
iHUMAN: Michael Granger

S: Michael Granger 69 y.o M with c/o 8 lb weight gain x 1 day , SOB x 2 days, and BLE edema from Cardiologist office. 5'9", 178 lbs. NKA. Full Code. V.S.S q4hr. Dx: Heart failure exacerbation. Weigh qAM. 2 liter fluid restriction. Strict I/O. SCD to BLE in bed. Hx: CAD, Hyperlipidemia, HTN, MI x 3 years ago, stage II right-sided heart failure dx x 1 year ago.

B: PMH: Stage II Right-Sided heart failure dx 1 year ago, CAD, Hyperlipidemia, HTN, MI x 3 years ago.

Current Medications: Asa 81 mg po daily, fish oil 2400 mg po daily, hydralazine 100 mg po tid, metoprolol 25 mg po bid, simvastatin 40 mg po qPM, spironolactone 25 mg po qAM, valsartan 40 mg po bid.

Social Hx: Lives with spouse. Married. Retired. Drinks occasionally. Current everyday 1 ppd smoker. Denies substance abuse. No exercise and noncompliant with low Na diet.

A: VS: BP: 128/72, HR 84, RR 24, T 98.8, SPo2: 90%.

HEENT: Normal examination of head, eyes, ears, nose, and throat

Respiratory: Respirations unlabored, coarse crackles heard in bases posterior/anterior, no cyanosis.

Cardiovascular: Regular rate & rhythm. s3 heart sounds auscultated at 5th intercostal space, left midclavicular line. cap <3 seconds. Pulse equal in all 4 extremities. BLE edema 2+ pitting edema.

Neurological: a/ox4, speech, motor, and sensation appropriate for pt.CN II-XII: intact. NO gait abnormalities.

GI: soft non-tender. Active bowel sounds in all quadrants.

Musculoskeletal: Full ROM to all extremities. Muscle strength normal.

Skin: Clean dry and intact

Labs: BNP 5.1, CXR: Showed pulmonary edema and cardiomegaly.

R: Correct fluid imbalance with IV Lasix, Strict I/O, Fluid restriction, CXR.

Heart failure: Transthoracic echocardiogram, CBC, BMP, BNP, Continue Current medication regimen, patient education on smoking cessation.

Pt placed on O2 via NC at 2L, elevated BLE extremities, cardiac monitoring via telemetry, strict I/O of urine output, and placed HOB at high fowler's.

2. Two priority teaching items for Mr. Granger are smoking cessation and adherence to strict low sodium diet.

Cigarette smoking duplicates a person's risk of acquiring coronary heart disease, leading to a heart attack. Smoking is the foremost preventable cause of death. Smoking puts a lot of extra stress on the heart and can lead to permanent damage. Smoking causes atherosclerosis, a buildup of fat on arteries. These blocked arteries make it difficult for the heart to pump blood, and this excess strain weakens and damages the heart muscle. It also increases your blood pressure and heart rate, increasing the work the heart must do. Quitting smoking can quickly decrease the risk. If smoking is sustained, the heart damage will worsen. With heart failure, the heart cannot pump the right amount of blood throughout the body, which leads to excess fluids in the lungs, feet, and elsewhere. Heart failure can be treated with lifestyle changes. There is no safe amount of smoking; one puff has an accelerated impact on every part of your body, especially the heart.

To quit smoking, try nicotine replacement therapy: prescription in a nasal spray/inhaler, over-the-counter patches, gums, and lozenges. Avoid triggers that would urge tobacco use, such as feeling stressed, parties. If you get a desire for a cigarette, tell yourself to wait 10 minutes and distract yourself until the urge has passed. Chew on sugarless gum, hard candy, or celery to keep your mouth busy to fight cravings. You can't have just one if you will probably be more inclined to follow it with two, three, and four more. Utilize family members, friends, or a support group. Resources: 1-800-QUIT-NOW, Quit Smoking For Good Pamphlet from AHA.

Decreasing salt in your food is essential. If you overeat salt or drink too much liquid, your body's water content may rise and make your heart work harder. This can worsen your heart failure; nevertheless, following a diet will reduce some of the symptoms. If you desire salt, you can learn to like foods that are lower in salt, and your taste buds will adjust over time. Eliminating salt can draw out flavors that may have been hidden. Choose lots of fresh fruits and vegetables since they hold a small amount of salt. Choose foods low in salt, such as fresh meats, poultry, fish, eggs, milk, and yogurt. Plain rice, pasta, and oatmeal are healthy low-sodium choices—season with herbs and spices but dodge mixtures that contain salt or sodium. You can use lemon juice or fresh ground pepper and also try salt-free blends. Be aware and read food labels on packaged food and try to pick items with three hundred and fifty milligrams or less. If eating out, remove the salt shaker from table.



NR305 Week 3 iHuman Nurse Notes Template

Name:

1. Write an SBAR note

S – Michael Granger 69 y.o. Male who came to the cardiologist's clinic with c/o 8 lb weight gain twice, SOB twice, and BLE edema. 5'9", 178 lbs. NKA. Total Code. V.S.S q4hr. Dx: Exacerbation of heart failure. Weigh qAM. fluid restriction of 2 litres. In bed, SCD to BLE, strict I/O. Hx: stage II right-sided heart failure diagnosed one year ago; CAD; hyperlipidemia; hypertension; MI three years ago.

B – PMH: MI x 3 years ago, CAD, hyperlipidemia, HTN, Stage II Right-Sided Heart Failure diagnosed 1 year ago.

Currently Taking: Aspirin (81 mg/day), fish oil (2.4 g/day), hydralazine (100 mg/day), metoprolol (25 mg/day), simvastatin (40 mg/day), spironolactone (25 mg/day), and valsartan (40 mg/day) are all prescribed.

Psych Hx: cohabits with a spouse. Married. Retired. occasionally drinks. presently a daily 1 ppd smoker. denies abusing drugs. No exercise and a diet high in sodium are not followed.

A – VS: 128/72 BP, 84/24 HR, RR, T98.8, and 90% SPO₂.

HEENT: Head, Eyes, Ears, Nose, and Throat Examination

Respiratory: There is no cyanosis, unlabored breathing, and coarse crackles in the posterior/anterior bases.

Rhythmic and regular heartbeat. S3 heart sounds were audible near the left midclavicular line, fifth intercostal space. 3 seconds maximum. equal pulse in all four extremities.

pitting edema in BLE 2+.

Neurologically appropriate verbal, movement, and sensory for the patient; a/ox4.CN II–XII: unbroken. NO anomalies in gait.

GI: non-tender and soft. There are bowel movements in each quadrant.

Musculoskeletal: Full range of motion in each extremity. Normal muscle strength.

Skin: Scrubbed, undamaged, and dry

Labs: BNP 5.1, CXR revealed cardiomegaly and pulmonary edema.

R – All hypertension patients should visit their doctor on a frequent basis to monitor their blood pressure and make sure their medicine is working.

Problem Statement

The patient, a 57-year-old man, has a history of hypertension as well as a family history of the condition and its complications. His physical examination is notable for his high blood pressure, lateralized PMI, and A-V nicking results.

2. Describe two priority teaching topics for Mr. Granger's discharge plan.



- a) Smoking increases a person's risk of developing coronary heart disease, which can result in a heart attack. The primary preventable cause of death is smoking. Smoking significantly increases the strain on the heart and can cause lifelong harm. (Roger, 2021). Atherosclerosis, a buildup of fatty arteries, is brought on by smoking. The heart must work harder to pump blood because of the clogged arteries, and this added stress weakens and harms the heart muscle. Additionally, it raises your heart rate and blood pressure, putting more strain on your heart. The risk can be quickly reduced by giving up smoking. Smoking continues to increase the damage to the heart. Because the heart cannot adequately circulate blood throughout the body, there is an abundance of fluid in the lungs, foot, and other areas. Lifestyle modifications can be used to cure heart failure. There is no safe level of smoking; even one puff accelerates the effects of smoking on your entire body, especially the heart.
 - b) Try nicotine replacement treatment, such as over-the-counter patches, gum, and lozenges, as well as prescription nasal sprays and inhalers, if you want to stop smoking. Avoid situations like parties and stressful feelings that could act as smoking triggers. When you feel the want to smoke, tell yourself to put it off for 10 minutes and find something else to do. Keep your mouth occupied by chewing on hard candies, celery, or sugar-free gum to ward off cravings. One is not enough because you will likely want to consume two, three, and four more afterward. Make use of your family, friends, or a support group. Resources include 1-800-QUIT-NOW and Stop Smoking Forever leaflet from the AHA. Using less salt in your food is crucial. Your body's water content may increase if you consume too much salt or drink too much liquid, which will make your heart work harder. This could make your heart failure worse, but eating right will help with some of the symptoms. If you crave salt, you can gradually train your taste buds to enjoy meals that are lower in salt by learning to like them. Salt can mask flavours, therefore removing it might bring them out. Since fresh fruits and vegetables only contain a little amount of salt, choose a lot of them. Pick salt-free foods like yoghurt, milk, eggs, fresh meats, poultry, and fish. Plain rice, spaghetti, and muesli are nutritious low-sodium options; season with herbs and spices rather than salty or sodium-containing concoctions. You can use lemon juice, freshly ground pepper, and salt-free blends, among other things. Be mindful, check the food labels on packaged foods, and try to choose goods with 350 milligrams or less of sodium. Remove the salt shaker off the table if you are dining out.
3. **what findings in your iHuman assessment** led you select these discharge teaching topics?

The discharge teaching topics were based on the following findings: Heart failure: What is it? What symptoms and indicators are present in heart failure? What are the heart



failure risk factors? What side effects might heart failure cause? How to control heart failure by lifestyle modifications. How to take drugs for heart failure. When should someone with heart failure seek medical help? In general, heart failure, a chronic disorder in which the heart muscle is weak and unable to pump blood as effectively as it should, affects the patient. Numerous symptoms, such as shortness of breath, exhaustion, and swelling in the legs and feet, may result from this. Although heart failure is a serious condition, it is treatable with medication and a change in lifestyle.

4. In a one paragraph response, discuss in detail **how** you would teach this information to Mr. Granger. Describe any teaching tools or resources you would provide. Utilize the optional assigned readings, course lessons, or an outside scholarly source of your choice to support your thoughts and ideas.

I would employ a number of instructional strategies and materials to instruct Mr. Granger about his heart failure. I would begin by evaluating his knowledge of heart failure and his learning preferences. I could then adjust my instruction to his particular needs thanks to this. Using a heart diagram or model is one technique to explain heart failure to Mr. Granger. He would gain a better understanding of the heart's physiology and architecture as well as how heart failure affects the heart's ability to pump blood (Groenewegen et al., 2020). I'd also like to take this time to discuss heart failure's warning signs and symptoms, risk factors, and complications. Using a patient education manual or handout is another option to educate Mr. Granger on heart failure. He would then have a documented resource at his disposal for further use. I would also advise him to express any worries he may have and to ask questions. Mr. Granger would learn how to manage his illness from me in addition to receiving information about heart failure (Jenča et al., 2021). This would entail educating him on the value of lifestyle adjustments like maintaining a nutritious diet, getting regular exercise, and controlling your weight. He would learn about the various heart failure meds and how to take them properly from me as well.



References

Groenewegen, A., Rutten, F. H., Mosterd, A., & Hoes, A. W. (2020). Epidemiology of heart failure. *European journal of heart failure*, 22(8), 1342-1356.

Jenča, D., Melenovský, V., Stehlik, J., Staněk, V., Kettner, J., Kautzner, J., ... & Wohlfahrt, P. (2021). Heart failure after myocardial infarction: incidence and predictors. *ESC heart failure*, 8(1), 222-237.

Roger, V. L. (2021). Epidemiology of heart failure: a contemporary perspective. *Circulation research*, 128(10), 1421-1434.