N321 Care Plan #1

Lakeview College of Nursing

Hannah Glanzer

Demographics (3 points)

Date of Admission 06/10/2020	**Patient Initials** T.E.R.	**Age** 73	**Gender** Male
Race/Ethnicity Not Hispanic or Latino	**Occupation** Retired	**Marital Status** Married	**Allergies** None
Code Status FULL (has ACP docs)	**Height** 5'7"	**Weight** 173 lb (78.6 kg)	

Medical History (5 Points)

Past Medical History: Coronary Artery Disease (CAD), Congestive Heart Failure (CHF), Constipation, Diabetes Mellitus (HCC), Fatty infiltration of liver, Hyperlipidemia, Hypertension, Lytic bone lesions on x-ray, Uses LifeVest Defibrillator

Past Surgical History: Cardiac Catheterization, Colonoscopy, HX Heart Catheterization

Family History: Heart Attack (Mother), Heart Attack (Father), Congestive Heart Failure (Mother)

Social History (tobacco/alcohol/drugs): Former smoker of cigarettes, last attempt to quit: 01/31/2020, never used smokeless tobacco. Uses alcohol frequently: claims to drink 14 glasses of wine per week. Never used drugs.

Assistive Devices: LifeVest Defibrillator

Living Situation: Married and living at home with his wife

Education Level: graduated high school and attended college, but did not earn a degree

Admission Assessment

Chief Complaint (2 points): Coronary Artery Disease

History of present Illness (10 points): Timothy Ridgeway is a 73 year old male with diabetes, hypertension, and hyperlipidemia who presented to the hospital in February with complaints of

worsening cough, dyspnea, and swelling. Echocardiography demonstrated left ventricular ejection fraction of 25-30%. After diuresis, symptoms were markedly improved and remains so. At that time he underwent cardiac catheterization which demonstrated occlusion of the right coronary artery and critical stenosis of the circumflex artery. Intervention was subsequently deferred due to the pandemic. He was fitted with a Life Vest. He was brought back to the hospital for anticipated intervention of the circumflex artery but repeat angiography demonstrated 80% stenosis in the distal left main coronary artery. Repeat echocardiography was performed which demonstrated left ventricular ejection fraction of approximately 30%, trace MR, and moderate TR.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):.Coronary Artery Bypass Graft (CABG) Times Three

Secondary Diagnosis (if applicable):.left MCA stroke

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

CABG surgery creates new routes around narrowed and blocked arteries, allowing sufficient blood flow to deliver oxygen and nutrients to the heart muscle. Traditionally, an incision is made down the middle of the chest through the sternum for access to the heart. Alternatively, minimally invasive direct CABG procedures are performed via very small incisions in the chest. The most commonly used vessel for the bypass is the saphenous vein from the leg. Bypass grafting involves sewing the graft vessels to the coronary arteries beyond the narrowing or blockage. The other end of this vein is attached to the aorta or left internal mammary artery (Capriotti & Frizzell, 2016, pp 352).

Pathophysiology References (2) (APA):

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

Laboratory Data (15 points)

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

Lab	Admission Value	Normal Range	Today's Value	Reason for Abnormal Value
RBC	**3.87**	**4.40-5.80**	**2.90**	**Congestive Heart Failure**
Hgb	**12.5**	**13.0-16.5**	**9.3**	**Heart Disease**
Hct	**37.7**	**38-50%**	**28.6%**	**Genetic (congenital heart diseases)**
Platelets	**247**	**140-440**	**189**	
WBC	**22.80**	**4.00-12.00**	**33.50**	**Infection**
Neutrophils	**N/A**	**40-68%**	**30%**	**Infection**
Lymphocytes	**N/A**	**19-49%**	**65%**	**Undernutrition**
Monocytes	**N/A**	**3-13%**	**3.5%**	
Eosinophils	**N/A**	**0-6%**	**4%**	
Bands	**N/A**	**1-10%**	**1.5%**	

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-	**133-144**	**132**	**135**	**Heart Failure**
K+	**3.5-5.1**	**4.4**	**4.3**	

Cl-	**98-107**	**93**	**105**	**Heart Failure**
CO2	**21-31**	**29**	**20**	**Aspirin Overdose? (salicylate toxicity)**
Glucose	**70-99**	**146**	**134**	**Not enough insulin production**
BUN	**7-25**	**18**	**16**	
Creatinine	**0.50-1.20**	**1.12**	**1.05**	
Albumin	**3.5-5.7**	**4.5**	**4.7**	
Calcium	**8.6-10.3**	**9.8**	**7.9**	
Mag	**1.6-2.6**	**2.3**	**1.9**	
Phosphate	**N/A**	**N/A**	**N/A**	
Bilirubin	**+/-**	**negative**	**negative**	
Alk Phos	**N/A**	**N/A**	**N/A**	
AST	**N/A**	**N/A**	**N/A**	
ALT	**N/A**	**N/A**	**N/A**	
Amylase	**N/A**	**N/A**	**N/A**	
Lipase	**N/A**	**N/A**	**N/A**	
Lactic Acid	**0.36-1.25**	**0.90**	**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	**0.9-1.1**	**1.4**	**2.3**	**Heart Failure (extended clot time)**

PT	**10.1-13.1 sec**	**26.8**	**16.6**	**Blood taking too long to clot**
PTT	**25-36 sec**	**37**	**36**	**Blood taking too long to clot**
D-Dimer		**1756**		
BNP	**1-100**	**1925**		**Congestive Heart Failure**
HDL		**49**		
LDL		**93**		
Cholesterol		**156**		
Triglycerides		**70**		
Hgb A1c		**6.8**	**6.0**	
TSH		**3.532**	**3.408**	

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**	**clear yellow**	**clear yellow**	
pH	**5.0-9.0**	**6.0**	**6.0**	
Specific Gravity	**1.003-1.030**	**1.019**	**1.015**	
Glucose	**+/-**	**negative**	**negative**	
Protein	**+/-**	**negative**	**negative**	
Ketones	**+/-**	**negative**	**negative**	
WBC	**22.80**	**4.00-12.00**	**33.50**	**Infection**
RBC	**3.87**	**4.40-5.80**	**2.90**	**Anemia**
Leukoesterase	**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	**N/A**	**N/A**	**N/A**	
Blood Culture	**N/A**	**N/A**	**N/A**	
Sputum Culture	**N/A**	**N/A**	**N/A**	
Stool Culture	**N/A**	**N/A**	**N/A**	

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points): US Bilateral Carotid Duplex, XR Chest 2 views, Anesthesia TEE, XR Chest single view portable, CT head or brain without contrast, MRI brain without contrast, CT angio head and neck with and without contrast with PP

Diagnostic Test Correlation (5 points):

US Bilateral Carotid Duplex: test to look for blockages in carotid arteries

XR Chest 2 views: check for pulmonary edema and leakage of fluid into interstitium

XR Chest single view portable: check for pulmonary edema and leakage of fluid into interstitium

CT head or brain without contrast: stroke

MRI brain without contrast: stroke

CT angio head and neck with and without contrast with PP: stroke

Diagnostic Test Reference (APA): Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* 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) ****ONLY HAD 4 LISTED

Brand/Generic		**nicotine patch (NICODERM CQ)**	**aspirin**	**atorvastatin (LIPITOR)**	**metFORMIN (GLUCOPHAGE)**
Dose		**21 mg/24 hr patch**	**81 mg**	**40 mg**	**500 mg**
Frequency		**daily**	**daily**	**daily**	**2 times daily**
Route		**transdermal**	**oral**	**oral**	**oral**
Classification		**therapeutic: smoking cessation adjunct**	**chemical: salicylate**	**therapeutic: antihyperlipidemic**	**biguanide**
Mechanism of Action		**binds selectively to nicotine-cholinergic receptors**	**blocks activity of cyclooxygenase**	**reduces plasma cholesterol and lipoprotein levels**	**decreased hepatic glucose production**
Reason Client Taking		**to relieve nicotine withdrawal symptoms**	**blood thinner**	**reduces amount of cholesterol made by the liver**	**control high blood sugar**
Contraindications (2)		**hypersensitivity to nicotine, arrhythmias**	**asthma, hemophilia**	**active hepatic disease, breastfeeding**	**creatinine less than 60 mL/min**
Side Effects/Adverse Reactions (2)		**dizziness, increased salivation**	**confusion, hearing loss**	**amnesia, hyperkinesia**	**heartburn, stomach pain**
Nursing Considerations (2)		**don't use for patients with diabetes, watch for possible burns**	**don't crush, ask about tinnitus**	**use cautiously with alcohol consumption, expect to measure lipid levels frequently**	**assess serum electrolytes, check pH**

Hospital Medications (5 required)

Brand/Generic	**ondansetron (ZOFRAN)**	**metoprolol tartrate (LOPRESSOR)**	**enoxaparin (LOVENOX)**	**docusate sodium (COLACE)**	**clopidogrel (PLAVIX)**
Dose	**4 mg**	**25 mg**	**40 mg**	**100 mg**	**75 mg**
Frequency	**every 6 hours PRN**	**2 times daily**	**daily**	**2 times daily**	**daily**
Route	**intravenous**	**oral**	**subcutaneous**	**oral**	**oral**
Classification	**anti-nausea**	**antianginal**	**antithrombotic**	**laxative**	**platelet aggregation inhibitor**
Mechanism of Action	**blocking serotonin receptors**	**inhibits stimulation of beta-receptor sites**	**potentiates the action of antithrombin III**	**acts as a surfactant that softens stool**	**binds to ADP receptors on the surface of activated platelets**
Reason Client Taking	**nausea**	**treat high blood pressure**	**prevent blood clots**	**stool softener**	**prevent blood clots**
Contraindications (2)	**hypersensitivity, hypotension**	**acute heart failure, cardiogenic shock**	**active major bleeding, history of HIT**	**fecal impaction, nausea**	**active pathological bleeding, peptic ulcer**
Side Effects/Adverse Reactions (2)	**headache, dizziness**	**angina, arrhythmias**	**confusion, anemia**	**syncope, muscle weakness**	**abdominal pain, DRESS**
Nursing Considerations (2)	**abnormal heart rhythm**	**use cautiously with CHF, highly individualized dosage**	**use cautiously with HIT, not recommended for use with prosthetic heart valves**	**expect long time use to cause problems, asses for laxative abuse**	**history of hypersensitivity, renal disease**

				syndrome	

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse's Drug Handbook.* Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and oriented x2, no distress, cooperative, stated age is correct, unaware of time (believes the year is 1999). Normal condition and gate. Appears well groomed.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **17** **Drains present: Y☐ N ✓** **Type: N/A**	Skin is warm and brown, no noted rashes, lesions, bruises or abnormalities. Good turgor. Braden Score: 17 Low Risk

HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Normocephalic, no obvious abnormalities noted, atraumatic. Conjunctiva and corneas are clear, pupils are equal, round, and reactive to light, extraocular eye movements intact. Neck is supple, symmetrical, trachea is midline, no adenopathy. Thyroid is not enlarged, no tenderness. Right carotid bruit. .
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**	No chest pain or tenderness. Regular rate and rhythm, S1, S2 normal. No murmur, click, rub or gallop. . Extremities normal, no cyanosis or edema. Pulses 2+ and symmetric radial and femoral. No palpable pedal pulses. Weakness in upper and lower right extremities. No jugular venous distension. Capillary Refill < 3 seconds.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ✓** **Breath Sounds: Location, character**	Breath sounds are good, no crackles or wheezes heard during the respiratory cycle. .
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: N/A**	Normal diet at home. Similar diet in hospital. 5’7” 167 lb (75.8 kg) Bowel sounds normal. Last BM: 06/14/2020 No masses, no organomegaly. Soft, non-tender abdomen. No distension, incisions, scars, drains, or wounds. Umbilical Hernia.

GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ✓** **Dialysis: Y ☐ N ✓** **Inspection of genitals:** **Catheter: Y ☐ N ✓** **Type: Foley** **Size:**	 Dark yellow urine (tea colored) Clear consistency Daily Urine 6/14: 1210.9 mL Perineum is maintained Catheter removed 06/14/2020
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y✓ N ☐** **Fall Risk: Y ✓ N☐** **Fall Score: 25** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ✓** **Needs support to stand and walk✓**	 Alert and Oriented x 2 (unaware of correct year) Freely movable on the left side only. None There is noticeable weakness in the upper and lower right extremities. . 2-assist No
NEUROLOGICAL (2 points): **MAEW: Y ☐ N✓** **PERLA: Y ✓ N☐** **Strength Equal: Y ☐ N ✓ if no - Legs ☐ Arms ☐ Both ✓** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	. Weakness on right side of the body Alert to place and name Normal Normal speech, aware Good on left side None
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):**	 Alcohol, former smoker Appropriate for age Christian, of some importance Lives at home with his wife who is a phlebotomist here at OSF and is very involved in his care and treatment plan.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

0701	92	126/73	18	98.6 °F (37°C)	96%
1130	89	109/65	18	97.9 °F (36.6 °C)	96%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0701	Numerical Verbal	N/A	0/10	N/A	scheduled medications were administered
1130	Numerical Verbal	N/A	0/10	N/A	scheduled medications were administered

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	24 G
Location of IV:	Left lower arm
Date on IV:	06/10/2020
Patency of IV:	Good
Signs of erythema, drainage, etc.:	None
IV dressing assessment:	Good, clean

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
300 mL	1210.9 mL

Nursing Care

Summary of Care (2 points)

Overview of care: I took Q4 vitals while we were at clinical and also did my patient's AccuChek during the second round of vitals. My patient did not need insulin after the 0700 vitals, but did require 2 units of insulin during the 1100 vitals. I administered the insulin. I also changed my patient's linens, gave him a "bath" with warm wipes, and got him a new gown.

Procedures/testing done: arterial line, pulmonary artery catheter, intubation in OR, pulse oximetry (continuous), nasal cannula, OT evaluate and treat, PT evaluate and treat

Complaints/Issues: none noted

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: minimal food intake (normal to what he does at home), minimal activity; client walked 10 feet in the hallway yesterday and is a 2-assist

Physician notifications: N/A

Future plans for patient: rehabilitation services have been recommended for him

Discharge Planning (2 points)

Discharge location: home with family, rehabilitation services needed

Home health needs (if applicable): N/A

Equipment needs (if applicable): assistive equipment and person needed for ambulation and transferring

Follow up plan: referred to rehabilitation consultant

Education needs: medication education, follow-up visit, when to call the provider, what to watch for

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.
Impaired physical mobility related to left MCA stroke as evidence by weakened right extremities	**the patient experienced a stroke, which left his right side of his body weakened and therefore, cannot move well at all**	**1. attempt to ambulate twice per shift** **2. IPC stockings to stimulate circulation in extremities**	**the patient got up to walk with a 2-assist twice per shift, but did not make it more than 15 feet. Patient & wife understand the need for compression devices & ambulation to maintain adequate circulation**
ineffective glucose regulation related to inadequate diet as evidence by abnormal glucose levels	**the patient did not want to eat while on unit so his glucose levels were low, and when he did eat, his levels rose extremely high**	**1. measure glucose levels 3 times daily** **2. administer insulin as needed**	**the patient & wife understand the importance of glucose monitoring post CABG surgery**
decreased cardiac output related to congestive heart failure as evidence by abnormal CBC values	**the patient has CHF and underwent a CABG x 3 surgery**	**1. continue to monitor CBC values** **2. monitor vitals**	**the patient and wife understand the importance of continual monitoring of vitals including heart and lung sounds**

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

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes