NurseBrain: Patient SAMPLE 1, 54 y/o Female in Room 1234A, with a Full Code Status

Situation

Primary Diagnosis: CHF, Dyspnea **Race / Ethnicity:** White or Caucasian
Cultural Considerations: Prefers to be addressed by her first name.
Support System: Husband at bedside **Disability Considerations:** Deaf or Hard of Hearing
Disability Comment: Left ear hearing aid **Attending Physician:** Jama
Specialists: Dr Fuzane - Endocrinology, Dr Flores - Internal Medicine
Precautions: Standard Precautions
Alerts: Fluid Restrictions,No BP / IV / Labs (left arm),Blood Sugar Checks,Fall Risk
Additional Situation Note:
Patient presented to the ER complaining of shortness of breath & dyspnea on exertion x 2 days.

Background

History of: Hyperlipidemia, hypertension, breast cancer, Diabetes type 2, Coronary artery disease
Surgical Procedures: Mastectomy **Surgery Comment:** Mastectomy in 2018
Imaging: Xray,Computed tomography (CT Scan) **Imaging Comment:** Imaging results negative.
Medication History: Metformin, artovastatin, furosemide

Assessment

Neuro Assessment: A/O x2: Person, Place, Follows commands, Forgetful, Reorientable
Neuro Comment: Pleasant
Respiratory Assessment:
Dyspnea during exertion (SOB - shortness of breath), Nasal cannula, Crackles (fine)
Respiratory Comment: Oxygen 2L **Cardiac Assessment:** Edema,Telemetry
Monitored Rhythm: Normal Sinus Rhythm - NSR
Cardiac Comment: Bilateral extremity edema, 2+, weak pedal pulses **GI Assessment:** Constipation
Diet: Low Sodium Diet **GI Comment:** Takes stool softeners daily, 1.5 L fluid restrictions
GU Assessment: Urinal,Bedside Commode
MSK Assessment: Activity assistance need: 1 person,Ambulatory with walker
Skin Assessment: Ecchymosis
Skin Comment: bruising on hips bilaterally, excoriation on abdominal folds **White Blood Cells:** 5.4
Hemoglobin: 13.1 **Hematocrit:** 41 **Platelets:** 367 **Sodium:** 142 **Potassium:** 4.7
Carbon Dioxide: 32 **BUN:** 22 **Creatinine:** 1.4 **Glucose:** 140 **INR:** 2.8
Blood Pressure: 136 **/** 74 **Temp:** 98.6°F **Pulse:** 102 **Resps:** 20 **O2:** 92%
Pain Comment: C/o lower back pain, 4/10. Taking tylenol **Lines & Drains:** PIV (right arm)
Lines & Drains Comment: Saline locked
Current Medications: Demadex, insulin, metformin, hydralazine

Recommendation

Consults: Care Management Consult,Nutritional Consult
Consult Comment: Endocrinology consult tomorrow at 0900, PT eval tomorrow at 1100
Additional Recommendation Note:
ACHS, Daily morning weight, For blood sugar >350 mg/dl, notify MD and begin insulin protocol.

Significant Events

Significant Events: Pt's BP was elevated, MD notified, hydralazine ordered PRN for SBP > 160

Nursing Care Plan

Nursing Diagnosis: Cardiac Output Alteration that is expected to Improve(d).

Nursing Interventions:

Assess/Monitor/Evaluate/Observe Cardiac Rehabilitation, Care/Perform/Provide/Assist Cardiac Rehabilitation, Teach/Educate/Instruct/Supervise Cardiac Rehabilitation, Manage/Refer/Contact/Notify Cardiac Rehabilitation

Actions & Rationale:

Monitor vital signs and cardiac rhythms

- Patients with heart failure can develop cardiac arrhythmias and hemodynamic alterations that impair circulation and oxygenation exchange. Poor circulation and poor oxygenation can lead to organ damage, Administer appropriate medications - Medications such as angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), aldosterone antagonists, beta-blockers, calcium channel blockers (CCBs), digitalis drugs, diuretics, inotropic agents, nitrates, and vasodilators are often used in the treatment and management of congestive heart failure, Teach patient importance of a low sodium diet - Congestive heart failure reduces the kidney's ability to excrete sodium resulting in fluid retention. A low sodium diet such as the DASH diet will help reduce the build up of fluid in the body and help minimize complications, Notify the provider for CHF complications per protocol - CHF patients may develop life threatening deteriorations such as a myocardial infarction, ventricular fibrillation and pulmonary edema.

Nursing Outcome:

After implementing the intervention(s), the patient's Cardiac Output Alteration Improve(d).