**Your student number:**

**CNA255 AT2 Scenario: Mr Clive Jenkins**

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| ***Interpret:****In the following table,* ***list*** *the data that you consider to be normal/abnormal (not included in word count)* |
| Normal (Subjective & Objective) | Abnormal (Subjective & Objective) |
| * BGL was in the normal range,
* Temperature (afebrile)
* No fever, cough, chills and wheezing
* No chest pain
 | * Heart rate = 112bpm
* Respiration rate 24
* Blood pressure 150/90
* O2 saturation is 94% on 2 L nasal sponge
* GCS: 14confused
* Peripheral pulses of the patient were difficult to palpate, which shows pitting edema bilaterally,
* Rash on the left leg,
* Increase weight of the patient
* Passes urine in a bottle,
* The abdomen was non tender and soft,
* Bowel sounds were present and visible
* Raised JVP.
* Not taken his medicines
* Fatigue
* Shortness of breath
 |
| ***Relate & Infer (450 words):***  |
| The patient is 78 years old retired navy engineer presenting to the emergency department with shortness of breath. One week before he was referred by his GP due to his weight gain of 4kg. He had a previous history of congestive heart failure. Two years back he had severe myocardial infarction that requires hospitalization. His current medications include regularly taking Ramipril 2.5mg, Spironolactone 25mg which seems to manage his symptoms. Previous hospital admission was due to the negligence of taking these medicines. In this case, fluid overload is seen which shows that excess fluid, such as salt and water is built up in the body and due to this reason patient has gained weight and swelling in the legs. Although fluid overload occurs because of many other reasons such as nephrotic syndrome, liver damage and kidney failure (Moore, Hsu, & Liu, 2018). Here, in this case, a patient has already a history of CCF, there is more chance that he is volume overloaded. In a CCF fluid is usually build up in the body which leads to the symptoms of weight gain, shortness of breath and swollen ankles and feet. In case where heart is not functioning normal, less blood is pumped to the kidneys which cause the retention of fluid and leads to swollen legs and abdomen. This also causes an increase need to urinate at night. But to rule out this diagnosis an ECG is conducted to know whether the patient has congestive heart failure or not (Meystre et al., 2016). The patient has gain 4 kg in just one week and it is probably due to fluid and he can have congestive heart failure. When the patient was examined pitting edema was present and this also indicates a CCF. Although on the basis of just pitting edema we can't say that it is due to heart failure. Thejugular venous pressure is also conducted to check the volume status of the patient. In the case where a patient is fluid-overloaded then the pressure on the right heart increases and fluid then goes back to the jugular vein which can cause jugular venous distention. In this case, JVP was found to be raised and visible which also lead to a diagnosis of CCF. The patient heart rate was 110 beats/minute and respiratory rate was 24 breaths/minute. He had an oxygen saturation of 94% and swelling on legs. Rash was also seen which may be due to cellulitis. The patient was taking spironolactone. This drug is prescribed to treat fluid retention in people with CCF and helps the patient to get rid of excess water by increasing urine. Patient was also taking rampipril. This drug works by relaxing the blood vessels. This, in turn, reduces blood pressure and also increases the blood supply and oxygen to the heart. A patient was also suffering from dementia he has missed his doses. This infers that due to not taking medicine patient suffers from edema and a sudden increase in weight gain. |
| ***Predict (100 words):***  |
| Initially, it is predicted that all these symptoms are due to not taking medicine. Immediately patient should be prescribed with furosemide until the edema subsides. Furosemide is a strong diuretic which helps the patient to get rid of excess water by increasing urine. Ramipril should also be given to the patient as it works by relaxing the blood vessels. This will reduces blood pressure and increases the blood supply and oxygen to the heart (Afari, Aoun, Khare, & Tsao, 2019). ECG should be carried out to assess the heart rate and rhythm (Matsue et al., 2017). This will help to detect heart disease, an enlarged and abnormal heart, heart attack and abnormal heart rhythms that may cause heart failure. |
| ***Develop, Articulate and Prioritise Nursing diagnoses*** *– at least 3 (not included in word count)* |
| Fluid retention /peripheral oedemaCongestive cardiac failureInfection |
| ***Goals, Actions and Evaluation*** *2 highest priority diagnoses only* ***(450 words)*** |
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| Diagnosis 1 | Desired outcome/s | Related actions | Rationale | Evaluate outcomes |
| Fluid retention /peripheral oedema  | * The patient will recover fluid balance, which will be evident from weight loss, normal vital signs and decrease swelling of legs
* Activity level of person will increase
* The patient will recover from oedema after giving diuretic
* There will be no shortness of breath
* Weight of the patient will be reduced.
* During the patient stay in hospital, he will be free of infection.
 | * Furosemide will be prescribed
* Amoxicillin will be added so that if it is due to infection then it can go away
* Head of the patient will be elevated at an angle of 30 to 40 degrees by using pillows
* Breath sound and vital signs will be accessed after every few hours.
 | Fluid monitoring will be done that is due to oedema. Patients will reduce the weight that occurs due to oedema. The quality of life of patient will improve. Diuretics will help in maintaining the fluid balance (Ter Maaten et al., 2015). Early intervention and proper intake of medicine will help to prevent undesirable outcomes (Opsha & Kane, 2018). | * Pitting edema will be checked if edema goes away then it will show that the patient has recovered
* Weight of the patient will be checked. If weight goes back to normal then it shows that patient symptoms have been improved.
* Skin becomes intact
 |
| Diagnosis 2 | Desired outcome/s | Related actions | Rationale | Evaluate outcomes |
| Congestive heart failure  | * Vital signs in the normal range
* Shortness of breath will be decrease
* Loss of excess fluid will occur which will be demonstrated by weight loss
* Decreases in, jugular venous distention will be seen
* The activity of the patient will improve
* An adequate cardiac output that will be demonstrated by normal pulse rate and blood pressure.
 | * Heart rhythm will be monitored by dong ECG
* The respiratory function will be accessed by listening to breathing sounds and by monitoring O2 saturation.
* Shortness of breath can be caused by the backflow of fluid to the lungs. Therefore the patient will not be allowed to lie straight
* A diuretic such as furosemide will be administered to the patient
* Weight of the patient will be checked. A gain of 1 kg weight is equivalent to 1 L of fluid.
* Pitting oedema will be measured
* Effects of prescribed diuretics will be monitored
* Heart sounds will be noted
* Blood pressure of the patient will be monitored
* Urine output will be monitored.
* The patient will be taught about the disease pathophysiology
 | The patient will be managed to decrease the likelihood of progression of the disease and to lessen the symptoms such as decreases in jugular venous distention, inadequate respiration and heart rate to improve the patient quality of life (Daamen et al., 2016).  | * The patient will lose weight that was gain due to edema
* The vital sign will improve
* Heart rate will be normal
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| ***Reference list:*** |
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