs to know the side effects.	**1.** Teach the purpose of the prescribed nitrate. **2.** Assess the patient's health care literacy.	Patient responded well. They were able to understand why they were being prescribed nitroglycerin and was able to state the side effects.
4. Risk for decreased cardiac tissue perfusion related to interrupted arterial flow as related to cardiac catherization.	This was chosen because of the cardiac catherization getting put into the patient.	**1.** Monitor BP q15 min until stable on 3 successive checks. **2.** Assess HR and notify provider if	Patient responded well. He knows how to assess his own HR and will notify the provider if he feels dysrhythmias or he feels SOB.

		dysrhythmias.	

Other References (APA):

Concept Map (20 Points):

Swearingen, P. L. (2016). *All-in-one care planning resource: medical-surgical, pediatric, maternity & psychiatric nursing care plans.* Elsevier/Mosby.

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Subjective Data

Patient came into the hospital with substernal chest pain. The patient is a smoker of 1 pack a day for the last 30 years. He also states he drinks “a few beers on the weekends”

Objective Data

Patient has cardiac catherization in left femoral upon physical examination. Patient is being given nitroglycerin for chest pain and Zofran for nausea. He has increased troponin and CK-MB related to his MI. He has a history of hypertension, hypercholesterolemia, and obesity.

Patient Information

R.O. is a 54-year-old male who came to the hospital reporting substernal chest pain and nausea. He had a stent put in his right coronary artery. He has a history of hypertension, hypercholesterolemia, and obesity. He is a smoker of 1 pack a day for 30 years.

Nursing Diagnosis/Outcomes

Acute pain related to decreased oxygen supply to myocardium as evidenced by cardiac catheterization. Outcome: Patient reports no pain or decreased pain upon his next assessment.
Activity intolerance related to generalized weakness as evidenced by recent STEMI diagnosis. Outcome: Patient is able to state when they need a rest period. Teach patient how to assess BP at home upon discharge.
Deficient knowledge related to unfamiliarity with the purpose, precautions, and side effects of nitrates as evidenced by nitroglycerin prescription. Outcome: Patient is allowed to state side effects of nitroglycerin and be able to report it to his if needed.
Risk for decreased cardiac tissue perfusion related to interrupted arterial flow as related to cardiac catherization. Outcome: Be able to assess HR and BP upon discharge.

Nursing Interventions

1. Obtain ECG as prescribed.
2. As prescribed, add IV morphine sulfate in small increments. Monitor HR, RR, and BP.

1. Assess vital signs at frequent intervals and be alert to any changes.
. Assist with exercises and allow rest periods.

. Teach the purpose of the prescribed nitrate.
2. Assess the patient’s health care literacy.

1. Monitor BP q15 min until stable on 3 successive checks.
2. Assess HR and notify the health care provider if dysrhythmias occur.

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