



Breast Cancer and Pulmonary Emboli

2:30 pm shift report – Room 34 is a 35 year old white female with Stage IV metastatic breast and ovarian cancer which has metastasized to her liver. She was admitted yesterday with SVT and is on a Cardizem infusion and she is now has sinus tachycardia. Her main problem now is that she is SOB and it has been getting progressively worse. She was admitted on Nasal Cannula 2L/min but now she is on a 60% venti-mask with saturations of 89%. Her CXR shows a pleural effusion to the right lung. She appears anxious & diaphoretic. Blood pressure 100/50, P 110, R 30, and temp 99. She finished palliative chemotherapy a few days ago and is in nadir right now.

She is married and has 2 children, a son 5 and a daughter 2. Her husband is very supportive and they live locally. She absolutely refuses hospice. Hospice nurses have discussed their services with her and her husband at length and she refuses. She is a full code. I have discussed her code status with the physician who feels he has to respect her wishes. I have asked the physician to consider transferring her to the ICU, but he said he would like to manage her on this unit so her family can be with her and she can be taken care of by nurses she knows.

Current orders

Admit diagnosis – SVT and pleural effusion R/O PE
NKDA

Access port-a-cath

Hep lock

VS q 2 hrs

Regular diet

Bedrest

Telemetry

STAT CT of the lungs

Medications

- Cardizem infusion—start at 5 mg/hr and titrate to keep heart rate <120 beats/minute
- Diflucan 200 mg IVPB qd
- Cefuroxime 1 gram IVPB q6 hrs
- Acyclovir 5mg/kg/day IVPB q8 hrs
- Nystatin Suspension 500,000 Units swish and swallow PC and HS
- Morphine 2-4 mg IVP q1-2 hrs prn pain

60% venti mask – check O₂ Sat with VS

CXR in am

Lytes, BUN, creatinine, CBC with differential in am

Current Diagnostic Tests

RBC – 3.4

Hgb – 8 g/dl

Hct – 24%

Plts – 100,000

WBC – 1.3

ABG's

pH 7.47

CO₂- 30

HCO₃ 20

CXR – large right pleural effusion..

Na – 144

K – 4.0

Cl – 100 mEq/L

BUN – 30 mg/dl

Creatinine – 3 mg/dl

Glucose -- 136

Chart Check

115 lbs

5' 5"

Beginning of Shift Nursing Assessment

3 pm – Sitting upright in bed with 60% venti-mask on.

Sats 91%. Breath sounds diminished in right lung.

Bilateral well healed mastectomy scars. RR 32. States

she is a little SOB but “doing ok”. Nail beds pale with

CRT 3 sec. S₁S₂ audible. Monitoring ST at rate of 118.

BP 100/70 R arm. Cardizem 125 mg/100 D₅W infusing

at 5 cc/hr via R hand IV. Site with good blood return.

Skin diaphoretic. Easily palpable bilateral radial, dorsalis

pedis, posterior tibial pulses. Abdomen soft non-tender

with active bowel sounds. R subclavian port-a-cath

accessed and hep locked. Husband and children

present.