

N311 Care Plan # 4

Lakeview College of Nursing

Name

Jordan Helton

Demographics (5 points)

Date of Admission 4/9/2020	Patient Initials R.D.	Age 54	Gender Male
Race/Ethnicity African American	Occupation Mail Carrier	Marital Status Married	Allergies Penicillin, Peanuts, Sulfa, Contrast Dye, and Shellfish
Code Status Full Code	Height 5'6"	Weight 110 kg	

Medical History (5 Points)

Past Medical History: Hypertension, Coronary Artery Disease, and Asthma

Past Surgical History: N/A

Family History: N/A

Social History (tobacco/alcohol/drugs): Pt reported that he stopped smoking about a month ago. He reports no alcohol use or recreational use.

Admission Assessment

Chief Complaint (2 points): Chest tightness with complaints of not feeling well

History of present Illness (10 points): On April 9, 2020, a 54 year-old African American, married, male was admitted to the hospital via ambulance with complaints of chest pain. He states the pain is coming from the chest area. He says the pain is constant and not intermittent. The pain is squeezing and hard to breathe at times. Pt feels dizzy and sick to his stomach. Pt states, "My pain is an eight out of ten right now." Doing any type of activity makes his pain worse. There is only lying down and medications to help relieve the pain.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):MI complications

Secondary Diagnosis (if applicable): Coronary Artery Disease

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

Coronary artery disease also known as CAD develops when major blood vessels are damaged or diseased over a long period of time. (Mayo Clinic, 2018) CAD develops due to plaque buildup and inflammation of the arteries. Plaque builds up overtime to block blood flow to the heart. Decreased blood flow will cause chest pain, shortness of breath, or signs and symptoms of a myocardial infarction (MI). (Mayo Clinic, 2020) A complete blockage stops all blood flow to the heart, resulting in a myocardial infarction. CAD develops over a long period of time without any symptoms. As in the case of the patient, he came in the hospital due to shortness of breath and chest pain. An ECG revealed he was having an MI. Artery blockage was the cause of his chest pain.

Common signs and symptoms of coronary artery disease include: chest pain, shortness of breath, and even heart attack. (Mayo Clinic, 2018) People may also feel dizzy, sick to their stomach, nausea, and indigestion. These sign and symptoms lead up to an MI. Patient arrived to the hospital with chest pain, dizziness, sick to his stomach, and chest tightness.

There are diagnostic tests to be done for a person with Coronary artery disease. These include: ECG, echocardiogram, stress test, and cardiac catheterization. In this situation, the patient had a 12-lead ECG. After an ECG, the patient went in for a cardiac catheterization. The ECG was to help determine if the patient had a STEMI. Our patient had a STEMI as declared by his doctor. The cardiac catheterization puts a dye into the body to help detect blockages. Once a blockage is detected, a balloon will be pushed in the catheter to promote blood flow. Screenings done for CAD are not recommended due to little or no signs and symptoms of the disease. The screenings can be a little high priced. (Swearingen & D, 2019).

Treatment for CAD depends on the lifestyle of a person, medications, and medical procedures. Lifestyle changes that can be modified include: quit smoking, eating healthy, exercise, lose weight, reduce your stress, and medications (aspirin, beta blockers, nitroglycerin, etc.) There is no cure, but there are those modifiable factors. Pt in the situation stopped smoking a month ago and took aspirin for his chest pain. He decided to eat healthier and go on walks with his spouse.

Pathophysiology References (2) (APA):

Mayo Clinic., (2018). *Coronary artery disease - Symptoms and causes*. Retrieved April 15, 2020, From <https://www.mayoclinic.org/diseases-conditions/coronary-artery-disease/symptoms-causes/syc-20350613>

Swearin Mayo Clinic., (2018). *Coronary artery disease – Diagnostics and treatment*. Retrieved April 15, 2020, From <https://www.mayoclinic.org/diseases-conditions/coronary-artery-disease/symptoms-causes/syc-20350613>

gen, P. L., & D, J. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. Elsevier.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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

Lab	Normal	Admission	Today's	Reason for Abnormal Value
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	Range	Value	Value	
RBC	4.5-6.3	5.2	**No Today Values Given	N/A
Hgb	14-18	15.9		N/A
Hct	41-51	54		High levels of Hct due to eating out four times a week, which includes a lot of salt. The salt attracts water, which results in dehydration.
Platelets	140-440	220		N/A
WBC	4-10	6		N/A
Neutrophils	2-6.9	Unable to Obtain		N/A
Lymphocytes	0.6-3.4	Unable to Obtain		N/A
Monocytes	0-8	Unable to Obtain		N/A
Eosinophils	0-0.5	Unable to Obtain		N/A
Bands	UNK	Unable to Obtain		N/A

(Corbett & Banks, 2019)

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	140	**No Today Values Given	N/A
K+	3.5-5.1	3.6		N/A
Cl-	98-107	104		N/A
CO2	21-31	40		He is in distress, so this could mean gas exchange is poor. This results in CO2 left in the lungs.
Glucose	74-109	122		He stated he eats out at least four times a week. This would explain

				his sugar increase.
BUN	7-25	18		N/A
Creatinine	0.7-1.2	0.8		N/A
Albumin	3.5-5.2	3.6		N/A
Calcium	8.6-10.3	10.2		N/A
Mag	UNK	1.6		N/A
Phosphate	UNK	4.2		N/A
Bilirubin	0.3-1.0	Unable to Obtain		N/A
Alk Phos	40-130	68		N/A

(Capriotti & Frizzell, 2016)

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	Clear & Yellow	Clear & Yellow	**No Today Values Given	N/A
pH	4.5-8	6.8		N/A
Specific Gravity	1.000-1.035	1.030		N/A
Glucose	None	None		N/A
Protein	Negative, but a few are normal	4		N/A
Ketones	None	None		N/A
WBC	0-5	2		N/A
RBC	0-5	None		N/A
Leukoesterase	Negative	Negative		N/A

(Urinalysis- Understand the Test & Your Results, 2016)

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		Unable to Obtain		N/A
Blood Culture		Unable to Obtain		N/A
Sputum Culture		Unable to Obtain		N/A
Stool Culture		Unable to Obtain		N/A

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell J.P., (2016). *Pathophysiology: introductory concepts and clinical perspectives*. (1st ed.). F.A. Davis Company.

Corbett, J. V., & Banks A. D. (2019). *Laboratory tests and diagnostic procedures with nursing diagnoses*. (9th ed.). Pearson.

Sarah Bush Lincoln Health Center (2020). *Reference range (lab value)*. Mattoon, IL.

Urinalysis- Understand the Test & Your

Results. (2016). Labtestsonline.org. <https://labtestsonline.org/tests/urinalysis>

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Chest X-Ray: Portable chest x-ray at bedside

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/Generic	Benadryl/ Diphenhydramine	Bayer/Aspirin	Plavix/ Clopidogrel	EpiPen/ Epinephrine	Arymo ER/ Morphine
Dose	25 mg	325 mg	75 mg	0.25 mg (0.1 mg/mL)	2 mg
Frequency	PRN q 4hr	X1 day 0900	X1 day 0900	Stat	PRN q 4hr
Route	IV Bolus	PO	PO	IV Bolus	IV
Classification	Antihistamine	Salicylate	P2Y12 platelet inhibitor	Sympathomimetic	Opioid
Mechanism of Action	acts as an inverse agonist at the H1 receptor, thereby reversing effects of histamine on capillaries, reducing allergic reaction symptoms.	Blocks activity of cyclooxygenase, enzyme needed for prostaglandin synthesis. They cause vasodilation with swelling and pain. Blockage of cyclooxygenase and inhibition of prostaglandin, inflammatory responses subside	Binds to ADP receptors on the surface of activated platelets. Blocks ADP, which leads to them not aggregating and form thrombi.	Acts on Alpha and Beta receptors. Reverses the symptoms of anaphylaxis. Relaxes the airway of muscles.	Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and euphoria.
Reason Client Taking	To relieve the itching from an	To prevent blood clots from	To prevent him from	To help prevent	To help relieve pain.

	allergic reaction	his already blocked artery.	having an MI	an allergic reaction from the contrast dye.	He had chest pain.
Contraindications (2)	Hypersensitivity to Diphenhydramine, similar histamines	Hypersensitivity to aspirin, tartazine dye	Hypersensitivity to Clopidogrel, peptic ulcer and hemorrhage	Coronary insufficiency, dilated cardiomyopathy	Arrhythmias, brain tumors
Side Effects/Adverse Reactions (2)	Arrhythmias, Agranulocytosis	Bronchospasm, hepatotoxicity	Hypotension, fatal intracranial bleeding	Arrhythmias, severe hypertension	Cardiac arrest, hypotension

(2020 Nurse’s drug handbook., 2020)

Medications Reference (APA):

2020 Nurse’s drug handbook. (2020). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert and oriented to time, place, and person X3 In distress Well-groomed and well kept
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Ashy Dry to touch Warm Good, no tenting, less than 3 seconds None None Pt has a vascular closure device at right groin puncture site. No bleeding or hematoma noted with dressing clean, dry, and intact. At 2205, dressing was saturated with bright, red blood with a 3 inch hematoma. Hematoma became 6

	<p>inches in diameter.</p> <p>Braden Score: 16</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Symmetrical and lymph nodes not palpable Pearly gray TM PERRLA; Pt wears glasses No turbinates, polyps, deviated septum Pink gums, no decay and teeth intact</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>S1 and S2 heart sounds</p> <p>Sinus rhythm with occasional premature ventricular contraction Strong and equal pulses Less than 3 seconds</p> <p>N/A</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Even and labored respirations, symmetrical, wheezes and intermittent stridor hear on auscultation.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: N/A Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:N/A</p>	<p>Regular Diet NPO 5'6" 110 kg Normal in all 4 quadrants 4/8/2020 No pain on palpation</p> <p>N/A N/A N/A N/A N/A</p>
<p>GENITOURINARY: Color:</p>	<p>Yellow</p>

<p>Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: Indwelling Urinary Catheter Size: 14</p>	<p>Clear Urinated twice with 250 mL (total: 500 mL) Normal</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 35 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Good; MAEW N/A Strength is in both arms and legs Independent Does not need assistance with equipment Does not need support for standing or walking</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>X3 Alert and conscious Clear No impairment Good</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>His wife is someone he copes with Mature for his age No known religion He lives with his wife at home, and she has stayed at his side the whole time he was at the hospital.</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1725	104	96/65	26 per minute	99.0°F	94% 4L/min

		mmHg			NC
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Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1725	Numeric Scale 0-10	Chest	8/10	Squeezing, tightness, hard to breathe	Nitroglycerin and aspirin

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
IV: 125 mL	Urine: 175 mL
IV: 250 mL	Urine: 75 mL
PO: 100 mL	Total: 250 mL
NaCl: 2000 mL	
NaCl: 12 mL	
NaCl: 12 mL	
Total: 2499 mL	

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2)	Evaluation
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<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>per dx)</p>	<ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. Potential for Decreased Cardiac Tissue Perfusion</p>	<p>Related to having a cardiac catheterization as evidence by “Vitals will need to be checked every so often due to a cath being put in through the femoral artery.”</p>	<p>1. Assess BP every 15 min until stable on 3 successive checks, every 2hr for the next 12hr, and every 4hr for 24hr unless otherwise indicated.</p> <p>2.If femoral artery was the insertion site, maintain HOB at no greater than a 30-degree elevation.</p>	<p>Pt’s vitals have stabilized after cardiac catheterization. Pt will need to be monitored at all times for any undesirable outcomes. Pt’s vitals dropped after going into shock. Pt is now stable. Goal partially met.</p> <p>Pt has been lying flat in bed since cardiac catheter was inserted. HOB maintained lower than 30-degrees. Three inch hematoma appeared with bright red blood. Pressure was put in place of hematoma and dressing was cleaned up. Goal met.</p>
<p>2. Acute Pain</p>	<p>Related to having chest pain as evidence by “I have chest pain that feels like squeezing and I feel sick to my stomach.</p>	<p>1. Obtain ECG as prescribed</p> <p>2. Administer O2 as prescribed.</p>	<p>ECG was ordered. 12-Lead ECG was ordered by the physician. Atrial fibrillation was discovered. Goal met. O2 was given due to low oxygen. Oxygen was given at 4L/min NC</p>

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes

- Potential for Decreased Cardiac Output Related to Atrial fibrillation as evidenced by irregularly irregular heart rate. The patient reports chest pain so often due to a cath being inserted through the femoral artery.
 - Goal partially met: The patient has stabilized pain is constant and has been on the pain meds for 24 hours. The patient reports chest pain is now stable. Pt is now stable. and hard to breathe at times. Pt feels dizzy and is only able to walk with the walker. Pt has been on the pain meds for 24 hours. The patient reports chest pain is now stable. Pt is now stable. and hard to breathe at times. Pt feels dizzy and is only able to walk with the walker. Pt has been on the pain meds for 24 hours. The patient reports chest pain is now stable. Pt is now stable. and hard to breathe at times. Pt feels dizzy and is only able to walk with the walker.
 - Goal met: Pt has been on the pain meds for 24 hours. The patient reports chest pain is now stable. Pt is now stable. and hard to breathe at times. Pt feels dizzy and is only able to walk with the walker. Pt has been on the pain meds for 24 hours. The patient reports chest pain is now stable. Pt is now stable. and hard to breathe at times. Pt feels dizzy and is only able to walk with the walker.
- Acute pain Related to having a catheter inserted in the femoral artery. The patient reports chest pain that feels like squeezing and is only able to walk with the walker.
 - Goal met: 12-lead ECG was performed. Atrial fibrillation was discovered to help with getting a catheter inserted.
 - Goal met: O2 was given due to low oxygen. Oxygen was given at 4L/min NC.

Objective Data

Patient Information

Nursing Interventions

- Assess BP every 15 min until stable on 3 successive checks, every 2hr for the next 12hr, and every 4hr for the next 24hr.

Vitals:
 BP: 96/56 mmHg (low)
 HR: 136 per minute (high)
 RR: 20 per minute (high)
 SpO2: 94% on 4L/min NC
 Temp: 99.0
- If femoral artery was the insertion site, maintain HOB at no greater than a 30 degree elevation.
- Obtain ECG as prescribed.
- Administer O2 as prescribed.

