Sallie Mae Paper

Purple Group

Grand Canyon University: Pathophysiology and Nursing Management of Clients’ Health

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 Sallie Mae Fisher has been recently hospitalized for congestive heart failure exacerbation. Sallie Mae still continues to be at declining health. Instead of fluid overload, she is experiencing fluid volume deficit. She has lost 14lbs in the last week. The home health RN reported poor skin turgor, tenting of the skin, and hypoactive bowel sounds. She reports that she feels sick to her stomach and feels lonely ever since her husband passed away this year. The nurse noticed Sallie Mae almost slipped on a loose rug in the hallway and had an unsteady gait during ambulation. Her respiratory rate is 24 and she does not have the home oxygen that was supposed to be utilized after discharge. Her daughter works a full time job and has been late in getting her medication refilled. Sallie Mae is dehydrated, not consuming enough calories, and is not able to manage her medications well. Sallie Mae is at an increased risk for falls from her polypharmacy and hypotension.

Sallie Mae has a history of atrial fibrillation, hypertension, and congestive heart failure and is taking Calan, Digoxin, Lasix, Nitroglycerin, vasotec, and minipress. All of these medications can decrease blood pressure and increases her risk for falling. According to Sirkin & Rosner (2009), “diuretics account for 16% of preventable drug-related admissions to hospital, which includes falls.” The article further explores target blood pressure for the elderly patient. Sallie May has a blood pressure of 90/56 and a heart rate of 58. According to Sirkin & Rosner (2009), researchers suggest that BP be lowered at a slow rate and lowering BP under 140 in patients older than 74 years old may be unsafe. They also mention patients with heart failure may need their BP lower than this.

 Sallie Mae has had a weight loss of over 14lbs in one week. She has imbalanced nutrition and needs to get help immediately. She has poor skin turgor, tenting, and dry mucous membranes. She may need to go to the hospital and get IV fluids. The patient said she cannot even open up a can of food. She is not safe to live by herself if she cannot eat or drink enough to stay healthy. The RN should provide food and fluids for the patient and see if she can eat or drink. The lack of eating and drinking could be related to her recent loss of her spouse. The lack of consuming food and fluids and taking several blood pressure medications is a dangerous combination for Sallie Mae. Her Lasix and other Blood pressure medications should not be given if her Blood pressure is only 90/56. According to Gulanik (2011), the RN should assess and document intake and output. Sallie Mae should be assessed for altered mental status because dehydration can cause confusion. Monitoring her vital signs is important because dehydrated patients can have decreased blood pressure and increased heart rate.

 APA dictates that you should avoid having only one subsection heading and subsection within a section. In other words, use at least two subheadings under a main heading, or do not use any at all.

When you are ready to write, and after having read these instructions completely, you can delete these directions and start typing. The formatting should stay the same. However, one item that you will have to change is the page header, which is placed at the top of each page along with the page number. The words included in the page header should be reflective of the title of your paper, so that if the pages are intermixed with other papers they will be identifiable. When using Word 2003, double click on the words in the page header. This should enable you to edit the words. You should not have to edit the page numbers.

References

Gulanick, Myers. (2011). Nursing Care Plans, 7th Edition. [Pageburstl]. Retrieved from <https://pageburstls.elsevier.com/#/books/978-0-323-06537-5/>

 Sirkin, A., & Rosner, N. (2009). Hypertensive management in the elderly patient at risk for falls. *Journal Of The American Academy Of Nurse Practitioners*, *21*(7), 402-408. doi:10.1111/j.1745-7599.2009.00418.x