N431 Care Plan

Lakeview College of Nursing

Twila Douglas

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
04/06/2020	M.L.	72 years old	Female
Race/Ethnicity	Occupation	Widowed	Cyclobenzaprine, shellfish, bananas
Hispanic	Retired		
Code Status	Height	Weight	
Full code	5’2”	106 lbs	

Medical History (5 Points)

Past Medical History: Past medical history includes hypertension, atrial fibrillation, hyperlipidemia, and congestive heart failure.

Past Surgical History: Past surgical history includes cholecystectomy in 1995 and total knee replacement in 2009.

Family History: Family history includes mother and brother diagnosed with diabetes. Father had a myocardial infarction.

Social History (tobacco/alcohol/drugs): Patient denies smoking, drinking or drug use.

Assistive Devices: None

Living Situation: Patient is currently living at the Oaks Manor Assisted Living Facility.

Education Level: Patient has earned a GED and no learning barriers present.

Admission Assessment

Chief Complaint (2 points): Weight gain and swelling of the ankles.

History of present Illness (10 points): The onset of symptoms began four days before admission. Bilateral ankles and pedal areas are swollen. The patient reported weight gain and swelling in ankles over the past four days. Ankle edema worsens with ambulation and improves with rest. Resting has helped relieve some of the edema. The patient denied taking any medication for treatment.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Congestive heart failure exacerbation

Secondary Diagnosis (if applicable):. None

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

Heart failure occurs when the heart fails to pump blood as it should. Heart failure causes the blood to move slower, throughout the body, and pressure in the heart increases. The heart is unable to supply the body with proper nutrients and oxygen. Pulmonary edema occurs when the heart is unable to pump adequately, causing blood to back up in the veins that transport blood through the lungs. Once congestive heart failure is more advanced, it can lead to loss of skeletal muscle mass, causing cardiomyopathy. Kidneys may respond by causing the body to retain fluid and salt.

Signs and symptoms of congestive heart failure include orthopnea acute pulmonary edema, tachycardia, fatigue, weakness, and central or peripheral cyanosis. The patient's pulse will be elevated, and wheezes can be heard while auscultating. Laboratory tests for congestive heart failure include B-type natriuretic peptide or N-terminal pro-BNP, complete blood count, and comprehensive metabolic panel. The patient had an elevated BNP, BUN, and creatinine, while potassium was lower.

Tests for evaluation for congestive heart failure include complete blood count, urinalysis, electrolyte levels, renal and liver functions, lipid profile, electrocardiograph, chest radiography, pulse oximetry, arterial gas, and maximal exercising test.

Management of congestive heart failure can be non pharmacological therapies such as noninvasive positive pressure ventilation, dietary fluid and sodium restriction, and oxygen. Pharmacotherapy options include vasodilators, diuretics, beta-blockers, digoxin, anticoagulants, and inotropic agents. Surgical treatment options are also available. Surgical treatment options include total artificial heart, heart transplantation, valve restoration, valve replacement/repair, revascularization restoration, electrophysiologic interventions, and extracorporeal membrane oxygenation.

Pathophysiology References (2) (APA):

Congestive Heart Failure and Heart Disease. (2020). Retrieved 11 April 2020, from https://www.webmd.com/heart-disease/guide-heart-failure#1\

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

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	4.10-5.7	N/A		
Hgb	12-18	13.6		
Hct	37-51%	N/A		
Platelets	140-400	N/A		
WBC	4-11	N/A		
Neutrophils	1.60-7.70mm3	N/A		
Lymphocytes	3,000-9,500	N/A		
Monocytes	2-8	N/A		
Eosinophils	0.0-6.0%	N/A		
Bands	45-74%	N/A		

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**136-145mmol/L**	**N/A**	**N/A**	
K+	**3.5-5.1mmol/L**	**3.1**	**N/A**	**Kidneys aren't functioning properly . Diuretics can causes a decrease in potassium.**
Cl-	**98-107mmol/L**	**N/A**	**N/A**	
CO2	**98-107mEq/L**	**N/A**	**N/A**	
Glucose	**60-99mg/dL**	**94**	**N/A**	
BUN	**7-18**	**N/A**	**N/A**	
Creatinine	**0.70-1.30**	**2.8**	**N/A**	**Not properly function and leads to congestion in the kidneys**
Albumin	**3.4-5.0**	**N/A**	**N/A**	
Calcium	8.5 to 10.5 mg/dl	**N/A**	**N/A**	
Mag	1.5-2.5 mEq/L.	**N/A**	**N/A**	
Phosphate	**2.5-4.5 mg/dL.**	**N/A**	**N/A**	
Bilirubin	0.2 – 1.2 mg/dL.	**N/A**	**N/A**	
Alk Phos	**20-140 IU/L**	**N/A**	**N/A**	

AST	**5-30 U/L**	**N/A**	**N/A**	
ALT	**15-35 U/L**	**N/A**	**N/A**	
Amylase	**23-85 U/L**	**N/A**	**N/A**	
Lipase	**12-70 U/L**	**N/A**	**N/A**	
Lactic Acid	**2-4mmol/L**	**N/A**	**N/A**	
Troponin	**0-0.4 ng/mL**	**N/A**	**N/A**	
CK-MB	**1.0-2.6**	**N/A**	**N/A**	
Total CK	**22-198 U/L**	**N/A**	**N/A**	

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.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	**0.9-1.2**	**N/A**	**N/A**	
PT	**20-40 sec**	**N/A**	**N/A**	
PTT	**20-40 sec**	**N/A**	**N/A**	
D-Dimer	**0.50>**	**N/A**	**N/A**	
BNP	**<125 pg/mL**	**4,923**	**N/A**	**Increased due to CHF**
HDL	**40-59 mg/dL**	**N/A**	**N/A**	
LDL	**100-129 mg/**	**N/A**	**N/A**	

	dL			
Cholesterol	**200-229 mg/ dL**	**N/A**	**N/A**	
Triglycerides	**150-200 mg/ dL**	**N/A**	**N/A**	
Hgb A1c	**4-6.5%**	**N/A**	**N/A**	
TSH	**0.4-4.0 mU/ L**	**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	**Colorless yellow, clear**	**N/A**	**N/A**	
pH	**5-7**	**N/A**	**N/A**	
Specific Gravity	**1.003-1.035**	**N/A**	**N/A**	
Glucose	**Negative**	**N/A**	**N/A**	
Protein	**Negative**	**N/A**	**N/A**	
Ketones	**Negative**	**N/A**	**N/A**	
WBC	**0-25**	**N/A**	**N/A**	
RBC	**0-20**	**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	7.350-7.450	N/A		
PaO2	80.0-100.0	N/A		
PaCO2	35.0-45.0	N/A		
HCO3	22.0-26.0	N/A		
SaO2	94-100%	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	<10,000	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):

Complete blood count (CBC) - Mayo Clinic. (2020). Retrieved 9 April 2020, from https://www.mayoclinic.org/tests-procedures/complete-blood-count/about/pac-20384919?page=0&citems=10

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest Xray and EKG

Diagnostic Test Correlation (5 points): Chest Xray showed an enlarged heart and pulmonary congestion. The EKG shows atrial fibrillation at a rate of 88 beats per minute.

Diagnostic Test Reference (APA):

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

Current Medications (10 points, 1 point per completed med)

10 different medications must be completed

Home Medications (5 required)

Brand/Generic		**Amiodarone**	**Aspirin**	**Atorvastatin**	**Metoprolol**

	Lisinopril				
Dose	**40mg**	**200 mg**	**81 mg**	**40 mg**	**50 mg**
Frequency	**Day**	**Daily**	**Daily**	**HS**	**BID**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Ace inhibitor**	**Antiarrythmic**	**Salicylate NSAID**	**Statin**	**Beta blocker**
Mechanism of Action	**Blocks substance to cause blood vessels to tighten**	**Blocks potassium that is responsible for the repolarization of the heart**	**blocks certain substance in your body that reduce pain and swelling**	**Slows the production of cholesterol to decrease the amount of cholesterol that builds up**	**Blocks the effects of the hormone epinephrine, which causes decrease in pulse and less force.**
Reason Client Taking	**Hypertension**	**Arrhythmia**	**Swelling and pain**	**Hyperlipedemia**	**Hypertension**
Contraindications (2)	**1.ace inhibitor induced angioedema 2. With medications containing sacubitril**	**1. hypersensitivity to drug 2. Second or third degree heart block without pacemaker**	**1. Allergies 2. Bleeding disorders**	**1.hepatic diseases 2. Patients with elevates serum aminotransferase concentration**	**1. hypotension 2. Hypersensitive to beta blockers**
Side Effects/Adverse Reactions (2)	**1. Cough 2. Headache**	**1. Hypotension 2. Ataxia**	**1. Nausea 2. Bleeding**	**1. Insomnia 2. Nausea**	**1. nausea 2. Headache**

Nursing Considerations (2)	**1. Monitor vitals 2. Monitor for adverse effects**	**1. Monitor vitals**	**1. Monitor labs 2. Check for interactions with other meds**	**1. Monitor lipids 2. Give before meals**	**1. Monitor BP 2. Monitor for side effects**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**BP**	**BP**	**cbc**	**CMP**	**BP CBC**
Client Teaching needs (2)	**1. Take BP prior to administration 2. Don't discontinue without physician order**	**1 Monitor for side effects 2. Educate of self care**	**1.monitor for bleeding 2. Side effects**	**1. Take before meals 2. Healthy diet choices**	**1. Obtain BP prior to taking medication 2. What to do if hypotension occurs**

Brand/Generic	**Furosemide Lasik**	**Potassium Chloride**	**Acetaminophen**	**Docusate**	
Dose	**40 mg**	**40 mEq**	**650 mg**	**100 mg**	
Frequency	**BID**	**Once**	**Q6 PRN for pain/fever**	**BID PRN**	
Route	**IV**	**Oral**	**Oral**	**Oral**	
Classification		**Mineral**	**Analgesic**	**Anionic**	

	Diuretic			**surfactant**	
Mechanism of Action	**Causes potassium, sodium, and chloride to become lost in the urine when acting on the loop of Henle.**	**Helps your cells, muscles, kidney and nerves work properly**	**Reduces the production of prostagland in in the brain**	**Lowers surface tension allowing lipids and water to penetrate the stool**	
Reason Client Taking	**To relieve fluid due to congestive heart failure**	**Low potassium**	**Fever and mild pain**	**Help with bowel movement**	
Contraindications (2)	**1. Patients with anuria 2. Medication should be used cautiously in patients with renal disease.**	**1. Hyperkalemia 2. High chloride in blood**	**1. Hypersensitivity to acetaminophen 2. Liver failure**	**1. Allergies to docusate 2. Patient with blockage of the stomach or intestines.**	
Side Effects/Adverse Reactions (2)	**1. Chills 2. Headache**	**1. Tingling 2. Weakness**	**1. Nausea 2. Headache**	**1. Diarrhea 2. Abdominal cramping**	
Nursing Considerations (2)	**1. Monitor daily weight 2. Monitor I & O.**	**1. Monitor labs 2. Monitor vital signs**	**1. Monitor for acetaminophen toxicity 2. Can alter blood glucose levels**	**1. Monitor stool 2. Monitor for any skin break down**	

Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Vital signs Electrolytes I&O Chest X Ray**	**Vital signs CBC**	**1. Vital signs**	CBC	
Client Teaching needs (2)	**1. Side effects of the medication 2. When to notify a health professional in an emergent situation.**	**1. Don't take on empty stomach 2. available in tablets, powder and liquid**	**1. Signs of toxicity 2. Do not exceed 4g of acetaminophen in 24 hours**	**1. Signs of diarrhea 2. Signs of skin irritation**	

Hospital Medications (5 required)

Medications Reference (APA):

Drugs.com | Prescription Drug Information, Interactions & Side Effects. (2020). Retrieved 09 April 2020, from https://www.drugs.com

Assessment

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	

INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.
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 ☐Yes 3+ bilateral feet**	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.

Bilateral crackles in bases	
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height: 5’2’’** **Weight: 106 lbs** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐ NO** **Nasogastric: Y ☐ N ☐NO** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐NO** **Type:**	.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐ no** **Inspection of genitals: no**	

Catheter: Y ☐ N ☐ no **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:no** **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**	.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐ yes** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	.
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):**	

Physical Exam (18 points)

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
700	**88**	**152/68**	**24**	**36.5C**	**98% 2L O2**
1100	**68**	**138**	**24**	**36.8**	**97%on 2L O2**

Vital Sign Trends: Vital signs are stable

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
700	**0/10**	**N/A**	**N/A**	**N/A**	**N/A**
1100	**Numbers**	**Head**	**1/10**	**Aching**	**Tylenol administered**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV:20 G **Location of IV: antecubital** **Date on IV:04/06/2020** **Patency of IV: Patent, flushed without difficult** **Signs of erythema, drainage, etc.:No signs of drainage or erythema** **IV dressing assessment: Clean, dry, and intact**	Hep lock

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
360 mL	**1750 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: Care include manage excessive fluid overload with medications. Patient was given medication to help with hypertension. Patient intake and output is being closely monitored with daily weights.

Procedures/testing done: Procedures that were performed include chest X-ray and EKG.

Complaints/Issues: Weight gain and swelling of the ankles

Vital signs (stable/unstable): Vital signs stable

Tolerating diet, activity, etc.: Fluid restriction of 1,000mL per day, strict I&O

Physician notifications: Notified about lab values.

Future plans for patient: Discharge and follow up with PCP.

Discharge Planning (2 points)

Discharge location: Patient will return back to her assisted living facility.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan:Follow up with PCP in 1 week following discharge. Patient is also to request a one-time visit from a Care Coach.

Education needs: Patient has no educational barriers

Nursing Diagnosis (15 points)

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

Nursing Diagnosis	**Rational**	**Intervention (2 per dx)**	**Evaluation**
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. Decreased cardiac output R/T altered myocardial contractility AEB weight gain and edema	**CHF causes decreased cardiac output.**	**1. Auscultate apical pulse, assess heart rhythm and rate** **2. Palpate peripheral pulses**	**Was unable to evaluate patients response to nursing actions.** **Unable to determine clients response.**
2. Excessive fluid volume R/T reduced glomerular filtration rate/ increased antidiuretic hormone production and sodium/ water retention AEB weight gain and edema	**Excessive fluid volume due to CHF**	**1. Weigh daily. Frequently monitor blood urea nitrogen, creatinine and serum potassium, magnesium and chloride levels.** **2. Auscultate breath sounds, noting adventitious and decreased sounds**	**Was unable to evaluate patients response to nursing actions.** **Unable to determine clients response.**
3. Ineffective tissue perfusion R/T decreased cardiac output AEB Bipedal pitting edema	**Decreased cardiac output can lead to ineffective tissue perfusion**	**1. Administer or assist with self administration of vasodilators, as ordered** **2**. Provide oxygen and monitor oxygen saturation via pulse oximetry, as ordered.	**Was unable to evaluate patients response to nursing actions.** **Unable to determine clients response.**
4. Acute pain R/T swelling AEB bilateral ankle and pedal edema.	**Patient swelling is relieved with rest**	**1. Administer or assist with self administration of vasodilators** **2.**	**Was unable to evaluate patients response to nursing actions.** **Unable to determine clients response.**

Other References (APA):

Concept Map (20 Points):

Subjective

Weight Gain

Swelling

Tenderness

Type to enter text

Nursing Diagnosis/Outcomes

Ineffective tissue perfusion R/T decreased cardiac output AEB Bipedal pitting edema—Display vital signs within acceptable limits, dysrhythmias absent/controlled,and no symptoms of failure

Decreased cardiac output R/T altered myocardial contractility AEB weight gain and edema —-improved cardiac output

Ineffective tissue perfusion R/T decreased cardiac output AEB Bipedal —-Patient will demonstrate behaviors to improve circulation. pitting edema

Nursing Interventions

Assess vitals every 5 minutes

Administer or assist with self administration of vasodilators, as ordered.

vivradD

Monitor and calculate 24-hour intake and output (I&O) balance.

Auscultate breath sounds, noting decreased and/or adventitious sound

Patient Information

Admitted on 04/06/2020

Objective Data

M.L

12 lb weight gain

72 years old

5’2”

Female

106 lbs

Hispanic

Edema

Widowed

Elevated BUN, creatinine and BNP

Retired

Decreased potassium

Allergies: Banana, shellfish, cyclobenzaprine

Full code

1006 lab

5’2”