Medications
(see attached sheet)

IV Site/Fluid Rate

- A- Line L Forearm
- Left IJ
-

Monitoring: Invasive/ Non –invasive

- BP Cuff 127/52
- 5 Lead ECG Continuous monitoring
- Pulse ox 95%
- Respirations 21-22
- Foley Amber Yellow
- A line

ECG Interpretation (See Attached Sheet)

Student Name: Dan Laskey_____Client Initials: N.D._____Date: 05/31/12
Age: 79__Gender: Female_____Room # CVIC-3817_____
Admin Date: 05/18/12__Code Status: Full__Allergies: No Known Allergies__
Diet: Cardiac DietActivity: Bedrest__Braden Score_15

Chief Complaint: Shortness of breath, chest pain, worse when coughing per when pt entered the E.D.

Admitting Diagnosis: Chest Pain

Medical/Surgical/Past History Diagnosis: Hypertension, Gerd, Gout, Heart Failure, MI with cardiac cath, Dialysis , Hysterectomy, Tubal ligation, Diabetic, Cabg x5, renal failure.

Describe the patient's condition, including signs/symptoms that led to this admission.

- Pt presented to the E.D. with SOB and chest pain that got worse when coughing per the E.D reported that has been going on for a week.

Briefly describe the pathophysiology related to the pt's diagnosis and current medical/surgical condition.

- **Hypertension** is when your blood pressure stays in the high blood pressure range (usually 140/90). When your blood pressure is not under control it can cause damage to your blood vessels, heart, and kidneys. It can cause stroke and/or MI. HTN doesn't usually have signs or symptoms while it is doing the damage. There is no exact cause of HTN but being overweight, eating unhealthy, smoking,

State Lab Values and Identify Trends

- Na: 138 (136-145) Normal Range
- K: 4.7 (3.5-5.1) Normal Range
- Cl: 101 (98-107) Normal Range
- C02: 45 (35-45) Normal Range
- Bun: 16 (7-26) Normal Range
- Cr: 3.9(0.64-1.27)Normal Range (High)
- **High level** pt is in renal failure and is a diabetic and has hypertension and all of these will affect the creatine level and make it elevated. Pt did have a fistula in left upper arm
- Glu: 89 (70-100) Normal Range
- Ca: 9.1 (8.5-10.1) Normal Range
- Mg: 2.4 (1.3-2.9) Normal Range
- WBC: 11.9 (4.5-11) Normal Range High

	drinking, too much Na in your diet, family history of HTN are all risk factors. Very high blood pressure can cause headaches, blurry vision, nausea, and vomiting. Most people are diagnosed with HTN when they go to the doctor for their routine visit. • **Coronary Artery Bypass Graft (CABG)** Is a surgical procedure that involves bypassing a blockage in the coronary artery by using other harvest sites veins and arteries to bypass the blockage and allow flow through the coronary artery. During a normal surgery the patient will have a midline chest incision so the heart and aorta or visible. The heart is stopped and patient is put on cardiopulmonary bypass. After the surgery the heart is restarted and patient is taken off bypass machine. The patient will spend a few days in an intensive care setting and then get transferred to a less acute floor for the rest of recovery. The patient can recover and go home to finish the recover from the surgery or may be a candidate for rehab to help with the recovery process. The surgery does not cure atherosclerosis just prolongs the life of the patient but there is documentation for improvement of life from the surgery. The patient will have to make some changes in lifestyle including monitoring weight, eating right, exercise, quit smoking, decrease stress level and good support system and keep blood sugar under control. • **Chest Pain:** Also known as angina pectoris which results from myocardial ischemia or inadequate blood supply to the myocardium. Angina can be the result of either chronic or acute blockage of the coronary artery or coronary spasm. Which the PT happened to have the left main coronary artery blocked that supplied blood to the posterior heart, anterior descending artery, anterior myocardium and the left ventricle. The PT did suffer from depression which does increase the risk/ chance of having a heart condition along with the	• High Level that is just slightly high could be due to the fact the pt did just have surgery the other day and the body is adapting and in the healing process. • HBG: 8.5 (13.5- 17.5) Normal Range (Low) • Low Level Pt just had surgery a lower level is expected after surgery and also pt is in renal failure so kidneys helping with production of RBC's. • HCT: 23.8 (41-53) Normal Range (Low) • Low Level Pt just had surgery a lower level is expected after surgery and also pt is in renal failure so kidneys helping with production of RBC's. • PH: 7.35 (7.35-7.45) Normal Range • HC03: 23.2 (22-26) Normal Range • RBC: 2.63 (3.50-5.50) (Low) • Low Level Pt just had surgery a lower level is

	fact that African Americans are at a much higher risk for cardiac problems. Along with a family history of her mother having a myocardial infarction at the age of 50 which genetics per certain studies does play a role. • **MI** also known as a heart attack usually follows a sudden or abrupt changed or cessation in blood flow and oxygen flow to the heart. This to necrotic tissue death in heart can be fatal to the PT. It leads to a ischemic tissue and decrease in perfusion to heart. • **Renal Failure end stage** i9s when the kidneys can no longer maintain the body's internal environment and develops over years. It involves destruction of nephrons and progression loss of renal function and as the GFR decrease and clearance is reduced BUN and Creatinine levels increase. The ability to concentrate urine and to excrete large solutes and absorb electrolytes properly. The kidney failure effects just about everybody system in this pts case it effects cardiovascular with producing hypertension that is going to make the heart work even harder. The pt is receiving dialysis to help prevent any more damage from the decreased function of the kidneys. **Describe the patient's head to toe assessment findings and explain how they relate to the pathophysiology. Include vital signs** The Pt is a 79 year old African American Female which immediately put the pt at higher risk for any cardio, renal issues, hypertension, and diabetes. The pt is alert and oriented x4 with no confusion noted. Lungs fields were clear and deceased in all lobes on 2L nasal cannula. Bowel sounds present in all 4 quadrants with no tenderness except around CT sites. Pt did have an episode of nausea before breakfast this shift. Right arm had a +2 pulse with and A line in place no signs of redness at this time. Left radial was a +1 pulse due to the new fistula placement in the upper left arm. The hand was also a little cooler than the right side. The Fistula was positive for thrill and bruit	expected after surgery and also pt is in renal failure so kidneys helping with production of RBC's. • CK: 66 (33-211) Normal Range • Troponin 0.01 (0.00-0.40) Normal Range **Treatments/Medical and Nursing Interventions** • Turn/reposition pt as needed and prn as pt let us • Blood Sugar checks Q6 per orders to keep blood sugar in range • Assessment q2 hours • Rounding on pt to make sure pt has no needs at this time • Vital Signs every hour • Pain management every hour • Flush IJ line • Removal or IJ and A Line as ordered • Medication at times

	and per the RN covering this is common to have not has strong of a pulse on the fistula side especially while the fistula is new. Pedal pulses were +1 and pt did have harvest sites from the legs. The pt had edema +1 in bilateral legs and +1 in the left arm. The ski was unremarkable except for the surgical sites of a midline and ct sites covered with an abd dressing. The pt is currently has an indwelling catheter. The pt needs to breath deeper and was educated on using the I.S and did use it a few times on the shift but overall still needs encouragement to use this decrease in lungs is due to having surgery and anesthesia received and needs to expand the lungs again after surgery. Vital signs a 98.9 temp, 83 heart rate, 127/52, 21 Resp, 94% on 2L. **Integrate the current laboratory data, diagnostic test results, hemodynamic parameters medications, medical nursing interventions, and other treatments into the pathophysiology and explain how it is affecting this pt's outcome/current condition.** The pt is currently in the hospital for recovering from a Cabg X5. This surgery put a big demand on the body after the surgery and includes therapy and lifestyle changes. A major change is the fluid restriction that is common after this type of surgery. This will keep the body from fluid overload and making the heart work harder while it is recovering and for the rest of pts life. The left coronary artery was blocked 90-95% and the surgery was performed to bypass this blockage. The leg vein mapping was to look for good veins to harvest for bypass. The vein is used due to the vein having a non-backflow/ valve design and that way blood cannot move backwards and only moves forward promoting blood flow and perfusion. The EKG showed Normal sinus rhythm with 1st degree heart block with a wide P-R and Bundle Branch Block due to wide QRS. This can be due to having the CABG and handling of junctional tissue which makes it edematous or because of the pt's past history of MI, or is more common in older individuals. The pt is currently taking a 81 mg aspirin as a blood thinner to	administered as ordered **State Diagnosis Test results** • Leg mapping on 5/26/12 • Blood culture X2 no growth after 24 hours • CTA of coronary artery left main which was 90-95% blocked per report. •

help prevent any clotting. The pt is also receiving 12.5 mg of Lopressor Bid which is a Beta Blocker used to help with hypertension and keep the heart workload down in this case after surgery but in general to help the heart not have to work as hard. The blood sugar was check Q6 to keep the levels at a level that was acceptable to the physician and prevent any high sugar levels that can hinder recovering and healing process along with hardening the vessels. The pt is also in renal failure which complicates the situation with hypertension caused from fluid overload and the kidneys not filtering and creating and concentrating the urine for existing the body. If the kidney is not function properly fluid is staying in the body with possible fluid overload and making the heart work that much harder with all that fluid and dialysis is need to control and filter the blood for this pt. Since the heart is also compromised with a past MI it not in the pts best interest to have hypertension at this point to make the heart work harder epically after surgery. The kidney also helps with the production of RBC and this could be a reason along with surgery why the H&H and RBC level are low in the labs. The pt is being checked for for bleeding at surgical sites or air leaks at ct sites. This is being done to prevent any bleeding and hypervolemia if it was a bad enough bleed and and air leak to prevent pneumothorax.

References

Black, J.M. & Hawks, J.H. (2009). *Medical-Surgical Nursing: Clinical Management for Positive Outcomes* (8th ed). St. Louis: Saunders Elsevier.

Primary Nursing Diagnosis with Rational Statement	Short Term Goal	6 Nursing Diagnosis with relational Statement
• Excess Fluid Volume R/T Reduced glomerular filtration rate history of renal failure. **Definition (state definition and source)** • Is over hydration of ecf volume excess and the fluid is located in vascular system a lot of times in the interstitial spaces. There are two types of Fluid overload one is just to much fluid administered and the other failure to excrete or filter the fluid to urine and excrete it. • Black, J.M. & Hawks, J.H. (2009). *Medical-Surgical Nursing: Clinical Management for Positive Outcomes* (8th ed). St. Louis: Saunders Elsevier. **AEB: Defining characteristics specifically exhibited by your patient that support primary nursing diagnosis** • Hypertension and history of • Pt is in end stage Renal Failure • Dialysis pt • Creatinine level is elevated meaning renal failure • Pt had edema +1 in bilateral legs and left arm	• Manage pts fluid intake to 200cc free water per shift to help prevent fluid overload. **Outcome Criteria (must be specific and measurable)** • Monitor urine output, noting amount and color, • Establish fluid intake schedule if fluids are medically restricted, incorporating beverage preferences when possible. • Weigh daily to check to see if positive fluid balance • Assess for distended neck and peripheral vessels. Inspect dependent body areas for edema with and without pitting; note presence of generalized body edema • Monitor BP for hypertension •	1. **Risk for decreased Cardiac Output:** related to altered myocardial contractility, recent MI, response to certain medications and drug interactions altered heart rate or rhythm (dysrhythmias) 2. **Risk for infection**: related to recent surgery 3. **Deficient Knowledge** related to fluid restriction and diabetes **4. Risk for imbalanced Nutrition: Less than Body requirements :**related to nausea and vomiting and pt stating that they don't have much of an appetite 5. **Impaired Skin/Tissue Integrity:** related to decrease nutrition and decrease in fluid restriction and pt bed rest. 6. **Activity Intolerance:** related too Generalized weakness prolonged bed rest, immobility

• Pt is not on a fluid restriction when asked RN covering the pt • Decreased H&H		

Identify nursing interventions that you implemented with this patient **Evaluate** patient progress towards achieving outcome criteria as a result of nursing interventions	**What I would do Differently**

• Turned pt in bed every two hours/prn as pt let us to prevent tissue damage
  ➢ Patient did not develop any bed sore on this shift due to turning of pt
• Mouth care performed on pt during shift
• Blood sugar check Q6 hours as ordered to control blood sugar level
  ➢ Blood sugar level control by check and sliding scale insulin
• Administered pain medication prn as needed
  ➢ Pt seemed to be pain free did not ask for any pain medication this shift
• Rounded on pt every hour for any needs pt had
  ➢ Pt most of the time did not need anything when asked
• Educated on fluid restriction and need to keep fluids under control due to renal failure and CABG surgery.
  ➢ The pt listen and voiced understand of education
• Removal of A line and IJ per order's
  ➢ Pt's had removal of A line and IJ per order and followed procedure with instructor at side and held pressure for at least 15 minutes or until bleeding has stop. Rechecked pt for bleeding after removal during rest of shift.
	The removal of A Line and IJ was new for me and I wish I would have been more prepared for removal of these to lines. I wanted to know the procedure more and felt rushed to take them out and really wanted to understand the removal more than what I did. It worked out fine but just like to be more prepared and it got me this time. I don't get worked up to much but may be because I have done a lot of things already but this was new and different and it affected me some. I still would have wanted to be able to really chart on this pt I did get to chart one assessment on the 12 hour day clinincal by the time the IT people got my login working finally.

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