



H, J

Health Care Provider: A M

Sex: F Weight: 121 lbs 1 oz
Age: 87 Y Height: 5' 6"

Code Status: 01 ▼
Alerts: 00

Isolation: 00
Drug Allergies: 06 ▼

Food Allergies: 00
Env. Allergies: 00

Diet: 00
BMI: 19.5

Hospital Floor:
Medical-Surgical

Student: Molly Mancini Assignment: Swanson 10/21/19 sec 3 Submitted: 10/30/2019 13:46

Clinical Assignment Grading

Assignment Objectives

No assignment objectives entered.

Clinical Set-up Details

First Day of Clinical: 10/28/2019 Primary Diagnosis: Hypertension
Provider Name: M, A Secondary Diagnosis:

Student Details:

First Initial: M
Last Name: Mancini
Credentials: SN

Patient Details:

Identifier 1: J
Identifier 2: H
Gender: F
Age: 87 Years



Pre-Clinical Manager

Patient Info | Identifier: H, J | Gender: F | Age: 87 Y | Nurse Initials: M Mancini, SN

Diagnosis (1)

Primary Diagnosis: Hypertension

Patho-Physiology:

Hypertension is a "consistent elevation of systemic arterial blood pressure" (Huether, et al., 2017). This particular patient was admitted to the hospital because she was in a hypertensive crisis which is "rapidly progressive hypertension in which diastolic pressure is usually greater than 140 mm Hg" (Huether, et al., 2017). This patient's blood pressure when she was admitted to the hospital was 176/121. Hypertension is "initially asymptomatic" (Silvestri, 2017). Symptoms of hypertension can include "headache, visual disturbances, dizziness, chest pain, tinnitus, flushed face, and epistaxis" (Silvestri, 2017). Risk factors that can increase a patient's risk of developing hypertension include increased age, family history, obesity, smoking, and increased salt or caffeine intake. Hypertension needs to be controlled because if it is not, it can cause other problems including organ damage and also the development of peripheral vascular diseases.

Huether, S.E. & McCance, K.L. (2017). Understanding Pathophysiology (6th edition). St. Louis, MO: Elsevier Saunders.

Silvestri, L., (2017) Saunders Comprehensive Review for the NCLEX-RN Examination (7th ed) Saunders. ISBN: 9780323358514

Therapeutic Regimen:

Treatments of hypertension, especially in the case of this patient, involved the use of multiple medications. The medications included anticoagulants to make her blood thinner as well as ACE Inhibitors and Beta-blockers to help decrease her overall blood pressure. Other treatments of hypertension include reducing the amount of sodium and caffeine in the patient's diet. Weight loss can also be used to treat hypertension. Reduction stress in the patient's life and teaching relaxation techniques can also be used.

Current Health Problems and Related Functional Changes:

This patient has a history of coronary artery disease and a heart murmur. She had stated that she had a family history of hypertension, but that her blood pressure had never been this high before. She has had a history of varicose veins and had a varicose vein stripping to remove some of them.

Medications (9)

Medication: Senna
Route: Oral
Frequency: Daily

Classification: Laxatives
Dose: 8.6 mg
Date Ordered: 10/28/2019

Comments and Additional Medication Info:

This patient has a history of constipation and this medication is used to relieve that.

Therapeutic Effect:

The patient will experience fewer instances of constipation and has bowel movements more easily.

Action:

Senna works by irritating luminal sensory nerve endings, thereby stimulating colonic motility and reducing colonic water absorption.

Contraindications:

GI disease diarrhea GI disease

Side Effects or Adverse Reactions:

diarrhea hypokalemia vomiting nausea urine discoloration

Life Threatening Considerations:

GI bleeding GI obstruction

Recommended Dose Ranges:

8.6 to 17.2 mg tablets PO per day

Nursing Interventions:

Monitor the patient for bowel movements Monitor the consistency of the stool

and monitor for blood or runny, discolored stool

Medication: Metoprolol

Route: Oral

Frequency: Daily

Comments and Additional Medication Info:

The patient has a history of hypertension and this medication is used to treat this.

Action:

metoprolol competes with adrenergic neurotransmitters by binding at sympathetic receptor sites. It works to decrease in both resting and exercise heart rate and cardiac output, and a decrease in both systolic and diastolic blood pressure.

Side Effects or Adverse Reactions:

bradycardia dizziness heart failure hypotension

Recommended Dose Ranges:

25 to 100 mg PO once daily

Classification: Beta-Blockers

Dose: 25 mg

Date Ordered: 10/28/2019

Therapeutic Effect:

The patient's blood pressure will be lowered as a result of taking this medication.

Contraindications:

pulmonary edema diabetes mellitus chronic obstructive pulmonary disease (COPD) hyperthyroidism

Life Threatening Considerations:

acute heart failure bradycardia hypotension sick sinus syndrome

Nursing Interventions:

Monitor the patient's blood pressure and heartrate Monitor the patient's breathing and respiratory rate Monitor the patient for side effects of the medication

Medication: Loratadine Tablet - (Claritin)

Route: Oral

Frequency: Daily

Comments and Additional Medication Info:

This patient has seasonal allergies and this medication is used to treat that.

Action:

Loratadine is highly selective for histamine H1-receptors. It blocks the effects of histamine on H1-receptors in the GI tract, uterus, large blood vessels, and bronchial muscle.

Side Effects or Adverse Reactions:

headache fatigue thrombocytopenia infection

Recommended Dose Ranges:

10 mg/day PO

Classification: H1 blockers

Dose: 10 mg

Date Ordered: 10/28/2019

Therapeutic Effect:

The patient will experience fewer symptoms related to her allergies.

Contraindications:

asthma breast-feeding renal failure hepatic disease

Life Threatening Considerations:

pregnancy

Nursing Interventions:

Monitor the patient for side effects Monitor the patient's respiratory rate and breathing sounds

Medication: Lisinopril

Route: Oral

Frequency: Daily

Comments and Additional Medication Info:

This patient has a history of high blood pressure and this medication is used to treat that.

Action:

Lisinopril competes with angiotensin I for its binding site on the angiotensin-converting enzyme (ACE). Lisinopril lowers angiotensin II plasma levels, blood pressure decreases and plasma renin activity increases.

Side Effects or Adverse Reactions:

dizziness hypotension fatigue urticaria

Recommended Dose Ranges:

5 (for geriatric) to 40 mg PO once daily.

Classification: Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)

Dose: 5 mg

Date Ordered: 10/28/2019

Therapeutic Effect:

The patient will have lower blood pressure as a result of taking this medication.

Contraindications:

coronary artery disease jaundice hyperkalemia heart failure

Life Threatening Considerations:

ACE-inhibitor induced angioedema pregnancy

Nursing Interventions:

Monitor the patient's blood pressure and heartrate Monitor the patient's renal function Monitor the patient's metabolic pannel for signs of hyperkalemia

Medication: Apixaban - (Eliquis)

Route: Oral

Frequency: Twice a day

Comments and Additional Medication Info:

This patient is taking this medication to prevent clots from forming which is directly related to her diagnosis of coronary artery disease.

Action:

Apixaban inhibits Factor Xa that is both free and bound to clots and also inhibits prothrombinase activity. By inhibiting Factor Xa, apixaban decreases thrombin generation and the development of a thrombus.

Side Effects or Adverse Reactions:

anemia bleeding epistaxis hematuria

Classification: Anticoagulants

Dose: 2.5 mg

Date Ordered: 10/28/2019

Therapeutic Effect:

The patient will not experience a clot in their arteries due to the administration of this medication.

Contraindications:

hepatic disease renal failure antiphospholipid antibody syndrome dialysis

Life Threatening Considerations:

bleeding epidural and spinal anesthesia

Recommended Dose Ranges:

10 mg/day PO maximum Usually between 2.5 to 5 mg per day for most patients

Nursing Interventions:

Monitor the patient for any side effects Make sure to tell the patient that if a dose is missed, it should be taken as soon as possible on the same day.

Medication: Fluoxetine Capsule (depression/mood disorder) - (Prozac)

Route: Oral

Frequency: Daily

Classification: Selective Serotonin Reuptake Inhibitors (SSRIs)

Dose: 10 mg

Date Ordered: 10/28/2019

Comments and Additional Medication Info:

This patient has a history of depression and this medication is used to help manage the symptoms of depression.

Therapeutic Effect:

The patient will experience fewer symptoms of depression and will have better management of their depression as a result of taking this medication.

Action:

SSRIs increase the availability of serotonin in the somatodendritic area through serotonin reuptake blockade at the serotonin transport pump.

Contraindications:

osteoporosis hypertension diabetes mellitus bipolar disorder

Side Effects or Adverse Reactions:

anorexia headache drowsiness tremor weight fluctuation

Life Threatening Considerations:

MAOI therapy suicidal ideation

Recommended Dose Ranges:

20 mg/day PO maximum

Nursing Interventions:

Monitor the patient's weight Monitor the patient's intake of food and overall appetite

Medication: Ergocalciferol (Vitamin D2)

Route: Oral

Frequency: Once a week

Classification: Fat-Soluble Vitamins

Dose: 50,000 international units

Date Ordered: 10/28/2019

Comments and Additional Medication Info:

This patient has a Vitamin D2 deficiency and this medication is used to treat this.

Therapeutic Effect:

This patient will be receiving the necessary amount of vitamin D2 following the administration of this medication.

Action:

Calcitriol promotes renal reabsorption of calcium, increases intestinal absorption of calcium and phosphorus, and increases calcium mobilization from bone to plasma.

Contraindications:

Crohn's disease gallbladder disease renal failure hepatic disease

Side Effects or Adverse Reactions:

constipation hypercalcemia nausea irritability

Life Threatening Considerations:

hypercalcemia malabsorption syndrome

Recommended Dose Ranges:

50,000 International Units PO once weekly maximum

Nursing Interventions:

Monitor the patient's vitamin D2 levels by ordering labs and metabolic panels Monitor the patient for side effects

Medication: Cyanocobalamin (Vitamin B12)

Route: Oral

Frequency: Daily

Classification: Water-Soluble Vitamins

Dose: 500 mg

Date Ordered: 10/28/2019

Comments and Additional Medication Info:

This patient has a B12 deficiency as evident by their labs and their increasing age.

Therapeutic Effect:

The patient will be receiving the recommended daily amount of B12 following the administration of this medication.

Action:

Vitamin B12 is essential to growth, cell reproduction, hematopoiesis, and nucleoprotein and myelin synthesis.

Contraindications:

anemia breast-feeding hypokalemia renal failure

Side Effects or Adverse Reactions:

aluminum toxicity heart failure pulmonary edema thrombosis

Life Threatening Considerations:

pregnancy

Recommended Dose Ranges:

500 to 1,000 mcg/day PO

Nursing Interventions:

Complete metabolic panels to monitor B12 levels Monitor the patient for side effects

Medication: Digoxin

Route: Oral

Frequency: Daily

Classification: Antiarrhythmics

Dose: 125 mg

Date Ordered: 10/28/2019

Comments and Additional Medication Info:

This patient has a history of hypertension and coronary artery disease. This medication is used to help treat her heart problems.

Therapeutic Effect:

The patient will have a strong, regular heartbeat that becomes more effective with the medication. Her blood pressure will also decrease.

Action:

Digoxin inhibits the Na-K-ATPase membrane pump. Na-K-ATPase regulates intracellular sodium and potassium. Inhibition of this enzyme leads to an increase in intracellular sodium concentration and ultimately to an increase in intracellular calcium.

Contraindications:

acute myocardial infarction cor pulmonale diarrhea renal disease

Side Effects or Adverse Reactions:

anxiety diarrhea nausea visual impairment

Life Threatening Considerations:

ventricular fibrillation pregnancy

Recommended Dose Ranges:**Nursing Interventions:**

Note: The dosage of the med should be in mcg, not mg. Between 120 to 350 mcg per day

Monitor the patient's blood pressure and pulse rate Complete and EKG to ensure that the patient's heart rate is normal

Laboratory Tests (2)

Laboratory Test: Complete Blood Count and Differential Count (CBC and Diff) **Date of Test:** 10/28/2019

Definition and Description:

--

Significance of the Test Being Ordered for this Patient:

--

CBC and Diff: Hgb

Test Result: 13.8

Result Level: Within Normal Limits

Result Significance:

--

CBC and Diff: Hct

Test Result: 42.2

Result Level: Within Normal Limits

Result Significance:

--

CBC and Diff (RBC Indices): MCV

Test Result: --

Result Level:

Result Significance:

--

CBC and Diff (RBC Indices): MCH

Test Result: --

Result Level:

Result Significance:

--

CBC and Diff (RBC Indices): MCHC

Test Result: --

Result Level:

Result Significance:

--

CBC and Diff (RBC Indices): RDW

Test Result: --

Result Level:

Result Significance:

--

CBC and Diff: WBC

Test Result: 4.1

Result Level: Within Normal Limits

Result Significance:

--

CBC and Diff (WBC): Neutrophils

Test Result: 2.7

Result Level: Within Normal Limits

Result Significance:

--

CBC and Diff (WBC): Lymphocytes

Test Result: --

Result Level:

Result Significance:

--

CBC and Diff (WBC): Monocytes

Test Result: --

Result Level:

Result Significance:

--

CBC and Diff (WBC): Eosinophils

Test Result: --

Result Level:

Result Significance:

--

CBC and Diff (WBC): Basophils

Test Result: --

Result Level:

Result Significance:

--

CBC and Diff: Blood Smear

Test Result: --

Result Level:

Result Significance:

--

CBC and Deff: Platelet Count

Test Result: 151

Result Level: Within Normal Limits

Result Significance:

--

CBC and Diff: MPV

Test Result: --

Result Level:

Result Significance:

--

CBC and Diff: RBC

Test Result: 4.4

Result Level: Within Normal Limits

Result Significance:

--

Laboratory Test: Basic Metabolic Panel

Date of Test: 10/28/2019

Definition and Description:

--

Significance of the Test Being Ordered for this Patient:

--

Basic Metabolic Panel: Blood Urea Nitrogen (BUN)

Test Result: 23

Result Level: High

Result Significance:

BUN can be elevated due to her coronary artery disease and increased strain on the heart to pump blood.

Basic Metabolic Panel: Calcium

Test Result: 8.7

Result Level: Within Normal Limits

Result Significance:

--

Basic Metabolic Panel: Chloride

Test Result: 106

Result Level: Within Normal Limits

Result Significance:

--

Basic Metabolic Panel: CO2

Test Result: 24

Result Level: Within Normal Limits

Result Significance:

--

Basic Metabolic Panel: Creatinine

Test Result: 1.0

Result Level: Within Normal Limits

Result Significance:

--

Basic Metabolic Panel: Glucose

Test Result: 86

Result Level: Within Normal Limits

Result Significance:

--

Basic Metabolic Panel: Potassium

Test Result: 4.1
Result Level: Within Normal Limits
Result Significance:
 --

Basic Metabolic Panel: Sodium

Test Result: 140
Result Level: Within Normal Limits
Result Significance:
 --

Clinical Grading:

Clinical Grade:
 Remarks:

Care Plan Details**Care Plan****Priority**

-- **Medical Diagnosis: Hypertension, primary pulmonary** **Created By: M Mancini, SN 10/29/2019 | 18:26**
Nursing Diagnosis: Decreased cardiac output **Modified By: M Mancini, SN 10/29/2019 | 18:32**

Status: Active Type: Actual

Related To

Altered heart rate
 Altered heart rhythm
 ADDED-The patient has a heart murmur which is being managed with medications.

Evidenced By

Altered heart rate/rhythm
 ADDED-Extra heart sounds

Expected Outcome	Measurement/Time Frame	Comments
Patient will demonstrate adequate cardiac output, as evidenced by blood pressure and pulse rate and rhythm within normal parameters.	After administering medications and by the end of shift, the patient's blood pressure and pulse rate and rhythm will be more normal.	
Patient will demonstrate adequate cardiac output, as evidenced by strong peripheral pulses.	Peripheral pulses will be taken at the beginning and end of the shift.	
Patient will remain free of side effects from the medications used to achieve adequate cardiac output.	One hour after medication administration, patient will be asked if they feel any side effects such as nausea or diarrhea. These side effects will be noted by the nurse and interventions will be done to help alleviate the side effects.	

Interventions	Rationale	Comments
Instituting case management of the frail elderly patient to support continued independent living	A caseworker was contacted to help the patient with her options regarding living alone. It was discussed that a CNA would come to visit her and help so that she could remain living independently.	
Checking blood pressure, pulse, and condition before administering cardiac medications	This was done to ensure that the medications would not lower the patient's blood pressure/pulse to a dangerously low level following administration.	
Assessing the patient for chest pain or discomfort	The patient was frequently evaluated for chest pain, to which she replied that she felt no pain.	
Applying graduated compression stockings as ordered	The patient had compression cuffs ordered which were used to help the blood in her legs to return back to her heart.	

Care Plan Grading:

Care Plan Grade:
 Remarks:

Charting Details**Allergy Info**

Type	Allergen	Reactions	Severity	Informant	Confidence Level	Entered By	Entered Day/Time
Medication	Azithromycin	Nausea Vomiting	Mild	Self	Very Reliable	M Mancini, SN	10/30/2019 13:43
Medication	Corticosteroids	Nausea Vomiting	Moderate	Self	Very Reliable	M Mancini, SN	10/30/2019 13:43
Medication	Erythromycin	Nausea Vomiting Headache	Moderate	Self	Very Reliable	M Mancini, SN	10/30/2019 13:43
Medication	Hydralazine	Itching	Mild	Self	Very Reliable	M Mancini, SN	10/30/2019 13:44
Medication	Penicillins	Itching Hives	Moderate	Self	Very Reliable	M Mancini, SN	10/30/2019 13:44
Medication	Prednisone	Nausea Vomiting	Mild	Self	Very Reliable	M Mancini, SN	10/30/2019 13:45

System Assessments

Complete Physical Assessment - Head-to-Toe

Created By: M Mancini, SN 10/29/2019 | 17:43

Complete Physical Assessment - Head-to-Toe

Plan:	The plan is to frequently monitor the patient's blood pressure to ensure that it does not get too high. Also, the patient's heart rate should be monitored and I should listen to her heart regularly to ensure that it is functioning properly. The patient should be helped to ambulate as she is a high fall risk due to her increased age.
Other:	She stated multiple times that she wanted to go home to take care of her pets. She lives alone and the doctor tried to convince her to move to a long-term care facility, but she refused.
Neurologic:	Alert, awake, and oriented x 3 This patient has a history of dementia, but she seemed to know who she was, what had happened, and where she was.
Musculoskeletal:	The patient had a strong grip and was able to push against me during the musculoskeletal assessment. The patient ambulates with a cane due to decreased muscle mass throughout her body. This makes her a high fall risk.
Abdomen:	She had bowel sounds in all 4 quadrants. She was taking regular bowel movement was earlier that morning, with the help of a laxative.
Peripheral vascular:	In the previous days, the patient was experiencing constipation. Her capillary refill was less than 3 seconds in both feet. She had pedal pulses present in both feet. Her skin turgor was less than 2 seconds.
Cardiovascular:	No discoloration or necrotic tissue present on her body. The patient has a heart murmur. Heart sounds were strong and easily distinguishable, despite the irregular heart sounds. Pulse was strong and not thready.
Respiratory:	The chest wall was normally shaped and symmetric. Breaths were easy to see as she breathed in and out. No use of accessory muscles when breathing. Respiratory rate was 20 which was within normal limits. No crackles or wheezing present during auscultation.
Ears/nose/throat:	The patient had some signs of rhinitis and mucous. The patient was given an allergy medication to help treat these symptoms. The patient's throat was clear. The patient did appear to have any diminished hearing and would need to be asked questions multiple times in order to hear them.
Head/neck:	The patient's neck veins were not distended and she was able to hold his head upright without difficulty.
General:	The patient is an 87-year-old female admitted for dangerously high blood pressure. She has a history of coronary artery disease and varicose veins.

Complete Physical Assessment - Head-to-Toe

Created By: M Mancini, SN 10/30/2019 | 13:40

Complete Physical Assessment - Head-to-Toe

Integumentary:	Patient's skin tone was appropriate for race. Skin turgor was good. Skin was warm and not try to the touch. Had a large bruise on her right arm from a fall.
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System Nursing Interventions

Psychosocial Interventions

Created By: M Mancini, SN 10/29/2019 | 17:49

Psychosocial Care Notes

The patient expressed to me her feeling regarding long-term care facilities and I listened to her as she talked about her worries in leaving her animals. I also talked to her about her interests. She told me that she used to be the choir director for her church and I told her how I was the director of my a capella group on campus. I think she liked to talk about the past when she was more involved. She was visibly more passionate when we were talking about her interest and it seemed to help improve her mood. By conversing with her, I helped to build the nurse/patient relationship and I helped to make her feel less alone as I could relate to her.

Patient Response

Positive attributes identified
Social interaction improved

Nurse-Patient Relationship

Utilize therapeutic communication techniques
Encourage the development of trust
Plan short, frequent interactions with the patient
Encourage the expression of feelings

Gastrointestinal Interventions

Created By: M Mancini, SN 10/29/2019 | 17:53

Gastrointestinal Care Notes

The patient was complaining about constipation. The nurse and I gave her a laxative that was ordered for her after consulting with her physician. Before trying the medications, the nurse and I encouraged the patient to ambulate to get her bowels moving more. We also kept encouraging her to drink more water. Ultimately, after taking the laxative, she had a bowel movement.

Gastrointestinal Care

Medication administered for constipation

Cardiovascular/Peripheral Vascular Interventions

Created By: M Mancini, SN 10/29/2019 | 17:59

Cardiovascular/Peripheral Vascular Care Notes

The patient's blood pressure was frequently checked to ensure that it was not getting into a dangerous level like when she was first admitted. Her pulses were checked in her legs to ensure that she had good blood flow because she had a history of varicose veins. She was also given multiple medications to prevent her blood from clotting and to reduce her hypertension to prevent myocardial infarction or stroke.

Patient Response

Blood pressure maintained within expected parameters
Pulse maintained within expected parameters
No complaints of chest pain

Deep Vein Thrombosis (DVT) Suppression

Peripheral vascular checks per provider order

Vital Signs

Chart Time	Temperature (F)	Respirations (Resp/min)	Pulse (Beats/min)	Blood Pressure (mmHg)	Oxygenation	Notes	Entry By
10/29/2019 17:16	97.3 Site: Oral	20	71 Site: Radial	144/79 Site: Right arm Position: Sitting	Saturation: 94% Site: Digital probe, finger Room Air	Blood pressure was taken after medication was administered at 8:30 am.	M Mancini, SN

Intake/Output

Intake

Chart Time	Type	Description	Amount	Notes	Entry By
10/29/2019 17:17	Oral Intake	PO fluids	250 mL		M Mancini, SN
10/29/2019 17:17	Meals	Breakfast	75%		M Mancini, SN
10/29/2019 17:18	Oral Intake	PO fluids	500 mL		M Mancini, SN
10/29/2019 17:18	Meals	Lunch	100%		M Mancini, SN

Output

Chart Time	Type	Description	Amount	Notes	Entry By
10/29/2019 17:17	Frequency	Urine void	1 Medium		M Mancini, SN
10/29/2019 17:18	Frequency	Stool	1 Medium		M Mancini, SN

Height/Weight

Chart Time	Weight (Pounds/Kgs)	Height (Feet Inches/cm)	Notes	Entry By
No data available in table				

General Orders

Code Status

Created By: M Mancini, SN 10/28/2019 | 00:00

Status: Active
Intervention: Full code

Patient Card

Order Date/Time	Description	Category	Status	Last Performed	Discontinued By	Entry By
10/28/2019 00:00	Full code	Code Status	Active	--	----	M Mancini, SN 10/28/2019 00:00
10/29/2019 18:26	Hypertension, primary pulmonary-Decreased cardiac output	Care Plan	Active	--	----	M Mancini, SN 10/29/2019 18:26

Charting Grading:

Charting Grade:

Remarks:

Competencies

No competencies entered.

Remarks:

Overall Grading:

Care Plan Grade: Pre-Clinical Manager Grade: Charting Grade:

Overall Grade: S

Remarks: Hi Molly! Great pre-clinical manager. Wonderful care plan selection and outcomes! Comprehensive head-to-toe assessment! Relevant system selections and interventions. They are sure to promote positive pt outcomes! Well done!

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