

N321 Care Plan #2

Lakeview College of Nursing

Ruva Mutopo

Demographics (3 points)

Date of Admission 6/12/2020	Patient Initials S.A.	Age 70 4/21/1950	Gender Male
Race/Ethnicity Caucasian	Occupation Retired Academic IT	Marital Status Single	Allergies Tramadol
Code Status Full code	Height 5'11"	Weight 261 lb	

Medical History (5 Points)

Past Medical History: Asthma, Diabetes, Lumbosacral spondylosis 11/6/14, Coronary artery stent 8/30/12, Stroke, Blind 2020, CHF, Ischemic cardiomyopathy, acquired keratoderma, diabetic retinopathy

Past Surgical History: Detached retina repair, cataract removal

Family History: Mother: hypertension, other family unknown history

Social History (tobacco/alcohol/drugs): Former smoker - 15 years, 20 -30 pack years, pt dienes any alcohol or drug use

Assistive Devices: Cane

Living Situation: Lives at home, alone

Education Level: University - IT

Admission Assessment

Chief Complaint (2 points): Dyspnea

History of present Illness (10 points): Onset: client was admitted into the ER 6/12 from the doctors office for shortness of breath.

Location: Client states “No pain, I just couldn’t breath”.

Duration: His symptoms have been consistent for 2 weeks.

Characteristics: labored breathing

Associating: Increased symptoms on exertion

Relieve: Client states that resting relieves his symptoms.

Treatment: He went to his doctor before coming here.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Exertional Dyspnea

Secondary Diagnosis (if applicable): n/a

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

Dyspnea is another term for shortness of breath. This symptom is a primary manifestation of respiratory, cardiac, neuromuscular, psychogenic, and system illness. The difference between regular dyspnea and exertional dyspnea is simple. Exertional dyspnea occurs with exercise and is typically resolved with rest. Oxygen is in higher demand during this state, and dyspnea happens when your body lacks oxygen delivery (Sharma et al., 2020).

Labored breathing is a primary symptom of dyspnea; other symptoms can include chest tightness and a feeling of suffocation. Again, these can occur after strenuous activity or could be a chronic problem (Roland, 2019). In my client's case, I think it was the combination of exercise and a manifestation of his many conditions. You could hear the client's labored breathing when we ambulated him or had to move him around for his echocardiogram.

The initial diagnostic test for dyspnea would be a chest x-ray. If abnormal, the disease process is cardiac or a primary pulmonary process. An echocardiogram is high on the list, and it is needed to evaluate cardiac function, pericardial space, and valvular function. Both of these were done on my client and were found to be unremarkable (Sharma et al., 2020).

Treatment plans typically mean treating the underlying cause, which could be the client's CHF and asthma. A provider will typically include diet and exercise because it can cause dyspnea, pulmonary, and cardiac problems. My client is 5'11" and 261 pounds, his BMI is 36.4 and categorizes him as overweight. Recommending a diet and exercise would be an excellent idea for my client. Cardiac and pulmonary rehabilitation are choices for treatment too. The use of supplemental oxygen can stop the client from feeling out of breath. Management of heart failure or even an artificial pump may be needed. Lastly, prevention by avoiding smoking, airborne chemicals, and maintaining a health weigh (Roland, 2019).

Pathophysiology References (2) (APA):

Sharma S, Hashmi MF, Badireddy M. *Dyspnea on Exertion (DOE)* [Updated 2020 May 23]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK499847/>

Roland. J. (2019, November 6). *Dyspnea*. Retrieved from: <https://www.healthline.com/health/dyspnea>

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	4.40 – 5.80	5.26		
Hgb	13 – 16.5	14.3		
Hct	38 – 50 %	44.0		
Platelets	140 - 440	140		
WBC	4 - 12	9.80		
Neutrophils	40 -68	83		Acute inflammation (Lab Tests Online, 2020)
Lymphocytes	19 -49	8.2		
Monocytes	3 - 13	6.6		
Eosinophils	0 – 0.5	1.5		
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-	133 -144	137		
K+	3.5 – 5.1	4.0		
Cl-	98 - 107	98		
CO2	21 -31	28		
Glucose	70 -99	203		Diabetes(Lab Tests Online, 2020)
BUN	7 – 25	26		Decreased blood flow to kidneys (Lab Tests Online, 2020)
Creatinine	0.5 – 1.2	1.33		Decreased blood flow and kidney function (Lab Tests Online, 2020)

Albumin	3.5 – 5.7	4.1		
Calcium	8.6 – 10.3	10.3		
Mag				
Phosphate				
Bilirubin	0.2 – 0.8	0.8		
Alk Phos	34 -104	81		
AST	13 – 39	21		
ALT	7 - 52	23		
Amylase	n/a			
Lipase				
Lactic Acid				

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	10.1 -13.1	12.3	*	
PTT			*	
D-Dimer			*	
BNP	0-100	100	*	
HDL	40<	45	*	
LDL	<130	46	*	

Cholesterol	<200	104	*	
Triglycerides	<150	63	*	
Hgb A1c			*	
TSH			*	

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	Yellow and clear	Yellow and clear		
pH		*		
Specific Gravity	1.002 - 1.030	1.016		
Glucose	Negative	negative		
Protein	Negative	Negative		
Ketones	Negative	Negative		
WBC	Negative	Negative		
RBC	Negative	negative		
Leukoesterase	Negative	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			*	
Blood Culture			*	
Sputum Culture			*	
Stool Culture			*	

Lab Correlations Reference (APA):

Lab Tests Online. (2020). Retrieved from: labtestsonline.org

OSF Urbana hospital ranges, but values can vary all around

Diagnostic Imaging

All Other Diagnostic Tests (5 points): EKG: atrial fibrillation, Chest X-Ray: No CHF or pneumonia, Chest CT scan: no acute infiltrate or edema

Diagnostic Test Correlation (5 points):

Atrial fibrillation causes symptoms like shortness of breath because your body is not efficiently pumping blood to your body.

Diagnostic Test Reference (APA):

WebMD. (2019, December 4). Atrial fibrillation. Retrieved from: <https://www.webmd.com/heart-disease/atrial-fibrillation/qa/could-atrial-fibrillation-afib-be-causing-your-shortness-of-breath>

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

Hospital Medications (5 required)

Brand/ Generic	Plavix/ clopidogrel	Eliquis/ apixaban	Reglan/ metoclopramide	Cozar/ losartan	Lasix/ furosemide
Dose	75 mg	5 mg	50 mg	50 mg	40 mg
Frequency	Daily	Twice daily	Daily	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	Platelet aggregation inhibitor	Anticoagula nt	Antiemetic, upper GI stimulant	antihyperten sive	Antihyperte nsive, diuretic
Mechanism of Action	Inhibits platelet formation by ultimately	Decreases thrombin generation and	Blocks the inhibitory effect of dopamine on GI smooth	Blocks angiotensin II and its effects thus	Inhibits sodium and water reabsorption

	preventing fibrinogen from attaching to receptors	development	muscle.	reducing blood pressure	in the loop of Henle and increases urine formation
Reason Client Taking	To reduce thrombotic events like MI and stroke.	Reduce risk of stroke and systemic embolism in clients with nonvalvular atrial fibrillation	To treat diabetic gastroparesis	To manage hypertension and treat nephropathy in clients with type 2 diabetes and hypertension	To manage hypertension
Contraindications (2)	Active bleeding, including a peptic ulcer and intracranial hemorrhage. Hypersensitivity to clopidogrel or its components	Active bleeding and severe hypersensitivity to apixaban or its components	Concurrent use of butyrophenones and hypersensitivity to metoclopramide or its components	Concurrent aliskiren therapy and hypersensitivity to losartan or its components	Anuria and hypersensitivity to furosemide or its components
Side Effects/ Adverse Reactions (2)	Edema and pancreatitis	GI bleeding and anaphylaxis	Dry mouth and diarrhea	Hypotension and thrombocytopenia	
Nursing Considerations (2)	Stop medications 5 days before surgery. Monitor clients who also take aspirin because risk of bleeding increases	If apixaban is discontinued prematurely, risk of thrombosis is	Use cautiously in clients with hypertension and avoid rapid IV delivery	Know client of african descent with hypertension may not benefit from losartan. Monitor blood pressure and renal function levels.	

Hospital Medications (5 required)

Brand/Generic	Eliquis/apixaban	Flonase/fluticasone	Norco/ hydrocodone	Lipitor/atorvastatin	Coreg/carvedilol
Dose	15 mg	2 sprays	7.15 mg	40 mg	3.125 mg
Frequency	Twice Daily	Twice daily	PRN	Twice Daily	Twice Daily
Route	PO	Nasal	PO	PO	PO
Classification	Anticoagulant	Antiasthmatic, anti-inflammatory	Opioid analgesic	Antihyperlipidemic	Antihypertensive, heart failure treatment adjunct
Mechanism of Action	Decreases thrombin generation and thrombus development	Inhibits inflammatory involved cells	Binds and activates opioid receptors	Reduces plasma cholesterol and lipoprotein levels	Reduces cardiac output and tachycardia. Causes vasodilation and decreases peripheral
Reason Client Taking	Reduce risk of stroke and systemic embolism	To prevent asthma attacks	To manage sever pain continuously	To control lipid levels or reduce risk of acute cardiovascular events	To treat hypertension and to try meals
Contraindications (2)	Active pathological bleeding, severe hypersensitivity to apixaban or its components	Hypersensitivity fluticasone or its components or to milk proteins	Acute or severe bronchial asthma or hypercarbia, children under the age of 18 for cold use	Acute hepatic disease, breastfeeding and hypersensitivity to atorvastatin	Hypersensitivity or idiosyncratic, or meprobamate
Side Effects/Adverse Reactions (2)	Gi bleeding and angioedema	Asthma exacerbation and dysmenorrhea	Hypotension and seizures	Thrombocytopenia and angioedema	Diabetic ketoacidosis and a UTI
Nursing Considerations (2)	Don't give if client has severe hepatic	Use caution if client has history of glaucoma or	Increased risk of abuse and	Measure lipid levels 2 – 4 weeks after therapy starts	Monitor CBC and client for difficulty

	dysfunction Monitor client for bleeding	renal impairment Use 21-gauge needle when administering IM or subcutaneous	addiction. Do not crush or chew extended release form	Monitor blood glucose levels	swallow or excessive somnolence
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Medications Reference (APA):

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	Pt is alert and orient, in no distress, appears stated age and is well groomed
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Normal to skin color Intact and dry Warm +2 No rashes, bruises or wounds 21
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	Head is symmetrical, no lumps and bumps Nonpalpable lymph nodes, no discharge Sclera is white, cornea is clear, normal EOM Mouth is absent of lesions is pink and moist, everything intact

<p>CARDIOVASCULAR (2 points): 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 checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Normal S1 and S2 sounds, absent of gallops or murmurs</p> <p>Pulse are +2 and bounding Less than 3 seconds</p> <p>Legs</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Normal breath sounds bilaterally</p>
<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Increased protein and low carb Low sodium 5'11" 261 lb Normal bowel sounds</p> <p>NO pain, soft and nontender distention present, scars, drains and wounds. Incisions from surgery present</p>
<p>GENITOURINARY (2 Points): Color: 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 type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Yellow Clear 420 cc</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status:</p>	

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: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	Increased ROM on right side than left Client uses a cane Strength in right side, weakness in left side 75 Client is blind, but is still able to get up to walk with his cane
NEUROLOGICAL (2 points): MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	 Pt is alert and orient, mental status is appropriate to age, appropriate speech, and no LOC
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 method is talking to his sister Older adult developed to age None Lives at home alone, and sister comes to visit.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:00	67 right radial	106/71 right brachial	20	97.7 orally	96% via nasal cannula
1100	63 right radial	99/67 Right brachial	18	97.8 orally	95% via nasal cannula

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric	n/a	n/a	n/a	n/a

	0/10				
1100	Numeri c 0/10	N/a	n/a	n/a	n/a

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	22 gauge
Location of IV:	Left cephalic vein
Date on IV:	6/13/20
Patency of IV:	Flushed without difficulty
Signs of erythema, drainage, etc.:	No signs of phlebitis/infiltration
IV dressing assessment:	Dry and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
200 ml of saline @ 0700	700 ml of urine @ 0700
100 ml of water @ 1501	240 ml of urine @ 0800
	100 ml of urine @ 1501

Nursing Care

Summary of Care (2 points)

Overview of care: Keep client safe due to his blindness, maintaining an O2 of 90 and above, maintaining all his other chronic conditions

Procedures/testing done:EKG, Chest X-Ray, Chest CT scan

Complaints/Issues: Difficulty breathing mainly

Vital signs (stable/unstable): Vital signs appear stable throughout the shift

Tolerating diet, activity, etc.: Client is tolerating his low sodium diet, not moving around too much unless he calls us.

Physician notifications: None

Future plans for patient: Promote health through medication and monitoring

Discharge Planning (2 points)

Discharge location: OSF Urbana to his home

Home health needs (if applicable): None, besides his present needs for the 5L of O2

Equipment needs (if applicable): An O2 tank

Follow up plan: None

Education needs: None

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none">• Include full nursing diagnosis with “related to” and “as evidenced by” components	Rational <ul style="list-style-type: none">• Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation <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.
1. Impaired Gas Exchange	Related to dyspnea as evidence by client stating he was struggling to breath for 2 consistent weeks on exertion	1. Monitor lung sounds, oximetry and ABG values 2. Keep client’s HOB in high fowlers	Goal was met because the client's O2 remained at 95% at rest.
2. Exercise Intolerance	Related to exertional related dyspnea as evidenced by the client stating his symptoms are relieved by rest.	1. Assess client for oliguria, decreased blood pressure, mentation and dizziness 2. Monitor client’s	Goal was not met because the client is still experiencing labored breathing with no relief of symptoms.

		vital signs every 4 hours	
3. Fluid overload	Related to CHF and dyspnea as evidenced by edema in his lower legs.	<ol style="list-style-type: none"> 1. Administer Lasix/furosemide to get fluid out of the body 2. Assess Edema in legs, ankles, feet and sacrum 	Goal partially met because of an increased output than intake, but edema is still present in his legs.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Client went to the doctor for shortness of breath and was admitted to the ED, client says this symptom has been consistent for the past 2 weeks

Nursing Diagnosis/Outcomes

Impaired gas exchange related to dyspnea as evidenced by client stating he was struggling to breath for 2 consistent weeks on exertion
Outcomes: Goal was met because the client's O2 remained at 95% at rest.

Exercise intolerance related to exertional related dyspnea as evidenced by the client stating his symptoms are relieved by rest.
Outcomes: Goal was not met because the client is still experiencing labored breathing with no relief of symptoms.

Fluid overload related to CHF and dyspnea as evidenced by edema in his lower legs.
Outcomes: Goal partially met because of an increased output than intake, but edema is still present in his legs.

Objective Data

Client had labored breaths and was struggling to breath but breath sounds are now significantly better

Vitals:
Pulse: 63 right radial
BP: 99/67 Right brachial
Respirations: 18
Temp: 97.8 orally
O2: 95% via nasal cannula

Patient Information

Client sent here by doctor, he lives by himself and will be discharged home with an O2 tank to help with his breathing issues

Nursing Interventions

1. Monitor lung sounds, oximetry and ABG values
2. Keep client's HOB in high fowlers
1. Assess client for oliguria, decreased blood pressure, mentation and dizziness
2. Monitor client's vital signs every 4 hours
1. Administer Lasix/furosemide to get fluid out of the body
2. Assess Edema in legs, ankles, feet and sacrum

