N321 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Patient Initials RB	Age 59	Gender F
Race/Ethnicity White	Occupation Clerical Worker	Marital Status Married	Allergies Loratadine - Rash
Code Status Full	Height 5'5"	Weight 302lbs	

Medical History (5 Points)

Past Medical History: Metastatic breast cancer, metastasis to the bone, myalgia, osa, Diabetes. Paget's disease. Bipolar

Past Surgical History: Cesarean section

Family History: Cancer on both sides. Mother and sister both have diabetes.

Social History (tobacco/alcohol/drugs): Pt does not use tobacco or illegal drugs. Pt does drink wine at times but not often.

Assistive Devices: n/a

Living Situation: Pt lives at home with her husband and son.

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): Chest pain

History of present Illness (10 points): Pt states the chest pain started two days before going to the hospital. The pain is in her upper chest and can be constant. Pt described it as, "a tightness and sharp pain in my upper chest." Moving too fast or too much can make the pain worse. Pt tried to take otc pain medications but they did not help. Lying down and focusing on her breathing helped a lot. Pt rated her pain in the ER at a 9.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Atypical Chest Pain

Secondary Diagnosis (if applicable): COPD

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

If a patient experiences chest pain that does not meet the criteria to be called anginal chest pain, then it is termed as Atypical Chest Pain. The symptoms experienced in such cases may be both cardiac as well as non-cardiac related. Anginal chest pain is a squeezing or a pressure-like sensation in the chest that is generally felt when an individual does any strenuous activity.

Pathophysiology References (2) (APA):

Hinkle, J. L., & Cheever, K. H. (2018). Brunner & Suddath's textbook of

medical-surgical nursing. Philadelphia: Wolters Kluwer.

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.8-5.3	==3.04==		low oxygen levels
Hgb	12-15.8	==10==		COPD
Hct	36-47%	38.2%		
Platelets	140-440	149		
WBC	4-12	5		
Neutrophils	47-73%	62.1%		
Lymphocytes	18-42%	28.6%		
Monocytes	4-12%	7.5%		
Eosinophils	0-5%	1.2%		
Bands				

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	136		
K+	3.5-5.1	3.9		

Cl-	**98-107**	**104**		
CO2	**23-29**	**27**		
<mark>Glucose</mark>	**<mark>60-99</mark>**	**<mark>135</mark>**		**Pt has diabetes.**
BUN	**7-18**	**18**		
Creatinine	**.70-1.30**	**1.01**		
Albumin	**3.4-5.0**	**3.6**		
Calcium	**8.5-10.1**	**8.6**		
Mag				
Phosphate				
Bilirubin				
Alk Phos				
AST	**13-39**	**<mark>52</mark>**		An elevated AST levels in your blood test results could be a sign of a related disorders and diseases.
ALT	**7-52**	**39**		
Amylase	**29-103**	**33**		
Lipase	**11-82**	**36**		
Lactic Acid				

Other Tests <mark>Highlight All Abnormal Labs</mark>—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**	<mark>**1.2**</mark>		blood is taking longer to clot
PT	**10.1-13.1**	<mark>**14.2**</mark>		blood is taking longer to clot
PTT	**25-36**	**29**		
D-Dimer	**0-622**	<mark>**1242**</mark>		Can be elevated in advanced age, pregnancy, trauma, post-operative periods, inflammatory states, and cancer.
BNP	**0-125**	<mark>**197**</mark>		Higher values of BNP can indicate heart failure**.**
HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c	**<7**	**6.6**		
TSH				

Urinalysis <mark>**Highlight All Abnormal Labs**</mark>**—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	**N/a**			
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				

Leukoesterase				

Cultures <mark>Highlight All Abnormal Labs</mark>—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	**n/a**			
Blood Culture	**n/a**			
Sputum Culture	**n/a**			
Stool Culture	**n/a**			

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT chest with contrast – breast ca with mets to lymph nodes.

Chest Xray – Consistent with borderline cardiomegaly granuloma

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

Home Medications (5 required)

Medications (5 required)

Brand/ Generic	Alendronate	Clopidogrel	Fluoxetine	Levothyroxine	Pantoprazole
Dose	**70mg**	**75mg**	**10mg**	**100mcg**	**40mg**
Frequency	**every Saturday**	**everyday**	**everyday**	**everyday**	**everyday**
Route	**Po**	**Po**	**po**	**po**	**po**
Classification	**Bisphosphonate**	**Plavix**	**Annexation**	**Synthetic thyroxine**	**Benzimidazole**
Mechanism of Action	**Acts by inhibiting osteoclast activity.**	**Binds to ADP receptors on the surface of platelets.**	**Antagonizes CNS effects of the benzodiazepines by competing for their sites.**	**To replace the endogenous thyroid hormone site.**	**Interferes with the gastric acid secretion by inhibiting the site of the protein pump.**
Reason Client Taking	**Paget's disease**	**Reduce the risk of a stroke**	**Antidepressant**	**Hypothyroidism**	**Erosive esophagitis**
Contraindications (2)	**Hypocalcemia & Inability to stand for 20 minutes**	**Peptic ulcers & Intracranial hemorrhage**	**Overdose & hypersensitivity to flumazenil**	**Acute MI & untreated thyrotoxicosis**	**Dipivefrine products & hypersensitivity to rabeprazole**
Side Effects/Adverse Reactions (2)	**Diarrhea & Dysphagia**	**Chest pain & taste disorder**	**Anxiety & ataxia**	**Insomnia & seizures**	**Neck pain & nausea**

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Hospital Medications (5 required)

Brand/Generic	Famotidine	Lorazepam	Hydrocodone	Lamotrigine	Docusate Sodium
Dose	**20mg**	**1mg**	**2 capsules**	**200mg**	**100mg**
Frequency	**PRN**	**Q8 prn**	**Q4 prn**	**BID**	**Daily**
Route	**PO**	**IV push**	**PO**	**PO**	**PO**
Classification	histamine-2 blocker	benzodiazepines.	Opioid	anticonvulsant	Laxative
Mechanism of Action	works by decreasing the amount of acid the stomach produces.	It affects chemicals in the brain that may be unbalanced in people with anxiety.	Hydrocodone acts primarily as an agonist at the mu-opioid receptors,	Lamotrigine is also used to delay mood episodes in adults with bipolar.	stool softener that makes bowel movements softer and easier to pass.
Reason Client Taking	Heartburn	Anxiety	Pain	bipolar	Stool softener
Contraindications (2)	kidney disease. liver disease.	Other medicine to treat mental illness;	Do not use hydrocodone if you are allergic to it	Do not take lamotrigine if you are allergic to it.	You should not use docusate if you also use mineral oil
Side Effects/Adverse Reactions (2)	Bleeding gums. Anxiety	dizziness, drowsiness;	nausea, vomiting	headache, insomnia	Cramps, bowel pain.
Nursing Considerations (2)	Convulsions occurred in patients with renal dysfunction	Do not use lorazepam if you are pregnant	can slow or stop your breathing - may cause life threatening withdrawal symptoms	may cause a severe or life-threatening skin rash.	Drink plenty of liquids while you are using docusate.

Medications Reference (APA):

2019 Nurse's Drug Handbook (Eighteenth ed.). (2019). Jones & Bartlett

Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: a/o x3 Orientation: x3 Distress: no Overall appearance:	Pt looks stated age. No distress. Alert and oriented to person, location, and time.
INTEGUMENTARY (2 points): Skin color: Slight pale Character: dry Temperature: warm to touch Turgor: < 3 Rashes: see note Bruises: no Wounds: no Braden Score: 8 Drains present: Y☐ N ☒ Type:	Rash on the pt. chest. Nurse believes it is from the EKG lead.
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck normal and symmetrical. No JVD. Eyes and ears no discharge or obstructions. No drainage from the nose. No septum deviation. Healthy teeth and gums. No bleeding present in the mouth. .

CARDIOVASCULAR (2 points): **Heart sounds:** <mark>**S1, S2,**</mark> **S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: bilateral +2** **Capillary refill: < 3** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:** **Lower legs. Both sides.**	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Pt is on NC 2L. Breath sounds are slightly diminished.**

GASTROINTESTINAL (2 points):
Diet at home: Normal
Current Diet   Normal
Height: 5'5"
Weight: 302 lbs
Auscultation Bowel sounds:
Last BM: Yesterday
Palpation: Pain, Mass etc.: no pain
Inspection: no scars, sores, redness
   Distention: no
   Incisions: no
   Scars: no
   Drains: no
   Wounds: no
Ostomy: Y ☐   N ☒
Nasogastric: Y ☐   N ☒
   Size:
Feeding tubes/PEG tube   Y ☐   N ☒
   Type:
	Bowel sounds present in all four quadrants.

GENITOURINARY (2 Points):
Color: clear or slight yellow
Character: no smell
Quantity of urine: n/a
Pain with urination: Y ☐   N ☒
Dialysis: Y ☐   N ☒
Inspection of genitals:
Catheter: Y ☐   N ☒
   Type:
   Size:	

MUSCULOSKELETAL (2 points):	.

Neurovascular status: **ROM: equal on both sides** **Supportive devices: no** **Strength: bilateral 2+** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 6** **Activity/Mobility Status:** **Independent (up ad lib) ☐X** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: a/o x3** **Mental Status:** **Speech: normal** **Sensory: normal** **LOC:no**	.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s): Religion** **Developmental level:** **Religion & what it means to pt.: important** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**The patient has her religion to help her through her healthcare journey. She is also supported by her child and spouse.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0735	**110**	**116/70**	**16**	**98.4**	**93 NC 2L**
1045	**104**	**114/70**	**19**	**98.8**	**91 NC 2L**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0735	**1-10**	**head**	**3**	**Just a "normal"**	**Nurse looked up prn meds.**

				headache	
1045	1-10	chest	4	tightness	Listen to Lung sounds, asses o2

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	N/a No current IV for patient.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
n/a	n/a

Nursing Care

Summary of Care (2 points)

Overview of care: Cardiac testing and monitoring.

Procedures/testing done EKG, labs

Complaints/Issues: chest pain

Vital signs (stable/unstable):

Tolerating diet, activity, etc.: within reason

Physician notifications: n/a

Future for patient: possible discharge

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): n/a

Equipment needs (if applicable): pt. has oxygen at home already

Follow up plan: With PCP

Education needs: oxygen teaching of safety and management.

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.
Ineffective Breathing Pattern due to inadequate ventilation. As evidenced by lung sounds.	**Pt has new diagnosis of COPD**	1. **Asses lung sounds q2-4 hours** **2.have the pt sit up in their bed.**	1. **Response good. Goal met.** 2. **Response good. Goal met.**
Acute pain due to chest pain as evidenced by vitals and pt.'s pain rating in the ER.	**Chief complaint**	**1.** admin of vasodilator 2.Asses pt. every 2 hours for side effects.	**Ed sent pt up to medical floor. Pain decreased.**
Risk for unstable blood glucose due to improper	**Pt had diagnosis of diabetes.**	1. **Provide teaching on healthy eating** 2. **Have a nurse assist when ordering meals.**	**With proper education, the pt can make healthy eating choices. Response is good.**

nutrition as evidenced by pt. dieting habits.			

Other References (APA): Swearingen, P., & Wright, J. (n.d.). *All-in-one Nursing Care Planning Resource*. Elsevier.

Concept Map (20 Points):

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Subjective Data

"so much pain in my chest"

"a tightness in my chest"

Nursing Diagnosis/Outcomes

Acute pain due to chest pain as evidenced by vitals and pt.'s pain rating in the ER.
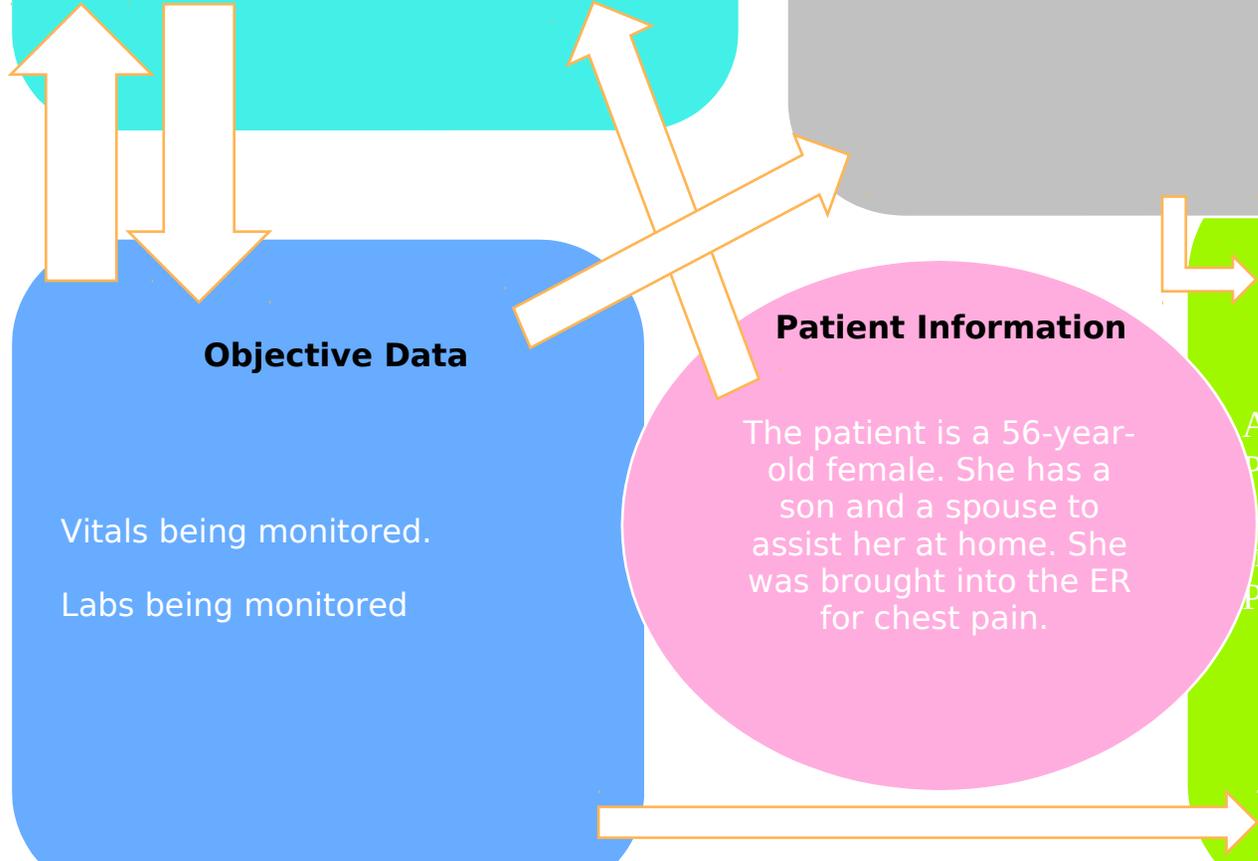 Outcome – Testing and new medications.

Objective Data

Vitals being monitored.

Labs being monitored

Patient Information

The patient is a 56-year-old female. She has a son and a spouse to assist her at home. She was brought into the ER for chest pain.

Nursing Interventions

Address the clients pain level.
Provide needed education
Monitor for side effects.
Increase water intake.
Plan for discharge

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