



H, H

Health Care Provider: A P

Sex: M Weight: 183 lbs

Code Status: 01 ▾

Isolation: 00

Food Allergies: 00

Diet: 01 ▾

Hospital Floor:

Age: 67 Y Height: 5' 11"

Alerts: 00

Drug Allergies: 00

Env. Allergies: 00

BMI: 25.5

Medical-Surgical

Student: Molly Mancini Assignment: Thompson clinical 1/29/2020 Submitted: 01/30/2020 23:24

Clinical Assignment Grading

Assignment Objectives

No assignment objectives entered.

Clinical Set-up Details

First Day of Clinical: 01/29/2020

Primary Diagnosis:

Provider Name: P, A

Secondary Diagnosis:

Student Details:

Patient Details:

First Initial: M

Identifier 1: H

Last Name: Mancini

Identifier 2: H

Credentials: SRN

Gender: M

Age: 67 Years



Pre-Clinical Manager

Patient Info

Identifier: H, H

Gender: M

Age: 67 Y

Nurse Initials: M Mancini, SRN

Diagnosis (1)

Tertiary Diagnosis: Atrial fibrillation

Patho-Physiology:

Atrial fibrillation is a quivering or irregular heartbeat that can lead to blood clots, stroke, heart failure, and other heart-related complications. When the atria quiver, this "can lead to the formation of thrombi" (Saunders, 765). Symptoms atrial fibrillation can include palpitations, increased weakness, and fatigue. Other symptoms can include shortness of breath and chest pain.

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

Therapeutic Regimen:

One way to stop atrial fibrillation is to reset the heart. This is done by delivering an electric shock to the heart using paddles/patches and resetting the heart's rhythm to the regular sinus rhythm. Another option is to use anti-rhythmic medications to help stabilize the heart rhythm.

Current Health Problems and Related Functional Changes:

This patient has atrial fibrillation has caused his heart rate and rhythm to become highly irregular. His heart rate was in the 130s at resting. He has a decreased potassium level, linked to his heart contractility. He is also in congestive heart failure. After his transthoracic electrocardiograph proves that there are no clots in the patient's heart.

Medications (8)

Medication: Nystatin Topical

Classification: Topical antifungal

Route: Topical

Dose: 1 application over rash

Frequency: 3 times a day

Date Ordered: 01/29/2020

Comments and Additional Medication Info:

This patient is on this medication because he has a fungal infection on his scrotum.

Therapeutic Effect:

Designed to make the fungal infection head and go away

Action:

Binds to the antifungal that binds to sterols in the cell membrane of fungal and human cells

Contraindications:

breast-feeding diabetes mellitus paraben hypersensitivity

Side Effects or Adverse Reactions:

diarrhea dyspepsia nausea committing

Life Threatening Considerations:

pregnancy

Recommended Dose Ranges:

Apply twice daily until fully healed

Nursing Interventions:

Monitor the patient's fungal infection for signs of improvement Encourage the patient not to touch the infection

Medication: Metoprolol

Classification: Beta Blocker

Route: Oral

Dose: 25

Frequency: every 12 hour

Date Ordered: 01/29/2020

Comments and Additional Medication Info:

This patient is on this medication to help with his heart failure with atrial fibrillation and this medication is used to stabilize and lower the heart rate.

Action:

Metoprolol competes with adrenergic neurotransmitters for binding at sympathetic receptor sites. It selectively blocks beta1-adrenergic receptors in the heart and vascular smooth muscle.

Side Effects or Adverse Reactions:

bradycardia drowsiness hypotension fatigue

Recommended Dose Ranges:

25 to 50 mg PO twice daily

Therapeutic Effect:

This medication lowers the patient's heart rate and helps to stabilize the rhythm.

Contraindications:

bradycardia AV block hypotension

Life Threatening Considerations:

Cardiogenic shock

Nursing Interventions:

Monitor the patient's heart rate Ensure that the patient is perfusing well by checking pulses

Medication: Bumetanide Injection

Route: IV Push

Frequency: Twice a day

Classification: Loop diuretic

Dose: 1 mg

Date Ordered: 01/29/2020

Comments and Additional Medication Info:

This patient has congestive heart failure and edema and this medication is used to pull fluid off the patient.

Action:

Bumetanide is a sulfonamide-derived loop diuretic used in the management of edema associated with congestive heart failure, cirrhosis, and renal disease such as nephrotic syndrome.

Side Effects or Adverse Reactions:

azotemia hyperuricemia hypochloremia hypokalemia

Recommended Dose Ranges:

0.5 to 1 mg IV or IM

Therapeutic Effect:

It helps the patient to remove the excess fluid caused by congestive heart failure.

Contraindications:

diabetes mellitus heart failure jaundice renal failure

Life Threatening Considerations:

anuria electrolyte imbalance

Nursing Interventions:

Monitor fluid volume and output Monitor electrolyte levels Monitor and assess edema in lower extremities

Medication: Apixaban - (Eliquis)

Route: Oral

Frequency: Twice daily

Classification: Anticoagulant

Dose: 5 mg

Date Ordered: 01/29/2020

Comments and Additional Medication Info:

This patient has atrial fibrillation and is at an increased risk of a clot forming as a result.

Action:

Apixaban decreases thrombin generation and the development of a thrombus.

Side Effects or Adverse Reactions:

anemia bleeding hematoma menorrhagia

Recommended Dose Ranges:

5 mg PO twice daily

Therapeutic Effect:

This medication thins the blood to reduce the patient's chance of developing a clot.

Contraindications:

prosthetic heart valves renal impairment dialysis hepatic disease

Life Threatening Considerations:

bleeding

Nursing Interventions:

Monitor the patient's heart rate and rhythm Monitor the patient's for sign of stroke

Medication: Potassium Chloride

Route: Oral

Frequency: Daily

Classification: Electrolyte Replacement

Dose: 20 meq

Date Ordered: 01/29/2020

Comments and Additional Medication Info:

This patient had a low potassium due to his atrial fibrillation and being NPO.

Action:

Potassium plays a vital role in the electrical excitability of nerves and muscle and helps to contract the heart muscles.

Side Effects or Adverse Reactions:

abdominal pain angioedema bradycardia hyperkalemia

Recommended Dose Ranges:

20 mEq/day PO

Therapeutic Effect:

Following the administration of this medication, the patient's potassium levels would increase.

Contraindications:

atrial fibrillation encephalopathy GI obstruction metabolic acidosis

Life Threatening Considerations:

hyperkalemia

Nursing Interventions:

Monitor the patient's heart rate and rhythm Monitor the patient's potassium levels with a CBC every day

Medication: Famotidine

Route: Oral

Frequency: Twice Daily

Classification: H2 blocker

Dose: 20 mg

Date Ordered: 01/29/2020

Comments and Additional Medication Info:

This patient is on many different medications and this drug is used to help

Therapeutic Effect:

This patient will not develop an NSAID-induced ulcer.

protect the gastric mucosa from the development of an NSAID-induced ulcer.

Action:

Famotidine competitively inhibits the binding of histamine to H2-receptors on the gastric basolateral membrane of parietal cells, reducing basal and nocturnal gastric acid secretions. It may aid in gastromucosal healing, and it may protect the mucosa from the irritant effects caused by aspirin and nonsteroidal anti-inflammatory agents.

Side Effects or Adverse Reactions:

Constipation diarrhea dizziness headache

Recommended Dose Ranges:

10 to 20 mg per day

Contraindications:

GI bleeding geriatric infection renal failure

Life Threatening Considerations:

pregnancy

Nursing Interventions:

Monitor the patient for signs of gastric irritation or abdomen pain Monitor the patient for pain after eating or heartburn

Medication: Flucanazole

Route: Oral

Frequency: Daily

Comments and Additional Medication Info:

this patient has a fungal infection on his scrotum. this medication is used to treat that.

Action:

Fluconazole exerts its effect by altering the fungal cell membrane. It inhibits the growth of a fungal infection and helps to kill the cells.

Side Effects or Adverse Reactions:

headache abdominal pain rash vomiting

Recommended Dose Ranges:

100 mg PO per day

Classification: Azole antifungals

Dose: 100 mg

Date Ordered: 01/29/2020

Therapeutic Effect:

The fungal infection will go away as a result of taking the medication.

Contraindications:

electrolyte imbalance neonates renal failure driving or operating machinery

Life Threatening Considerations:

azole antifungals hypersensitivity

Nursing Interventions:

Monitor the patient for signs of fungal infection spread Ensure that the patient does not itch or scratch the site of fungal infection Monitor the patient for increased redness at the infection site.

Medication: Cephalexin Tablet

Route: Oral

Frequency: every 6 hours

Comments and Additional Medication Info:

This patient has the potential to develop an infection and this medication is designed to prevent an infection from developing.

Action:

Cephalexin, a beta-lactam antibiotic similar to penicillins, inhibits the third and final stage of bacterial cell wall synthesis by preferentially binding to specific penicillin-binding proteins (PBPs) that are located inside the bacterial cell wall.

Side Effects or Adverse Reactions:

diarrhea nausea thrombocytopenia urticaria

Recommended Dose Ranges:

500 mg PO every 6 hours or 12 hours

Classification: Cephalosporin

Dose: 500 mg

Date Ordered: 01/29/2020

Therapeutic Effect:

The patient will not develop a bacterial infection.

Contraindications:

coagulopathy renal failure GI disease diabetes mellitus

Life Threatening Considerations:

cephalosporin hypersensitivity

Nursing Interventions:

Monitor the patient for signs of a bacterial infection

Laboratory Tests (2)

Laboratory Test: Basic Metabolic Panel

Date of Test: 01/27/2020

Definition and Description:

--

Significance of the Test Being Ordered for this Patient:

--

Basic Metabolic Panel: Blood Urea Nitrogen (BUN)

Test Result: 15

Result Level: Within Normal Limits

Result Significance:

--

Basic Metabolic Panel: Calcium

Test Result: 9

Result Level: Within Normal Limits

Result Significance:

--

Basic Metabolic Panel: Chloride

Test Result: 99

Result Level: Within Normal Limits

Result Significance:

--

Basic Metabolic Panel: CO2

Test Result: 29

Result Level: Within Normal Limits

Result Significance:

--

Basic Metabolic Panel: Creatinine

Test Result: 0.94

Result Level: Within Normal Limits

Result Significance:

--

Basic Metabolic Panel: Glucose

Test Result: 133

Result Level: High

Result Significance:

This value is high due to the patient's diagnosis of type 2 diabetes.

Basic Metabolic Panel: Potassium

Test Result: 2.9

Result Level: Low

Result Significance:

Potassium is low due to his heart's irregular rhythm. Potassium has to do with heart contractility and his heart was beating faster than normal, leading to a depletion of calcium.

Basic Metabolic Panel: Sodium

Test Result: 136

Result Level: Within Normal Limits

Result Significance:

--

Laboratory Test: Complete Blood Count and Differential Count (CBC and Diff) **Date of Test:** 01/29/2020

Definition and Description:

--

Significance of the Test Being Ordered for this Patient:

--

CBC and Diff: Hgb

Test Result: 14.3

Result Level: Within Normal Limits

Result Significance:

--

CBC and Diff: Hct

Test Result: --

Result Level:

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: 7.06

Result Level: Within Normal Limits

Result Significance:

--

CBC and Diff (WBC): Neutrophils

Test Result: 7.12

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 Diff: Platelet Count

Test Result: 201

Result Level: Within Normal Limits

Result Significance:

--

CBC and Diff: MPV

Test Result: --

Result Level:

Result Significance:

--

CBC and Diff: RBC

Test Result: --

Result Level:

Result Significance:

--

Diagnostic Tests (1)

Diagnostic Test: Transesophageal Echocardiography

Date of Test: 01/29/2020

Definition and Description of the Test:

It is a diagnostic test that employs ultrasound waves to make images of the heart chambers, valves by treating a camera through the esophagus.

Significance of the Test Being Ordered for this Patient:

The test was ordered to see if there were any blood clots in the patient's heart to determine whether or not a cardioversion could be done to put the patient's heart back into sinus rhythm.

Significant Findings and Results:

The patient had no clots present so he got a cardioversion.

Clinical Grading:

Clinical Grade: S
 Remarks: Good job charting in this section.

Care Plan Details

Care Plan

Priority

-- **Nursing Diagnosis: Decreased cardiac output** Created By: M Mancini, SRN 01/30/2020 | 18:01

Status: Active Type: Actual

Related To

Altered heart rhythm

Evidenced By

ADDED-Decreased potassium
 Altered heart rate/rhythm

Expected Outcome	Measurement/Time Frame	Comments
Patient will remain free of side effects from the medications used to achieve adequate cardiac output.	By the end of shift	
ADDED-The patient will have a more regular heartbeat following his cardioversion.	By the end of shift	

Interventions	Rationale	Comments
Assessing pulse oximetry readings regularly	Ensuring that the patient's shortness of breath does not return	
Assessing the patient for chest pain or discomfort	To ensure the patient is not having a heart attack or stroke linked to his atrial fibrillation	
Assessing the patient for symptoms of heart failure and decreased cardiac output	To ensure that the patient's heart is still pumping enough blood and to prevent the death of tissue in his extremities	
Assessing the patient or referring the patient to case manager or social worker to evaluate the patient	He mentioned that he was living in a hotel and needed a more permanent place to stay. The nurse thought he might have been homeless so maybe a caseworker could help with his situation.	
Checking blood pressure, pulse, and condition before administering cardiac medications	This is to establish a baseline and to see if the medications are positively affecting the patient.	
Monitoring intake and output	To ensure that fluid overload does not occur	
Noting results of electrocardiography and chest radiography	The results would determine if the patient could receive the cardioversion.	

Care Plan Grading:

Care Plan Grade: S
 Remarks: Good, appropriate care plan for this patient.

Charting Details

System Assessments

Complete Physical Assessment - Head-to-Toe Created By: M Mancini, SRN 01/30/2020 | 10:20

Complete Physical Assessment - Head-to-Toe

Plan: For this patient, the plan was to monitor his heart rate and monitor for any signs of problems before having the cardioversion. Following the cardioversion, the goal was to monitor for any signs of the Atrial Fibrillation rhythm returning. I also had to ensure that the patient was not eating or drinking before the exam because he was NPO.

Other: He was in the hospital to have a transesophageal echocardiograph to see if there were any blood clots in his heart, and if there were not, they would proceed to do a cardioversion to "shock" his heart back to regular sinus rhythm.

Neurologic: This patient has a history of bipolar disorder as well as PTSD. The patient was alert, awake, and oriented x 3. He would get somewhat confused and would ask to hear questions again, but would answer the question after hearing it again.

Musculoskeletal: The patient had a strong grip and was able to maneuver in himself. He would walk around with little to no assistance.

Abdomen:	<p>No strain or pain present with movement.</p> <p>Used a rolling walker to help walk to the restroom.</p> <p>He had bowel sounds in all 4 quadrants.</p> <p>He was having regular bowel movements.</p> <p>He was administered a laxative to help make stool easier to pass.</p> <p>He had 1 loose bowel movement during this clinical.</p> <p>He was NPO but following the exam and cardioversion, he was placed on a heart-healthy diet. He seemed to be tolerating his diet well.</p>
Peripheral vascular:	<p>Capillary refill was less than 3 seconds in his toes.</p> <p>He had pedal pulses present in both feet and they were 3+.</p> <p>Skin turgor was less than 2 seconds.</p>
Cardiovascular:	<p>Pulse was strong and not thready.</p> <p>Heart sounds were strong and easily distinguishable.</p> <p>Abnormal heart rhythm was present.</p> <p>Atrial fibrillation was making his heart rate irregular and higher than normal (in the 120's resting).</p>
Respiratory:	<p>Breath sounds were clear and not diminished.</p> <p>Breaths were easy to see as he breathed in and out.</p> <p>The chest wall was normally shaped and symmetric.</p> <p>The respiratory rate was 18.</p> <p>When asked about previous difficulty breathing patient stated that he was "feeling much better" and that it was "easier to breathe" now.</p> <p>Nonproductive cough, but it was very infrequently heard.</p>
Ears/nose/throat:	<p>The patient had no signs of rhinitis or mucous.</p> <p>The patient's tongue was normal-sized, making speech non-garbled, but he was a very quiet speaker, often having to repeat himself multiple times for me to be able to hear and understand him.</p>
Head/neck:	<p>The patient had no diminished hearing.</p> <p>Head appeared normocephalic with no trauma present.</p> <p>The patient's neck veins were not distended and he was able to hold his head upright without difficulty.</p>
Integumentary:	<p>The patient's skin was warm and the capillary refill was within normal limits.</p> <p>The patient's skin color was appropriate for race and ethnicity.</p> <p>The patient has a rash on his scrotum with redness and itchiness.</p> <p>Edema present in lower extremities.</p>
General:	<p>This patient was admitted to have a for having shortness of breath. Upon further examination and testing, it was determined that the patient's heart rhythm was abnormal. He was experiencing atrial fibrillation. He also was diagnosed with congestive heart failure.</p>

System Nursing Interventions

Cardiovascular/Peripheral Vascular Interventions

Created By: M Mancini, SRN 01/30/2020 | 10:32

Cardiovascular/Peripheral Vascular Care Notes

The patient's heart was monitored using telemetry and peripheral pulses were checked to ensure that the was circulating enough blood into his lower extremities as they did have edema present. telemetry was used to monitor the status of his abnormal heart rhythm and he was monitored after the cardioversion to ensure that his heart rhythm was not returning to atrial fibrillation.

Cardiovascular Care

Telemetry monitoring
 Cardiac monitor
 Rest encouraged
 Semi-Fowler position

Genitourinary Interventions

Created By: M Mancini, SRN 01/30/2020 | 10:35

Genitourinary Care Notes

The urinal was provided as the patient was on strict intake and output restrictions. The fluid amount was recorded by the nurse to ensure that the diuretics given were fulling off some of the excess fluid in his lower extremities.

Urinary System Care

24 hour urine initiated (document day and time)

Integumentary Interventions

Created By: M Mancini, SRN 01/30/2020 | 10:39

Integumentary Care Notes

The patient's rash on his scrotum was assessed and Nystatin powder was applied to reduce the redness and spread of the rash. The medication was applied 3 times a day to reduce fungal infection. A thorough skin assessment was also done to ensure that the patient was not creating a pressure wound on his body.

Skin Care

Skin kept clean and dry of urine, feces, body moisture

Vital Signs

Chart Time	Temperature (F)	Respirations (Resp/min)	Pulse (Beats/min)	Blood Pressure (mmHg)	Oxygenation	Notes	Entry By
01/30/2020 10:42	98.2 Site: Oral	18	127 Site: Monitor	134/94 Site: Left arm Position: Lying	Saturation: 99% Site: Digital probe, finger Room Air	Blood glucose was 128 and no insulin was provided. Pulse was extremely inconsistent due to the atrial fibrillation.	M Mancini, SRN
01/30/2020 10:43	97.4 Site: Oral	18	110 Site: Monitor	114/80 Site: Left arm Position: Lying	Saturation: 98% Site: Digital probe, finger Room Air	Blood glucose was 105 so no insulin was provided.	M Mancini, SRN

Intake/Output**Intake**

Chart Time	Type	Description	Amount	Notes	Entry By
01/30/2020 10:45	Oral Intake	PO fluids	240 mL	The nurse was taking his I's and O's due to him being on such a strict fluid restriction. The values I put in are estimated. He filled 3 urinals about halfway with urine. He drank all of his water with his medications and then drank more water at lunch.	M Mancini, SRN
01/30/2020 10:45	Meals	Lunch	100%	The nurse was taking his I's and O's due to him being on such a strict fluid restriction. The values I put in are estimated. He filled 3 urinals about halfway with urine. He drank all of his water with his medications and then drank more water at lunch.	M Mancini, SRN

Output

Chart Time	Type	Description	Amount	Notes	Entry By
01/30/2020 10:45	Volume	Urine void	600 mL	The nurse was taking his I's and O's due to him being on such a strict fluid restriction. The values I put in are estimated. He filled 3	M Mancini, SRN

urinals about halfway with urine. He drank all of his water with his medications and then drank more water at lunch.

Height/Weight

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

Blood Glucose

Chart Time	Glucose Reading	Nursing Actions	Time since last meal	Notes	Entry By
01/30/2020 10:47	128 mg/dL	Will monitor patient	More than 6 hours		M Mancini, SRN
01/30/2020 10:48	105 mg/dL	Will monitor patient	More than 6 hours		M Mancini, SRN

General Orders

Code Status	Created By: M Mancini, SRN 01/29/2020 00:00
Status: Active Intervention: Full code	

Nutrition

Special Diet: Heart Healthy	Created By: M Mancini, SRN 01/29/2020 00:00
Status: Active Order Start Date: 01/29/2020 00:00 Diet Type: Special Diet: Heart Healthy Consistency: Normal	

Patient Card

Order Date/Time	Description	Category	Status	Last Performed	Discontinued By	Entry By
01/29/2020 00:00	Full code	Code Status	Active	--	----	M Mancini, SRN 01/29/2020 00:00
01/29/2020 00:00	Normal	Special Diet: Heart Healthy	Active	--	----	M Mancini, SRN 01/29/2020 00:00
01/30/2020 18:01	-Decreased cardiac output	Care Plan	Active	--	----	M Mancini, SRN 01/30/2020 18:01

Charting Grading:

Charting Grade: S
Remarks: Great job charting the head-to-toe assessment for your patient.

Competencies

No competencies entered.
Remarks:

Overall Grading:

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

Remarks: Overall excellent job charting this week. You did an excellent job in clinical.

Copyright © 2020 [Elsevier](#) Inc. All Rights Reserved.

[Privacy Policy](#)

Cookies are used by this site. To decline or learn more, visit our [Cookies page](#)