N321 Care Plan 1

Lakeview College of Nursing

Koti York

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
6/14/2020	**JW**	**57 yr. old**	**Male**
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	**Retired- Disability**	**Married**	**Augmentin, Iodine, Sertraline, and Shellfish**
Code Status	**Height**	**Weight**	
Full	**6'4"**	**200 lbs**	

Medical History (5 Points)

Past Medical History: A-fib, chronic CHF, clavicle fracture, COPD, HTN, hypertrophic cardiomegaly, implantable cardioverter defibrillator, lumbar spondylosis, somnolence, tobacco abuse disorder, tongue cancer with lymph node removal, daily ETOH use, BLE cellulitis and PVD.

Past Surgical History: Appendectomy, cardiac surgery procedure, and hernia repair.

Family History: HTN- mother, CAD- father, and CHF- father

Social History (tobacco/alcohol/drugs): Alcohol- 5 vodka and moonshine daily, Smoker- 0.5 packages a day- pipe.

Assistive Devices: Cane and wears glasses at home.

Living Situation: Lives with wife and dogs at their home.

Education Level: College Associates degree

Admission Assessment

Chief Complaint (2 points): Chest pain

History of present Illness (10 points): Client stated that the onset occurred the day of his admission which was 6/14/2020. Client stated that "his pain was only in his chest during his episode and it never radiated to another body part." The client reports the duration of his pain

only lasted a couple of hours after he arrived at the hospital. He described the pain as a sharp, constant pain that was relieved when he received aspirin and oxygen. His pain was aggravated when he made any little movement and his severity was rated as an eight out of ten at his arrival. Treatment that he is receiving is Aspirin, Lovenox, Lasix, Lopressor, and Prininl.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Crescendo angina

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): Unstable angina also referred to as acute coronary syndrome, is an unexpected chest pain that occurs while resting (*Unstable Angina, n.d.*). The cause of unstable angina is blood clots that block an artery either partially or totally. These blood clots can dissolve and reform multiple times, and each time they form, that can cause angina. Treatment for angina performs a cardiac catheterization that has dye in the catheter, which is injected into the coronary arteries by which the physician can track the flow and discover where the blockage is (*Unstable Angina, n.d.*). Percutaneous coronary intervention may need to be performed to open the blockage back up. This procedure requires a catheter to go to the artery where a balloon is inflated and allows the plaque to open, and then it is deflated and withdrawn from the artery (*Unstable Angina, n.d.*). If PCI does not work, then a coronary artery bypass graft will need to be performed. For this procedure, a blood vessel is used to make a new path

around the blocked artery, allowing blood flow into the heart (*Unstable Angina, n.d.*). Medications such as Nitroglycerin and Aspirin can be given to a client suffering from unstable angina. In this case my client is prescribed aspirin during his hospital stay that would help with blood flow through the heart. He is also taking Lovenox which helps prevent ischemic complications of angina, Lasix to help get out fluid to reduce heart failure, Lopressor to help manage heart failure, and Prininl to help treat heart failure. Oxygen is also a good treatment for someone experiencing cardiac related problems as it gives them more oxygen to help alleviate chest pain and breathing problems that could occur. "A coronary artery can be blocked by a blood clot that obstructs the blood flow to the heart muscle (Capriotti and Frizzell, 2016, pg. 349)." If the artery is blocked anywhere from 50-70%, the heart gets an inadequate amount of blood flow, which can cause angina. Hardening plaque also causes angina by which it calcifies and travels downstream, where it then blocks blood flow in the arteriole (Capriotti and Frizzell, 2016). "A less common way is by coronary artery vasospasm. Vascular spasm obstructs blood flow through the coronary artery creating ischemia in the surrounding myocardial tissue (Capriotti and Frizzell, 2016, pg. 349)." Once the artery has relaxed, blood flow is then restored to the coronary artery and myocardium. Sign and symptoms that may occur during unstable angina include chest pain that could go to the arm, jaw, neck, back, paleness, dyspneic, diaphoretic, weak pulses, heart rate could be normal, bradycardic, or tachycardic (Capriotti and Frizzell, 2016). My client stated

that he had a sudden onset of chest pain the day he was admitted and had a slower than normal pulse rate at 59 during his sets of vitals. His blood pressure was also low during his two sets of vitals I conducted, which could be due to his heart's insufficiency and ability to pump blood properly. Lab values that would indicate a problem with the heart would be troponin, BNP, cholesterol, HDL, LDL, C-reactive proteins, and triglycerides (Mayo Clinic, 2019). My client's BNP was almost fifteen times higher than the normal limit, which indicates that he has decreased cardiac output. Another lab value that was high for him was his AST level that would relate to his cardiac problems.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives*. Philadelphia: F.A. Davis Company.

Do you know which blood tests can point to heart disease? (2019, December 17). Retrieved from https://www.mayoclinic.org/diseases-conditions/heart-disease/in-depth/heart-disease/art-20049357

Unstable Angina. (n.d.). Retrieved from https://www.heart.org/en/health-topics/heart-attack/angina-chest-pain/unstable-angina

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	4-4.9 million/ mm3	3.65	3.52	The client's RBC could be low because he has cancer and with cancer treatments it will decrease RBC.
Hgb	12-18 g/dL	12.7	12.6	
Hct	36-50 mL/dL	37.7	35.5	
Platelets	150,000-350,000 mm3	242	214	
WBC	4,500-11,000 mm3	7.80	6.30	
Neutrophils	52-62%	49.5	50.9	The client has tongue cancer so the treatment of cancer can lower neutrophils.
Lymphocytes	25-33%	33.2	32.9	
Monocytes	3-7%	12.5	10.9	The client's monocyte level could be high due to cancer and chronic infection.
Eosinophils	1-3%	2.7	3.3	The client's eosinophil could be high due to allergens or asthma that he is taking other medications for.

Bands	**3-5%**			

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 mEg/L	130	133	The client's sodium level could be low because he has CHF and takes diuretics.
K+	3.5-5.0 mEg/L	4.8	4.4	
Cl-	98-108 mEg/L	91	92	The client has CHF which also causes low levels of chloride.
CO2	22-32 mEg/L	28	28	
Glucose	70-99 mg/dL	79	59	The client's glucose is low because he refused food.
BUN	10-25 mg/dL	16	15	
Creatinine	0.2-0.9 mg/dL	0.90	0.86	
Albumin	3.5-5.0 g/dL	3.9	N/A	
Calcium	8.5-10.5 mg/dL	9.3	9.0	
Mag	1.5-2.5 mg/dL	1.9	N/A	
Phosphate	2.5-4.5 mg/dL			
Bilirubin	0.1-1.3 mg/dL	0.8	N/A	
Alk Phos	40-120 u/L	137	N/A	The client has a history of fractures and it could increase ALP levels depending on the age of the fractures.
AST	10-40 u/L	115	N/A	The client has CHF which would cause AST levels to rise.

ALT	**7-56 u/L**	**48**	**N/A**	
Amylase	**30-100 u/L**			
Lipase	**0-160 u/L**			
Lactic Acid	**0.5-1 mmol/ L**			

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	**0.8-1.2**	**1.0**	**N/A**	
PT	**10-13 sec**	**12.1**	**N/A**	
PTT	**25-36 sec**	**34**	**N/A**	
D-Dimer	**0-0.5**			
BNP	**0-100 pg/mL**	**1484**	**N/A**	**The client has CHF which causes the heart to not pump correctly and BNP is released into the blood showing the level of failure the heart is in.**
HDL	**60- above mg/dL**			
LDL	**Less than 100 mg/dL**			
Cholesterol	**Less than 200 mg/dL**			
Triglycerides	**Less than 150 mg/dL**			
Hgb A1c	**Less than 5.7%**			
TSH	**0.4-4.0 mU/ L**			

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	**Light yellow/pale and clear**			
pH	**4.6-8**			
Specific Gravity	**1.001-1.035**			
Glucose	**Negative**			
Protein	**Negative**			
Ketones	**Negative**			
WBC	**Negative**			
RBC	**Negative**			
Leukoesterase	**Negative**			

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 mL (+) >100,000 mL**			
Blood Culture	**Negative**			
Sputum Culture	**Normal upper respiratory tract**			
Stool Culture	**Normal intestinal flora**			

Lab Correlations Reference (APA): Pagana, K.D., Pagana, T.J., and Pagana, T.N. (2019). *Mosby's Diagnostic and Laboratory Test Reference.* St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest x-ray

Diagnostic Test Correlation (5 points): Heart size is normal. Pacemaker leads noted in satisfactory position. Tip of one of these is in projection of right atrium and the other in the right ventricle. The hilar perihilar and apical structures are unremarkable. There is no acute lung pathology. Hyper expansion of the chest, findings suggestive of COPD. Calcified nodule in the right lung medially. The costophrenic angles are clear. Degenerative change in lower dorsal spine. Some deformity of the right eight rib laterally, possibly related to old trauma.

Chest x-rays are used to produce images of the heart, lungs, blood vessels, airways, and bones of the chest and spine (*Chest X-rays, 2020*). These x-rays also show if fluid or air is surrounding the lungs. Once a client presents with chest pain, a physician will order a chest x-ray to see if there is a heart problem, collapsed lung, pneumonia, broken ribs, emphysema, cancer, and other conditions (*Chest X-rays, 2020*). They can see if there is cancer, infection, or air around or in the lung, which may lead to a collapsed lung, and chronic lung conditions (*Chest X-rays, 2020*). It can show the size and shape of the heart, fluid around the heart, valve problems, large vessels, calcium deposits, fractures, postoperative changes, pacemakers, defibrillators, and catheters. The reason my client received a chest x-ray is because he presented to the emergency room with chest pain and has a health history of heart failure. During my day with this client he also stated that he had thought he fractured his ribs a couple of months ago, which could indicate the need to have a chest x-ray if he told his physician this information.

Diagnostic Test Reference (APA):

Chest X-rays. (2020, May 2). Retrieved from https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

Current Medications (10 points, 1 point per completed med)
10 different medications must be completed
Home Medications (5 required)

Brand/Generic	**albuterol (Proventil)**	**amiodarone (Cordarone)**	**cetirizine (Zyrtec)**	**levetiractam (Keppra)**	**oxycodone (Oxecta)**
Dose	**1 puff**	**200 mg**	**10 mg**	**500 mg**	**325 mg**
Frequency	**Q4H PRN**	**Daily**	**Daily**	**BID**	**1-tab Q8H PRN**
Route	**Inhalation**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Bronchodilator**	**Class 3 antiarrhythmic**	**Antihistamine**	**Anticonvulsant**	**Analgesic**
Mechanism of Action	**Attaches to beta 2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert ATP to cAMP. This reaction decreases calcium level. It increases intracellular levels**	**Acts on cardiac cell membranes, prolonging repolarization and the refractory period and raising ventricular fibrillation threshold. Relaxes vascular smooth muscles, mainly in coronary circulation, and**	**Its main effects are achieved through selective inhibition of peripheral H1 receptors.**	**May protect against secondary generalized seizure activity by preventing coordination of epileptiform burst firing. Does not involve inhibitory and excitatory neurotransmitters.**	**Alters perception of the emotional response to pain at spinal cord and higher levels of CNS by blocking release of inhibitory neurotransmitters, such as acetylcholine and gamma-aminobutyric acid.**

	of cAMP. Together these effects relax bronchial smooth muscle cells and inhibit histamine release.	**improves myocardial blood flow. Relaxes peripheral vascular smooth muscles, decreasing peripheral vascular resistance and myocardial oxygen consumption.**			
Reason Client Taking	**Prevent exercise induced bronchospasm which could be due to the client's COPD.**	**To treat life-threatening recurrent atrial fibrillation.**	**To help relieve over production of mucus.**	**The client may be using to treat seizures. No medical diagnosis in chart.**	**To relieve pain severe enough that is not relieved by any other medication**
Contraindications (2)	**Hypersensitivity to albuterol or its components**	**Bradycardia that causes syncope. Cardiogenic shock.**	**Hypersensitivity to cetirizine or its components. Drowsiness which is recommended not to use heavy machinery.**	**Hypersensitivity to levetiracetam or its components.**	**Acute or severe bronchial asthma. Gastrointestinal obstruction**
Side Effects/Adverse Reactions (2)	**Headache and dizziness**	**Bradycardia and nausea**	**Drowsiness and dry mouth**	**Dizziness and depression**	**Dry mouth and stomach pain**
Nursing Considerations (2)	**Administer pressurized inhalations of albuterol during second half of inspiration, when airways are open wider and aerosol distribution is more effective. Monitor serum potassium level because albuterol may cause transient hypokalemia.**	**Check client's implantable cardiac device as ordered because it may affect pacing or defibrillating thresholds. Monitor vital signs and oxygen level often during and after giving amiodarone.**	**If client has renal failure or impairment it is recommended to reduce the dosage or have client stop taking the medication. Must assess respiratory status such as wheezing or tightness of the chest.**	**Avoid stopping drug abruptly because it may increase seizure activity. Monitor client closely for evidence of suicidal thinking or behavior, especially when therapy begins or dosage changes.**	**Use extreme caution when administering to clients with conditions accompanied by hypoxia or decreases respiratory reserve. Use extreme caution in clients who may be risk for carbon dioxide retention.**

Hospital Medications (5 required)

Brand/Generic	**enoxaparin (Lovenox)**	**furosemide (Lasix)**	**metoprolol (Lopressor)**	**Potassium chloride**	**lisinopril (Prininl)**
Dose	**40 mg**	**40 mg**	**50 mg**	**20 mEq**	**5 mg**
Frequency	**Q24H SCH**	**Daily**	**Daily**	**Daily**	**Daily**
Route	**Subcutaneous**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Antithrombotic**	**Antihypersensitive diuretic**	**Antianginal antihypersensitive, MI prophylaxis and treatment**	**Electrolyte replacement**	**Antihypertensive, vasodilator**
Mechanism of Action	**Increases the likelihood of antithrombin 3 and a clotting inhibitor. When binding with antithrombin 3 enoxaparin rapidly binds to it and deactivates the clotting factors. Without thrombin, fibrinogen cannot covert to**	**Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation. As the body's plasma volume decreases, aldosterone production increases, which promotes sodium reabsorption and the loss of potassium and hydrogen ions.**	**Inhibits stimulation of beta1-receptor sites, located mainly in the heart resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand. These effects help relieve angina, minimize cardiac tissue damage from myocardial**	**Acts as a major cation in intracellular fluid, activating many enzymatic reactions essential for physiologic processes. Potassium also helps maintain electroneutrality in cells by**	**May reduce blood pressure by inhibiting conversion of angiotensin 1 to angiotensin 2. Angiotensin 2 is a potent vasoconstrictor that also stimulates adrenal cortex to secrete aldosterone. May also inhibit renal and vascular production of angiotensin 2. Decreased release of**

	fibrin and clots cannot form.		**infarction, and help relieve symptoms of heart failure. Helps reduce blood pressure by decreasing renal release of renin.**	**controlling exchange of intracellular and extracellular ions.**	**aldosterone reduces sodium and water reabsorption and increases their excretion thereby reducing blood pressure.**
Reason Client Taking	**To prevent ischemic complications of unstable angina.**	**To reduce edema caused by cirrhosis, heart failure, and renal disease.**	**To manage hypertension or treat stable heart failure.**	**To treat hypokalemia in clients who cannot ingest sufficient dietary potassium. To treat hypokalemia in clients who ingest excess alcohol.**	**As adjunct with digitalis and diuretics to treat heart failure.**
Contraindications (2)	**Active major bleeding. History of HIT or immune-mediated HIT within the past 100 days.**	**Anuria unresponsive to furosemide. Hypersensitivity to furosemide or its components.**	**Acute heart failure. Cardiogenetic shock.**	**Acute dehydration and heat cramps.**	**Concurrent aliskiren use in clients with diabetes or renal impairment. Use of neprilysin inhibitor such as sacubitril within 36 hours.**
Side Effects/Adverse Reactions (2)	**Hemorrhage and fever**	**Increased urination and thirst.**	**Tiredness and dizziness.**	**Diarrhea and vomiting**	**Headache and cough**
Nursing Considerations (2)	**Use enoxaparin with extreme caution in patients with a history of heparin induced thrombocytopenia. Enoxaparin should only be used in these patients if more than 100 days have elapsed since the prior HIT episode and no circulating antibodies are present. Advise**	**Obtain client's weight before and during furosemide therapy to monitor fluid loss. Monitor blood pressure, hepatic, and renal function as well as BUN, blood glucose, serum creatinine, electrolyte, and**	**Use cautiously in client with angina or hypertension who have congestive heart failure because beta blockers can further depress myocardial contractibility. Before starting for client with heart failure**	**Administer oral potassium with or directly after meals. Regularly assess client for signs hypokalemia such as arrhythmias, confusion, dyspnea, and**	**Should not given to client who is hemodynamically unstable after an acute MI. Use cautiously in client's with fluid volume deficit, heart failure, impaired renal function, or sodium depletion.**

	patients to notify prescriber about adverse reactions, especially bleeding. Inform patient that taking aspirin or other NSAIDs may increase risk for bleeding.	**uric acid levels.**	**expect to give ACE inhibitor, digoxin, and a diuretic to stabilize client.**	**paresthesia.**	

Medications Reference (APA): Jones & Bartlett Learning. (2019). *2019 Nurses Drug Handbook*. Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and Oriented times 3 No distress Overall appearance is normal
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Appropriate for race Warm, moist and pink Turgor intact No rashes Bruises on legs, not very many, and small Scabs on legs and arms, ulcers on both feet not sure of the stage as new dressing was just applied. They had foam dressings on them to add padding when he put pressure on his feet. Braden Score 20 No drains present

HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Normal cephalic No lymph nodes palpable Trachea is in line No drainage from ears PERRLA, conjunctiva pink and moist No drainage from nose and septum in line Good dentation .
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:**	S1 and S2 normal No murmur heard Peripheral pulses bilateral times two throughout, no bounding or slowed pulses Capillary refill normal No vein distention present No edema present in extremities
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	No use of accessory muscles present Good air movement with no adventitious lung sounds bilaterally
GASTROINTESTINAL (2 points): **Diet at home:** **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:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	Diet at home is normal Current diet is normal Height 6’4” Weight 200 lbs Bowel sounds normal Last BM was 6/14/2020 No pain or masses when palpating There was no distention, incisions, or drains present Scar on lower right abdomen located around 1/3 of the way between the anterior superior iliac and umbilicus about 2-4 inches long. Redness below the knees to the feet No wounds present No ostomy present No nasogastric present No feeding tube present
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:**	Urine color is yellow and clear Quantity of urine is 1200 mL No pain with urination is present Not receiving dialysis

Pain with urination: Y ☐ N ☐ **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Genitals look normal within defined limits No catheter is present
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** ☐	Neurovascular status good ROM is equal throughout Supportive devices are a cane Strength is equally strong throughout, uses a cane as a support device due to history of falls Does not need ADL assistance Fall risk Fall score is 40 Activity is as tolerated Mobility is independently Does not need assistance with equipment Does not need support to stand and walk
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Can move all extremities PERRLA intact Strength is equal throughout Orientated times three Mental Status is alert Speech is audible and easily understood sometimes slower or unsure Client has a vision deficit and wears glasses at home No LOC present
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):**	Coping methods are to be home with dogs and "drink a cold one." Developmental level is appropriate for age. No preferred religion Client lives with wife and dogs at their home, wife is a good support system, and enjoys spending time with the dogs.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	**59**	**107/72**	**18**	**98.1**	**95%**
1100	**63**	**118/68**	**20**	**98.4**	**97%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730	**0-10**	**N/A**	**0**	**N/A**	**N/A**
0900	**0-10**	**Ribs**	**7**	**Constant ache**	**Pain med of Toradol ordered but refused**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV: left antecubital** **Date on IV: 6/14/2020** **Patency of IV: Yes** **Signs of erythema, drainage, etc.: No** **IV dressing assessment: Clean, dry, intact**	No IV fluid was given during clinical time.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
960	**1200**

Nursing Care

Summary of Care (2 points)

Overview of care: Client was independent during the day, but needed help ordering his meals because he could not see the menu due to not having his glasses. Client slept most of the day and had occasional pain but refused medications and interventions to help with the pain. Client did not experience any chest pain during clinical time. The client was very mellow and did not want to be bothered much throughout the day.

Procedures/testing done: Routine labs drawn and a chest x-ray on 6/14/2020

Complaints/Issues: Client stated rib pain at 0900 and assessed pain again at 1100 and client denied pain.

Vital signs (stable/unstable): Vital signs were stable during the day. His blood pressure was on the lower end, but it was not to the point of concern. His pulse also dropped down a little, but it was not without of normal limits by a lot. His oxygen was at 95% during his morning vitals, but for someone who has a disease relating to the heart this would be normal for them.

Tolerating diet, activity, etc.: Tolerated normal diet when client agreed to eat, activities were tolerated.

Physician notifications: Physician called when client stated they had rib pain and did not want to take Tylenol. Dr. ordered 60 mg of Toradol, but the client refused.

Future plans for patient: Future plans are for client to get discharged to go home and begin talking to his psychologist when they allow in person appointments.

Discharge Planning (2 points)

Discharge location: No discharge plan was discussed or noted during clinical time.

Home health needs (if applicable):

Equipment needs (if applicable):

Follow up plan:

Education needs:

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. Decreased cardiac output related to chronic heart failure related to high BNP and AST laboratory values.	**This was chosen because most the client's lab values are high due to his congestive heart failure. He also got admitted to the hospital due to chest pain so this could explain why he was experiencing that issue.**	**1.Cardiac diet would be helpful.** **2.Possibly higher doses of cardiac medication would increase output.**	**The client did not seem like he wanted to change his diet or doses of medication. A modification to the plan could be figuring out what the client would be comfortable with to start out with and improving the plan from there.**
2. Risk for decreased cardiac tissue perfusion related to congestive heart failure as	**This was chosen because the client's BNP level was almost 15 times over the maximum normal value. This lab particularly tells how properly the heart is**	**1. Correction of a-fib could help the heart pump more blood through the body.** **2.Having a cardiac consult to see if the heart is**	**The client seems to be okay with where he is at with his life and does not want to make improvements. If he had an advocate for his modifications, he may be willing to make changes to his life.**

	evidence by high BNP level.	**pumping blood to the body.**	**blocked and a stent needs placed would open the walls to allow more blood through.**	
3.	**Risk prone health behavior related to alcohol and tobacco use as evidence by chronic heart failure.**	**The client has many health issues that could better with the stopping of tobacco and alcohol use. He has cancer which is not being improved due to tobacco. He is also on medications that should not be used with heart related problems along with a failing heart.**	**1.Slowly winging off the use of tobacco and alcohol.** **2.Finding alternative coping mechanisms to help with a depressive state to improve his health.**	**The client relies on tobacco and alcohol to make him feel better and he is not willing to give up on those usages. Talking to someone and having his wife being his support system may improve the quality of life he would want and encourage him to make lifestyle changes.**

Other References (APA): Swearingen, P. L., & Wright, J. D. (2019). *All-in-One Nursing Care Planning Resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric-Mental Health*. St. Louis, MO: Elsevier.

Concept Map (20 Points)

N321 Care Plan

Subjective Data

Client stated rib pain on a scale of 0-10 as a 7 but did not want pain medication.
Client stated that he just wanted “a cold one” at home with his wife and dogs.

Nursing Diagnosis/Outcomes

Decreased cardiac output related to chronic heart failure related to high laboratory values. Outcome- The client will have routine labs to see if there is a decline or increase in his cardiac enzyme lab values that relate back to his decreased cardiac output. These would include his BNP, AST, Na, and Cl values.
Risk for decreased cardiac tissue perfusion related to congestive heart failure as evidence by high BNP level. Outcome- The client will have a routine lab test done to measure the increase or decrease of his BNP levels related to his decreases cardiac tissue perfusion.
Risk prone health behavior related to alcohol and tobacco use as evidence by chronic heart failure. Outcome- Client could have continued heart problems related to the use of alcohol and tobacco that will not better his cardiac pain or increased cardiac laboratory values.

Objective Data

Cardiac Related labs
AST- high
BNP- high
NA+- low
Cl- - low
Abnormal labs
RBC- low
Neutrophils- low
Monocytes- low
Eosinophils- low
Glucose- low
Alk Phos- high
Chest x-ray
Low pulse but not too low- monitored
Low blood pressure but not too low- monitored

Patient Information

57-year-old Caucasian male
6’4”
200 lbs
Code status- full
Allergies- iodine, augmentin, sertraline, and shellfish
Married
Retired -disability

Nursing Interventions

Cardiac diet would be helpful. Possibly higher doses of cardiac medication would increase output.
Correction of a-fib could help the heart pump more blood through the body. Having a cardiac consult to see if the heart is blocked and a stent needs placed would open the walls to allow more blood through.
Slowly winging off the use of tobacco and alcohol. Finding alternative coping mechanisms to help with a depressive state to improve his health.

N321 Care Plan

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