N321 Care Plan #3

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
6/21/2020	RLT	73 yo	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Widowed	N/A
Code Status	**Height**	**Weight**	
Full	6'0	236lbs	

Medical History (5 Points)

Past Medical History:

Carotid stenosis post left,endarterectomy,Hypercholesterolemia,Hypertension,Seizure,Dizziness and giddiness,Amnesia ,Closed fracture of lateral malleolus,Esophageal dysphagia,Esophageal stricture,Ulcerative esophagitis,Reflux esophagitis,Diverticulosis,DM,Stroke

Past Surgical History:EGD 8/2017, Finger surgery/ right 2nd finger, Vascular surgery procedure unlist,CV carotid endarterectomy,Colonoscopy w/polypectomy 2/20/2018,Esophageal dilatation 5/11/2018,Esophageal dilatation 9/28/2018

Family History: None given

Social History (tobacco/alcohol/drugs): Former smoker quit 1/1/1998,Smokeless - never used,Alcohol - not currently,Drug use - never

Assistive Devices: Walker

Living Situation: Resides at home independently

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): Chest pain, muscle aches

History of present Illness (10 points):.Rodger Trinkle, 73 year old caucasian male came into the ED with chest pain yesterday. He denies any chest pain or SOB now. He mentions that last

night he had retrosternal 10/10 chest pain radiating to his back. Troponins were trended overnight and remained negative. He denies leg pain. Elevated D-dimer last night. CTA chest was negative for PE. Venous doppler ordered to R/O DVT. CK levels normal. Given his risk factors, will consult Cardiology for evaluation.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Rule Out ACS

Secondary Diagnosis (if applicable): Bilateral atypical pneumonia

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

Acute coronary syndrome (ACS) which is a disorder caused by myocardial ischemia. When plaque deposit ruptures a blood clot forms. This clot blocks the flow of blood to heart muscles. When supply of oxygen to cells is too low cells can die. The death of cells results in damage to muscle and is called a myocardial infarction (Mayo Clinic, 2019).

ACS can take either of two forms: unstable angina or myocardial infarction (Capriotti, 2016). There are two main types of MI: ST segment elevation myocardial infarction and non-ST elevation myocardial infarction (Capriotti,2016). The differences between NSTEMI and STEMI are determined by diagnostic testing (Hinkle, 2018).

In unstable angina, these is reduced blood flow to the coronary artery often due to rupture of plaque (Hinkle, 2018). A clot begins to form on top of the lesion, but the artery id not completely occluded (Hinkle, 2018). According to *Brunner & Suddarth*, plaque rupture and subsequent thrombus formation result in the complete occlusion of the artery, leading to ischemia and necrosis of the myocardium supplied by the artery. The area of infarction develops over time and can be minutes to hours. As cells are deprived of oxygen, ischemia develops

leading to cellular injury and the lack of oxygen results in infarction or the death of cells (Hinkle, 2018). “The expression time is muscle reflects the urgency of appropriate treatment to improve patient outcomes” (Hinkle, 2018, pp762). Every 43 seconds an American will have a myocardial infarction and many of these people will die as a result (Hinkle, 2018). Early recognition and treatment increase the chances of survival. Clinical manifestations are chest pain that begins suddenly and continues through rest and medication (Hinkle, 2018). Some patients have prodromal symptoms or a previous diagnosis of CAD, others report no previous symptoms or diagnosis. Patients may present with a combination of symptoms of chest pain, dyspnea, indigestion, nausea and anxiety (Hinkle, 2018). Cool, moist, and pallor skin is a common sign in acute coronary syndrome. Elevated heart rate and respiratory rate which are caused by the sympathetic nervous system, may be shortly present or may persist (Hinkle, 2018). Blood pressure may be elevated because of sympathetic stimulation or decreased contractibility or medications. Some risk factors of acute coronary syndrome include: aging, hypertension, hyperlipidemia, cigarette smoking, unhealthy diet, lack of physical activity, obesity, diabetes, family history of stroke or heart disease, history of hypertension, preeclampsia, or gestational diabetes, and covid-19 infection (Mayo Clinic, 2019).

Diagnosis of ACS is based on symptoms, the 12 leak ECG and laboratory tests. In addition to ST-segment and T-wave changes the electrocardiogram may show tachycardia, bradycardia or other dysrhythmias. An irregular pulse may indicate atrial fibrillation. The prognosis depends on the severity of coronary artery obstruction and the extent of myocardial damage. Physical examination is always conducted but an exam does not confirm the diagnosis (Hinkle, 2018). This gives a good baseline; identity’s patients’ needs and helps determine the

priority of those needs. Immediate goals of treatment are to relieve pain, improve blood flow and restore heart function as quickly as possible. Long term goals for improvement are overall heart function, manage risk factors and lower the risk of a heart attack. A combination of pharmacokinetics and surgical procedures may be used to meet these goals (Mayo Clinic, 2019). Treatment can be angioplasty, stenting of coronary bypass surgery (Capriotti, 2016).

This relates to how my patient presented to the emergency department after a night of chest pain and radiating back pain with no relief. This patient has a majority of the factors that lead to ACS, such as obesity, hypertension, high cholesterol, diabetes, cigarette smoker, lack of exercise and unhealthy diet. Sudden reduced block flow can cause dyspnea, dizziness, and feeling restless all signs and symptoms the patient presented with.

Pathophysiology References (2) (APA):

Acute coronary syndrome - Diagnosis and treatment - Mayo Clinic. (2020, May 29). Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/acute-coronary-syndrome/diagnosis-treatment/drc-20352140

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

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). 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	4.4-5.8	3.95	N/A	Due to medication levetiracetam(side effect)
Hgb	13-16.5	12	N/A	Due to medication levetiracetam
Hct	38-50%	36.1	N/A	Due to medication levetiracetam
Platelets	140-440	269	N/A	
WBC	4-12	9.9	N/A	
Neutrophils	40-68%	79.3	N/A	Due to lower respiratory infection
Lymphocytes	19-49%	13.1	N/A	Due to weakened immune system from antibiotic
Monocytes	3-13%	6.5	N/A	
Eosinophils	0-8%	0.7	N/A	
Bands	N/A	N/A	N/A	

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	140	139	
K+	3.5-5.1	4.4	4.3	
Cl-	98-107	105	103	
CO2	21-31	22	27	
Glucose	70-99	277	232	Uncontrolled Type 2DM
BUN	7-25	20	15	

Creatinine	**0.5-1.2**	**0.98**	**0.87**	
Albumin	**3.5-5.7**	**4.1**	**N/A**	
Calcium	**8.6-10.3**	**9.5**	**N/A**	
Mag	**1.6-2.6**	**0.8**	**1.4**	**Poor absorption due to DM**
Phosphate	**N/A**	**N/A**	**N/A**	
Bilirubin	**0.2-0.8**	**0.8**	**N/A**	
Alk Phos	**34-104**	**195**	**N/A**	**Due to liver damage**
AST	**13-39**	**113**	**N/A**	**Due to heart issues**
ALT	**7-52**	**47**	**N/A**	
Amylase	**N/A**	**N/A**	**N/A**	
Lipase	**11-82**	**41.94**	**N/A**	
Lactic Acid	**N/A**	**N/A**	**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**	**1.1**	**N/A**	
PT	**10.1-13.1**	**12.3**	**N/A**	
PTT	**25-36**	**31**	**N/A**	
D-Dimer	**0-622**	**1717**	**N/A**	**Pt negative for PE, possible DVT**
BNP	**N/A**	**N/A**	**N/A**	

HDL	**N/A**	**N/A**	**N/A**	
LDL	**N/A**	**N/A**	**N/A**	
Cholesterol	**N/A**	**N/A**	**N/A**	
Triglycerides	**N/A**	**N/A**	**N/A**	
Hgb A1c	**N/A**	**N/A**	**N/A**	
TSH	**N/A**	**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	**N/A**	**N/A**	**N/A**	
pH	**N/A**	**N/A**	**N/A**	
Specific Gravity	**N/A**	**N/A**	**N/A**	
Glucose	**N/A**	**N/A**	**N/A**	
Protein	**N/A**	**N/A**	**N/A**	
Ketones	**N/A**	**N/A**	**N/A**	
WBC	**N/A**	**N/A**	**N/A**	
RBC	**N/A**	**N/A**	**N/A**	
Leukoesterase	**N/A**	**N/A**	**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):

Diagnostic Imaging

All Other Diagnostic Tests (5 points): US Doppler

Diagnostic Test Correlation (5 points): Relates to positive D-dimer, to check for possible DVT. Patient has complained of lower extremity pain.

Diagnostic Test Reference (APA):

Hinkle, J.L. & Cheever, K.H. (2018). Brunner & Suddarth's Textbook of Medical-Surgical Nursing. (14th ed.). Wolters Kluwer.

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

Home Medications (5 required)

Brand/Generic	Humalog/ insulin	Dipyridamole/aspirin	Norvasc/amlodipine besylate	Mevacor/lovastatin	Fortamet/ metformin
Dose	60 units	25-200mg	5 mg	20 mg	850 mg

Frequency	BID before meals	BID	QD	QD	TID
Route	Subcutaneous	PO	PO	PO	PO
Classification	Antidiabetic	NSAID	Antianginal	Antilipemic	Antidiabetic
Mechanism of Action	Lowers glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscle	Blocks activity of cyclooxygenase	Decreases intracellular calcium level, relaxing smooth muscle, decreasing resistance and reducing diastolic bp	Reduces formation of mevalonic acid thus interrupting pathway which cholesterol is synthesized	Promote storage of excess glucose as glycogen in the liver
Reason Client Taking	Control blood sugar	Reduce risk of MI	HTN	Reduce LDL	Reduce blood glucose in type 2DM
Contraindications (2)	Chronic lung disease Episodes of hypoglycemia	Active bleeding GI ulcers	Hypersensitivity to amlodipine or its components	Acute hepatic disease Breastfeeding	Advanced renal disease GFR <30ml/min
Side Effects/Adverse Reactions (2)	Confusion, tachycardia, UTI	Tinnitus, heartburn, ecchymosis	Anxiety, lethargy, chest pain	Hyperglycemia, blurred vision, loss of libido	Headache, ,metallic taste, constipation
Nursing Considerations (2)	Inhaled insulin is not a substitute for long acting insulin Monitor pt blood glucose level to detect need for	Don't crush Advise pt to take low dose not to take ibuprofen together	Use cautiously in pt with heart block Monitor pt with hepatic function	Give 1 hr before or 4 hr after bile acid Monitor liver enzymes	Never give to pt with severe renal impairment Give tablets with food delays absorption

	dosage adjustment				

Hospital Medications (5 required)

Brand/Generic	Norvasc/amlodipine	Zithromax/azithromycin	Lovenox/enoxaparin	HumaLOG/insulin lispro	Keppra/levetiracetam
Dose	5mg	250 mg	40mg	100 unit/mL	1000mg
Frequency	QD	QD	QD	TID	BID
Route	PO	PO	Subcutaneous	Subcutaneous	PO
Classification	Antianginal	Antibiotic	Anticoagulant	Antidiabetic	Anticonvulsant
Mechanism of Action	Decreases intracellular calcium level, relaxing smooth muscle, decreasing resistance and reducing diastolic bp	Binds to susceptible bacteria, blocking peptide translocation and inhibiting RNA-dependent protein synthesis	Potentiates the action of a coagulation inhibitor	Lowers glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscle	May protect against generalized seizure activity
Reason Client Taking	HTN	Treat COPD, chronic bronchitis	To prevent DVT due to restricted mobility during acute illness	Control blood sugar	Epilepsy

Contraindications (2)	Hypersensitivity to amlodipine or its components	History of cholestatic jaundice or hepatic dysfunction	Active major bleeding Hx of heparin induced thrombocytopenia	Chronic lung disease Episodes of hypoglycemia	Hypersensitivity to levetiracetam or its components
Side Effects/Adverse Reactions (2)	Anxiety, lethargy, chest pain	Agitation, malaise, oral candidiasis	Fever, hyperlipidemia, bloody stools	Confusion, tachycardia, UTI	Aggression, elevated diastolic bp, elevated eosinophil
Nursing Considerations (2)	Use cautiously in pt with heart block Monitor pt with hepatic function	Monitor elderly patients closely for arrhythmias, give 1 hr before or 2-3 hrs after food	Use extreme caution in pt with hx of HIT, and pt with increased risk of hemorrhage	Inhaled insulin is not a substitute for long acting insulin Monitor pt blood glucose level to detect need for dosage adjustment	Monitor closely for SI, Avoid stopping abruptly

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2020 Nurse's Drug Handbook* (19th ed.). Burlington, MA: Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Pt was awake and appeared well groomed. Not in distress

INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score: 20** **Drains present: Y☐ N ☐** **Type:IV**	Skin is pink, warm and dry. Turgor is a slow rebound. No rashes or bruises present. No wounds.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Normocephalic and atraumatic. Tympanic membrane is pearly grey. Pupils are equal, round and reactive to light. Nose turbinates are symmetrical. Clear of drainage. Mucous membranes are moist. Dentures, clean.
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:**	Normal rate and rhythm. No murmur. Peripheral pulses are 1+ Cap refill is <3 seconds No edema present
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Lungs are clear. No wheezing.
GASTROINTESTINAL (2 points): **Diet at home: Heart healthy** **Current Diet NPO** **Height: 236 lbs** **Weight: 6'** **Auscultation Bowel sounds:** **Last BM: 6/20/2020** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:**	Bowel sounds are normal. No distension. Abdomen is soft. No tenderness.

Wounds: **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Negative for dysuria, frequency, and urgency. Urine is yellow and clear.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score: 12** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Negative for myalgia. ROM is normal. One person assist, when getting out of bed or ambulating.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	No focal deficit present. Alert and oriented to person, place, and time. No LOC. Oriented to time, place, person.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:**	Negative for depression, memory , loss, hallucinations, substance abuse, suicide ideas. Coping method is laughter/jokes Not religious. Support person is son, Kyle.

Personal/Family Data (Think about home environment, family structure, and available family support):	

Vital Signs, 2 sets (5 points)

Time	**Pulse**	**B/P**	**Resp Rate**	**Temp**	**Oxygen**
0715	88	158/80	16	97.3	94%
1100	866	160/73	16	98.5	95%

Pain Assessment, 2 sets (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
0715	5/10	L leg	Moderate	Throbbing	Ambulated pt
1100	2/10	L leg	Mild	Dull, achy	Aspirin-PRN

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV:	20 G
Location of IV:	L antecubital
Date on IV:	6/21/2020
Patency of IV:	Saline lock
Signs of erythema, drainage, etc.:	No drainage, signs or erythema.
IV dressing assessment:	Dressing is dry and intact.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
120 @0900	200 urine @0836
240 @1300	200 urine @1104

240 @1800	200 urine @1200
120 @2250	250 urine @1433
	150 urine @1715
	175 urine @2007
	100 urine @2335
	200 urine @0358

Nursing Care

Summary of Care (2 points)

Overview of care: Ongoing

Procedures/testing done:EKG, Ultrasound

Complaints/Issues: Complaints of left leg pain

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: NPO

Physician notifications: Physician notified to put order in for ultrasound.

Future plans for patient: Patient is being tested for COVID-19

Discharge Planning (2 points)

Discharge location: Nursing home/ Rehabilitation Center

Home health needs (if applicable):

Equipment needs (if applicable):

Follow up plan: Will need to see Physical Therapist 5x/weekly to work on balance training and mobility/transfers.

Education needs: Needs educated on safety of home, non slip socks or shoes, no rugs easy for tripping hazard.

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" decreased oxygenation "as evidence by" angina and dysrhythmias	Chest pain/discomfort is generally suggestive of an inadequate blood supply to the heart, which can compromise cardiac output.	**1.** Monitor on ECG **2.** Record I/O, monitor hourly urine output and note change Assess BNP	Goal for the patient to demonstrate an adequate cardiac output as evidenced by blood pressure and pulse rate and rhythm within normal parameters for the patient. Pt on board with action and precautions.
2. Risk for falls "related to" IV infusion "as evidence by" required assistance to ambulate	Male gender and elderly put this patient at higher risk for falls. Due to prolonged bed rest patient's strength has decreased.	**1.** Non-skid socks **2.** Gait belt/Bed alarm	Patient knows not to get out of bed without assistance. Patient will demonstrate prevention measures.
3. Risk for trauma "related to"	Seizures are a sudden alteration in the brain	**1.**Padded side rails **2**.Ambu-bag in room	Educated pt on hospital procedures.

history of epilepsy “as evidence by” Keppra medication	activity, preventing a fall is a main priority. As well as keeping the pt saf.		Pt on board with seizure action plan after d/c

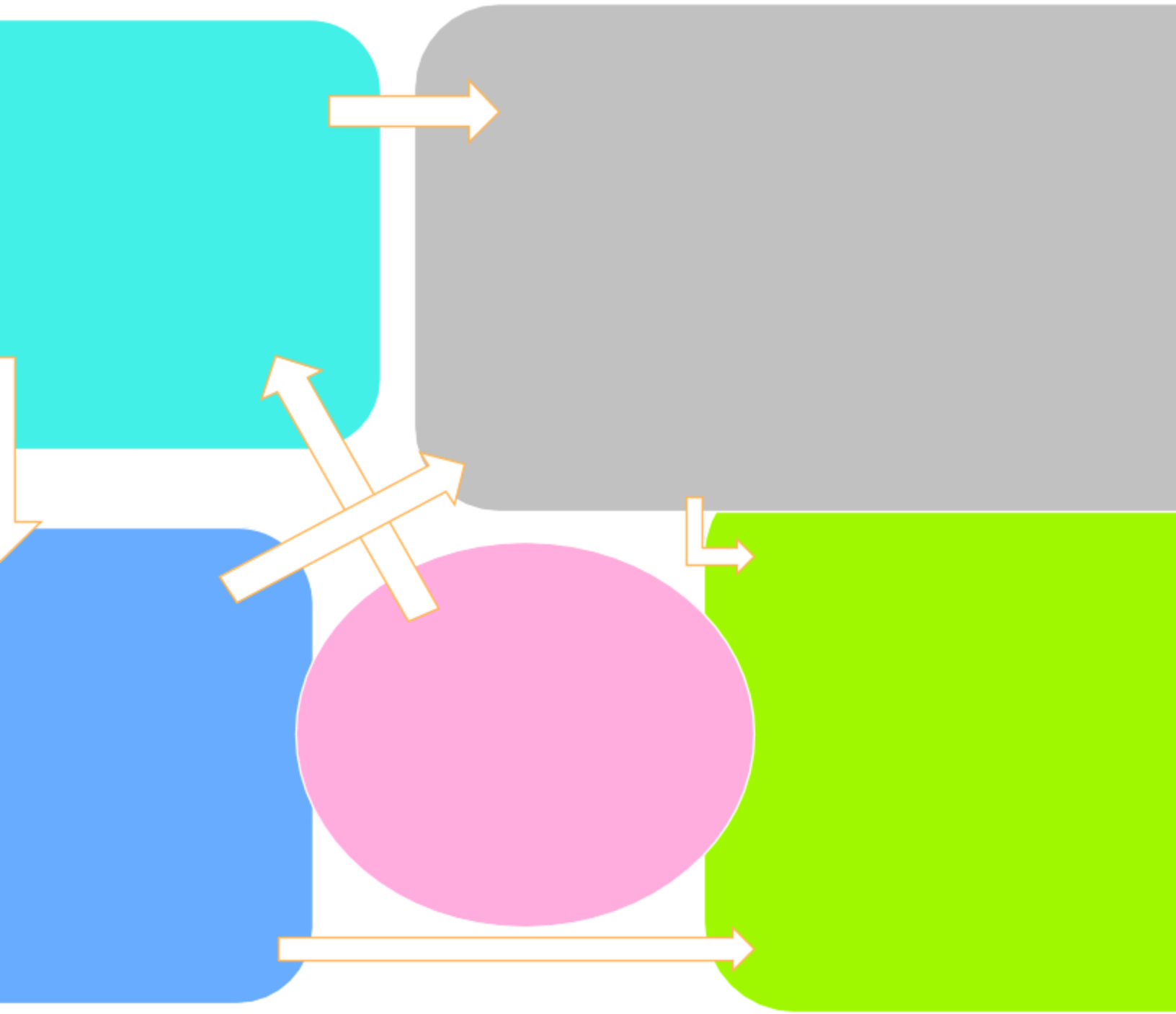
Other References (APA):

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):

Subjective Data

Nursing Diagnosis/Outcomes



Subjective Data: Patient states that “severe chest pain and back pain all last night”

Objective Data:

Temperature 97.3

BP 158/80

Pulse: 88

Respirations: 16

Patient Information: 73 year old male admitted for retrosternal chest pain with pain radiating to the back.

Nursing diagnosis/Outcomes:

-Decreased cardiac input > inadequate blood supply >normal parameters of cardiac pump function> pt knows risk of cardiac disease and can explain precautions to take to prevent

-Risk for falls> prolonged bed rest> safety precautions> no hospital falls

-Risk for trauma > epilipteic history> safety precautions> padded side rails> low position of bed> educate pt on precautions and early onset signs of seizure activity

Nursing Interventions:

Monitor on ECG for irregular heart beat or rhythms.

Continue to monitor troponin levels.

Closely monitor I/O in observation of renal function.

Gait belt and non-skid socks for safety of patient.

Diet modifications and re-positioning to prevent skin breakdown.