

Student name:
Instructor:

Patient Education / Discharge Planning:

(Barriers to education, learning goals, learning outcomes) (Home Vs Facility, services needed after discharge, adaptive equipment needed for home.)

- There was no language barrier throughout the process of patient education since the patient was able to communicate in English
- The patient verbally demonstrates understanding of the instructions given
 - The patient demonstrates verbally that he understands the medication given as well as the need for compliance
- Patient/caregiver will demonstrate fall prevention behaviors throughout hospital stay
- The patient will maintain/improve ventilation and adequate oxygenation of tissues during hospital stay
- Patient will only be discharged the heart failure has been managed and respiratory function normalized
- Ventilation support needed throughout hospital stay

Diagnostic Tests / Lab Result w/ Dates and Normal Ranges

Blood Gases

Date 09/05/2018 **FiO2 %:** 80.0 (High) **Norms:** <21%

Date 09/05/2018 **pH:** 7.37 (Normal) **Norms:** 7.35-7.45

Date 09/05/2018 **pCO2:** 42.0 (Normal) **Norms:** 35-45

Date 09/05/2018 **pO2:** 222.0 (High) **Norms:** 80-100

Date 09/05/2018 **HCO3:** 24.3 (Normal) **Norms:** 22-26

Date 09/05/2018 **Base Excess:** -1.0 (Normal) **Norms:** -5 to +3

Date 09/05/2018 **O2 Sat Art:** 0.0 (Low) **Norms:** 80-100

Date 09/05/2018 **O2 Sat:** 98.0 (Normal) **Norms:** 80-100

Date 09/05/2018 **met Hgb:** 1.9 (High) **Norms:** <1

Date 09/05/2018 **tHb:** 11.4 (Low) **Norms:** 13-20

Date 09/05/2018 **O2Hb:** 94.8 (Low) **Norms:** 95-98

Date 09/05/2018 **COHb:** 1.5(Normal) **Norms:** 1.5-3

Date 09/05/2018 **DeoxyHgb:** 1.9 (Low) **Norms:** 50-80

Blood Gas Modalities

Date 09/05/2018 **Mechanical Tidal volume:** 500 (Normal) **Norms:** 500

Date 09/05/2018 **Mechanical Rate:** 20.0 (Normal) **Norms:** 12-20

CBC

Date 09/05/2018 **WBC** 21.2 (High) **Norms** 4-11

Date 09/05/2018 **RBC** 3.56 (Low) **Norms** 4.5-5.5

Date 09/05/2018 **Hgb** 11.5 (Low) **Norms** 13-20

Date 09/05/2018 **Hct** 34.3 (low) **Norms** 45-47

Date 09/05/2018 **MCV** 96.3 (High) **Norms** 76-96

Date 09/05/2018 **MCH** 32.3 (Normal) **Norms** 29-32

Date 09/05/2018 **PLT** 164 (Normal) **Norms** 150-450

Erikson's Developmental Stage Related to Pt & APA citations

Erikson's developmental stages highlights the influence of outside factors, parents and community on the type of personality one adopts throughout the time one is young until adulthood (L, 2014). The patient belongs to stage 7- generativity vs self absorption or stagnation- he lives with his mother and quit smoking 5 years ago which are common in late adulthood (L, 2014). The patient is committed to his work and works extra time in a bid to give back to the community.

Cultural Considerations: Ethnicity, Occupation, Religion, Family Support, Financial Considerations.

- The patient lives with his mother
 - He quit smoking 5 years ago
- Patient reports that he does not drink alcohol
 - Patient does not exercise regularly
- The family is supportive and they are at the bedside
- Patient is a businessman who spends most of his time on business trips
 - Patient is of White race
 - He is a protestant
- Patient does not report any problems with treatment or the cultural accommodations
 - Patient is insured

Patient Information

Name: H.S.
Age: 57 years old
Gender: Male
DPOA: None
Living Will: None
Ht: 176 cm
Wt: 80 Kg
BMI: 25.83 Kg/m2

Chief Complaint

Shortness of breath

Admitting/Current Diagnoses(es):

Acute hypoxemic respiratory failure secondary to decompensated heart failure

Plan of Care:

- The patient is admitted to telemetry
- Renal diet
- Accu-Chek a.c. and at bedtime and sliding scale insulin per protocol
- Continue Humalog 75/25 at 20 units subcutaneous q.a.m. and 12 units q.p.m.
- Zofran 4 mg IV q. 6 hourly p.r.n. nausea and vomiting
- Pantoprazole 40 mg p.o daily
- Renal consult for hemodialysis
- Continue Lipitor 40 m.g. p.o. daily
- DVT prophylaxis

History of Present Illness:

(A brief statement by the Doctor explaining what happened to the patient before they got to the hospital)

The patient is a 57 year old male with a past medical history of CAD status post CABG, end-stage renal disease on dialysis who had his last session yesterday. He has type 2 diabetes and was recently admitted for CHF and NSTEMI. Patients now presents back with a worsening shortness of breath. The patient states that he was doing well yesterday. Afterward at night started having severe shortness of breath. He denies chest pain or palpitations. He states that he feels much better with medications and is on BiPAP now. The family is at bedside. Denies any fever, shakes or chills. Denies any nausea or vomiting.

Pathophysiology of Admitting Dx with APA

references:

Hypoxemic respiratory failure arises when there is a low partial pressure of oxygen (usually below 60 mm Hg) while the partial pressure of carbon dioxide is either within the expected levels or it's reduced (Kaynar & Pinsky, 2018). Patients with acute hypoxemic respiratory failure often have dangerous abnormalities in arterial blood gases as well as electrolytes problems (Kaynar & Pinsky, 2018). It could result from many things among them being decompensated heart failure which consists of a number of symptoms in which there is a change in the structure and function of the heart resulting in the heart being unable to pump or fill with blood within expected body physiology; this limitation in function needs emergency medical attention (Mangini, Pires, Braga, & Bacal , 2013).

Previous Medical History:

- Coronary Artery Disease (CAD)- a condition where the coronary arteries are unable to supply the myocardium with oxygen as a result of conditions such as atherosclerosis. The patient has undergone Coronary Artery Bypass Graft (CABG) surgery.
- End Stage Renal Disease- renal failure is permanent and patient must be on dialysis
- Diabetes- type 2 characterized by insulin resistance and hyperglycemia. Type 2 diabetes often runs in families and onset is usually after the fourth decade. Obesity is common in type 2

Previous Surgical History:

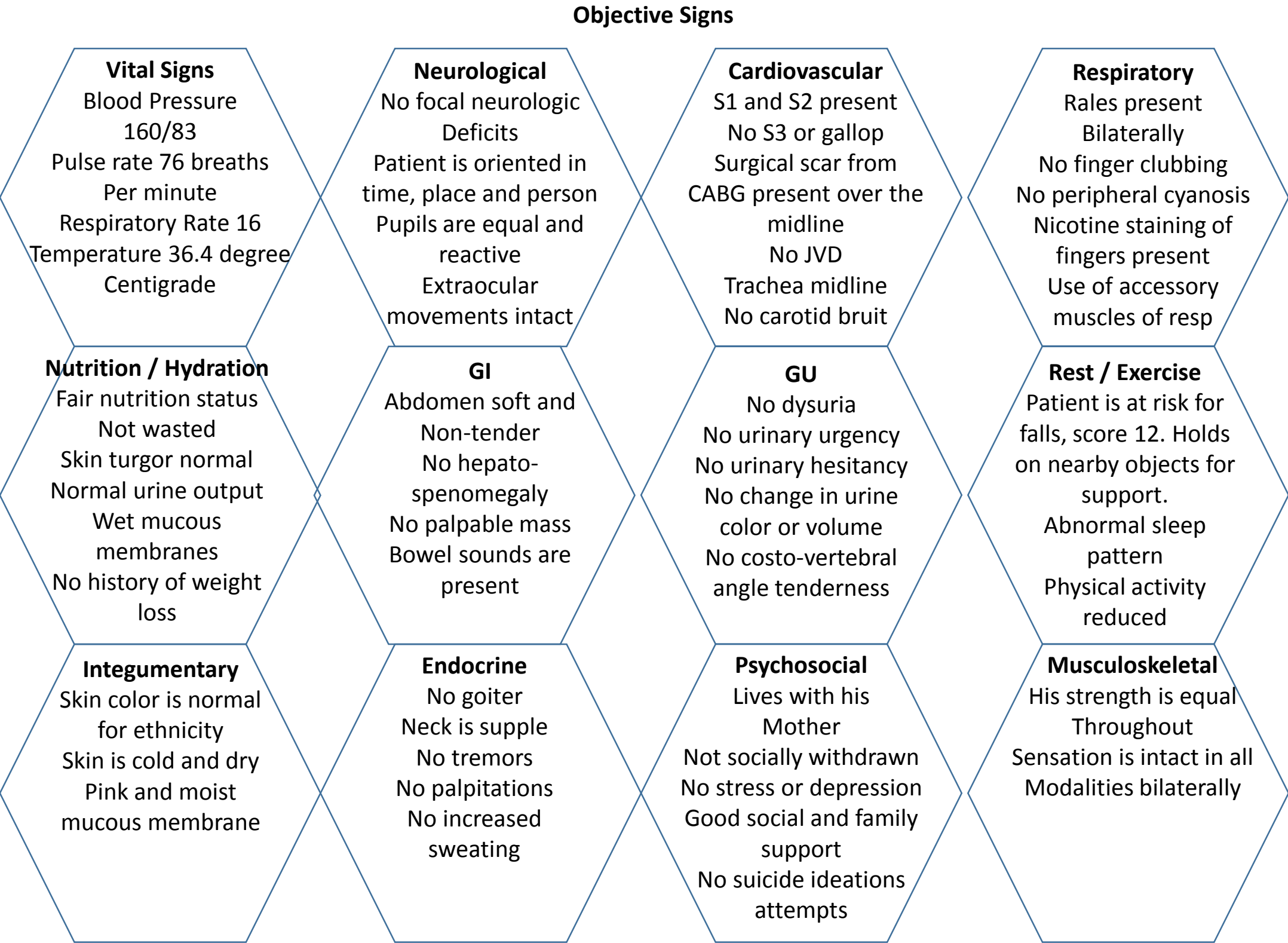
- Cataract extraction
- Coronary Artery Bypass Grafting (CABG)
- Arteriovenous fistula on left arm

Priority Nursing Diagnosis #1
Poor circulation due to poorly controlled hypertension, systolic blood pressure is 160

Outcome Goal #1
(specific, measurable, achievable, realistic, time bound)
At the end of my shift patient will not be in respiratory since assisted ventilation will be in place

- Interventions #1**
- Check for pointers to impaired tissue perfusion
 - Monitor vital signs every hour
 - Administer medications as prescribed
 - Monitor the patient for any hindrances and miscommunication
 - Cardio consult
 - Continue with diuresis
 - Nephrology consult

“Risk for” Diagnosis
Patient is at risk Of deep venous thrombosis due to immobility, smoking history and congestive heart failure



Priority Nursing Diagnosis #2
Lack of insight on the patient as evidenced by poor adherence to medications

Outcome / Goal #2
At the end of my shift, Patient will be informed about his health comorbidities and the need to adhere to each medication including seeking outpatient care for refill and in case of complications.

Evaluation #1
(start with “goal met” or “goal not met”)
At the end of the shift the goal was met because the patient was no longer in respiratory distress. Assisted ventilation was in place. Patient understands that he is sick and needs help.

Evaluation #2
At the end of my shift, the goal was met and the patient verbally expressed his commitment to adhere to medications

- Interventions #2**
- Come up with ways that help the patient become compliant to medication e.g. alarms
 - Educate the patient on the red flags for decompensated heart failure such as difficulty in breathing
 - Inform the patient about the uses of each drug including their adverse effects
 - Educate the patient on adjustable risk factors

- “Risk For” Interventions**
- Bed should be kept at 45 degrees
 - Have a nurse nearby
 - Elevate the limbs
 - Put a sign on the bed “at risk of DVT”
 - Check vital signs every hour
 - Assist the patient with ambulation
 - Monitor nutrition intake and hemodynamics
 - Monitor outputs

“Risk For” Evaluation
The goal was met at the end of my shift and the patient was free from the risk of deep venous thrombosis

“Risk For” goal
At the end of my shift, patient will no longer be at risk of deep venous thrombosis because he will be on prophylaxis

Medication Name, Dose, Route, Freq & APA Citation	Why Pt is Taking the Drug and Method of Action	Side Effects	Nursing Considerations
Humalog 75/25 at 20 units subcutaneous q.a.m. and 12 units q.p.m.	To treat type 2 diabetes that the patient has. Insulin analog	Hypoglycemic episodes Resistance to insulin Abnormal body fat distribution	Nurses consider the state of hyperglycemia and the risk for hypoglycemia
Zofran 4 mg IV q. 6 hourly p.r.n.	To relieve nausea and vomiting 5- HT3 receptor antagonist	Headaches General body weakness Hard stools	Nurses consider the symptoms persistence despite treatment. Take note of episodes of vomiting and associated diarrhea
Pantoprazole 40 mg p.o. daily	Prevent peptic ulceration due to stress Proton pump inhibitor	Headaches Abdominal discomfort Facial puffiness	Patients who are old and hospitalized have a propensity to peptic ulceration and hence the need to look out for new onset abdominal pain, change in stool color and hematemesis
Lipitor 40 mg p.o. daily	Prophylaxis for heart disease due to hyperlipidemia HMG-CoA reductase inhibitor	Loose stools Inflammation of the nasopharynx Joint pains	Diarrhea can lead to water depletion and hence the need to keep the hemodynamics stable.
Heparin 5000 units SC q 8-12 hourly	DVT prophylaxis Inhibitor of activated factor x Prevent conversion of factor II to IIa	Spontaneous bleeding due to low platelet count	Thrombocytopenia below 50 *10 ⁹ /L can lead to spontaneous bleeding leading to hypovolemic shock.

(Medscape, 2018)
(Medscape, ondansetron (Rx), 2018)
(Medscape, pantoprazole (Rx), 2018)
(Medscape, atorvastatin (Rx), 2018)
(Medscape, heparin (Rx), 2018)

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