# Nursing diagnosis for high cholesterol nanda

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Asked by a Wiki user What is the time signature of the song Atin Cu Pung Singsing? Asked by Wiki User Ano ang katangian ng salawikain? Asked by Wiki User Top for answers from doctors based on the search: We ask visitors to our website for permission to use cookies by HealthTap to continue our website. We use cookies to improve your experience on the site and for analytical purposes. This nursing care plan includes a diagnosis and care plan for nurses with nursing interventions and results for conditions: Unbalanced nutrition: More than body requirements What are nursing care plans? How do I develop a nursing care plan? What nursing care plan do you recommend in helping you develop a nursing care plan? This care plan is listed to give an example of how a nurse (LPN or RN) can plan to treat a patient with these conditions. Important Disclosure: Please note that these care plans are listed only for example/educational purposes, and some of these treatments may change over time. Not but the patient on the basis of this care plan. Care plans are often developed in different formats. Formatting is not always important, and the formatting of your care plan may vary depending on your nursing school or medical work. Some hospitals may have information displayed in digital format or use pre-made templates. The most important part of the care plan is content, because it is the basis on which you will base your care. Nursing care plan for: Unbalanced nutrition: More than body requirements if you want video tutorial on how to construct a nursing school care plan, please watch the video below. Otherwise, scroll down to see this completed care plan. A 23-year-old man is admitted to the unit for treatment. The patient is pleasant. History Pt includes type 2 diabetes, hypertension and high cholesterol. Pt had a cholecystectomy last year and appendicitis at the age of 11. Tthe Tthe is 5'8 and weighs 295 pounds. Pt BMI is 44.8. He has trouble walking and requires a bariatric wheelchair to move around. The patient reports that he has little desire for exercise and has not actually physically performed since he was 8. He says he's always been big and kids use it to tease him, and he quit school while playing. He claims to have coped with the food. It states that you can 2 whole pizza by yourself along with 2 liters of coke and still be hungry. He states that he knows that he eats too much food, but can't quit. In history you have a patient to list what a typical daily meal is for him and according to what the patient eats every day his calorie intake exceeds more than 6000 calories. Unbalanced nutrition: More than the body's requirements for sedative activity patterns as evidence of a weight of 10% over ideal height and frame, it reports unwanted eating patterns and sedentary activity patterns. The patient reports that he has little desire for exercise and has not actually physically performed since he was 8. He says he's always been big and kids use it to tease him, and he quit school while playing. He claims to have coped with the food. It states that you can 2 whole pizza by yourself along with 2 liters of coke and still be hungry. He states that he knows that he eats too much food, but can't quit. A 23-year-old man is admitted to the unit for treatment. The patient is pleasant. History Pt includes type 2 diabetes, hypertension and high cholesterol. Pt had a cholecystectomy last year and appendicitis at the age of 11. The patient is 5 '8 and weighs 295 lb. Pt BMI is 44.8. He has trouble walking and requires a wheelchair to move around. In history you have a patient to list what a typical daily meal is for him and according to what the patient eats every day his calorie intake exceeds more than 6000 calories. -The patient will find that he is overweight and is equally at risk for many health problems if he does not lose weight.-Pt will develop a daily food plan menu based on a daily calorie intake of 2500 calories.-Pt will develop an exercise system to complete daily.-Pt will verbalize support groups can participate in helping with weight loss. -The nurse will educate the patient about the health problems that he can develop if he does not lose weight.-The nurse will assess patients' understanding of his weight condition.-The nurse will provide the patient with the necessary tools to help him develop a food plan menu that includes 2,500 calories per day. -The nurse will educate the patient on how to develop an exercise system. -The nurse will provide you with brochures of local weight loss support groups in which you can participate. Your nursing care planning guide, which includes 6 nursing diagnoses for hypertension (HTN). Get acquainted with the common nursing diagnosis evaluation, nursing interventions and justification, including objectives. What is hypertension? Hypertension is a term used to describe high blood pressure. Hypertension is repeatedly elevated blood pressure exceeding 140 over 90 mmHg. It is classified as primary or significant (about 90% of all cases) or secondary, which occurs as a result of an identifiable, sometimes correctable pathological condition, such as kidney disease or primary aldosteronism. The American College of Cardiology and the American Heart Association have published new guidelines (starting in 2018) and ways to categorize blood pressure. Normal: less than 120/80 mmHg; Elevated: systolic between 120-129 and diastolic less than 80; Stage 1: Systolic between 130-139 and diastolic 80-89 Stage 2: Systolic 140 or higher and diastolic at 90 or higher. Hypertensive crisis: Above 180 for systolic and diastolic higher than 120. Nursing plans Planning nursing care for hypertension includes focusing on lowering or controlling blood pressure, following a therapeutic regimen, lifestyle modifications and preventing complications. Here are six (6) nursing diagnoses for hypertensive nursing plans: Back1 - Risk of reduced heart performance2 - Activity intolerance3 - Acute Pain4 - Ineffective Coping5 - Unbalanced nutrition: More than body requirements6 - Deficiency of Knowledge 7 - Other diagnoses nursingNaxtBlood is a product of cardiac output multiplied by peripheral resistance. Hypertension may be due to an increase in cardiac capacity (heart rate multiplied by stroke volume), increased peripheral resistance or both. Risk of nursing diagnosis for reduced risk factor of cardiac output The following are common factors associated with the nursing diagnosis of decreased cardiac output secondary to hypertension: Increased resistance of blood vessels, constricting myocardial ischemia ventricular hypertrophy / stiffness possibly indicates not applicable. The existence of symptoms and symptoms establishes an actual nursing diagnosis. The desired results below are common expected results for reducing the performance of the heart secondary to hypertension: the patient will participate in activities that reduce bp / heart load. The patient will maintain BP to an individually acceptable extent. The patient will demonstrate a stable heart rhythm and speed within the normal range of the patient. The patient will participate in activities that will prevent stress (stress management, sustainable activities and rest plan). Nursing interventions and justification Here is the nursing assessment and interventions for this nursing diagnosis for hypertension. Nursing Interventions Justification Nursing Assessment Review as mentioned in related factors, as well as people with conditions that emphasize the heart. People with acute or chronic diseases can threaten circulation and put excessive demands on the heart. Check Check (heart markers, total blood cell count, electrolytes, ABG, nitrogen and creatinine urea in the blood and creatinine, heart enzymes and cultures such as blood, wounds or secretions). To identify contributing factors monitor and bp record. Measure in both arms and thighs three times, 3-5 min apart when the patient is at rest and then sitting and then standing for initial evaluation. Use the correct cuff size and exact technique. Comparing pressure provides a more complete picture of vascular involvement or the extent of the problem. Severe hypertension is classified in an adult as raising diastolic pressure to 110 mmHg; progressive diastolic readings above 120 mmHg are considered to be first accelerated and then malicious (very heavy). Systolic hypertension is also an established risk factor for cerebrovascular disease and heart anemia disease when diastolic pressure is elevated. See updated guidelines for the classification of hypertension above. Attention presence, the quality of central and peripheral impulses. Limited cervical, cervical, radial, and femoral impulses can be observed and palpated. Impulses in the legs and feet can be reduced, reflecting the effect of narrowing of blood vessels (increased systemic vascular resistance [SVR]) and venous hyperemia. Auscultate heart sounds and breathing sounds. S4 heart tone is common in patients with severe hypertension due to the presence of atrial hypertrophy (increased atrial volume and pressure). The development of S3 indicates ventricular hypertrophy and impaired functioning. The presence of glitches, wheezing may indicate pulmonary hyperemia secondary to developing or chronic heart failure. Observe skin color, moisture, temperature and capillary filling time. The presence of pallor; cool, moist skin; and delayed capillary replenishment time may be caused by peripheral vasodilation or reflect cardiac decompensation and reduced efficiency. Dependent attention and general swelling. May indicate heart failure, kidney or vascular dysfunction. Evaluate customer reports or evidence of extreme fatigue, intolerance to activity, sudden or progressive weight gain, swelling of the extremities, and progressive shortness of breath. To assess the symptoms of poor ventricular function or impending heart failure. Therapeutic interventions Provide a calm, peaceful environment, minimize environmental activity and noise. Limit the number of visitors and the length of stay. Helps reduce sympathetic stimulation; promotes relaxation. Maintain restrictions on activity (lying or supporting the chair); a schedule of uninterrupted rest periods; help the patient with self-care activities. Reduces physical stress and tension, which affect blood pressure and Hypertension. Provide means of comfort (back and neck massage, head façade). Reduces discomfort and can reduce sympathetic stimulation. Instruct in relaxation techniques, guided images, entertainment. It can reduce stressful stimuli, stimuli, bp. Monitor the response to medicines to control blood pressure. The response to drug therapy (usually consisting of several drugs, including diuretics, angiotensin converting enzyme inhibitors [ACE], vascular muscle relaxants, beta and calcium channel blockers) depends on both the individual and synergistic effects of the drugs. Because of side effects, drug interactions, and the patient's motivation to take antihypertensive drugs, it is important to use the smallest number and lowest dose of medications. Administer medications as indicated: Thiasid diuretics: chlorotiazad (Diuril); hydrochlorothyazid (Esidrix/HydroDIURIL); bendroflumethiazide (Naturetin); indapamide (Lozol); metolazone (Diulo); quinethazone (Hydromox); Diuretics are considered first-line drugs for uncomplicated hypertension and stage I or II and can be used alone or in combination with other drugs (such as beta-blockers) to reduce BP in patients with relatively normal kidney function. These diuretics exacerbate the effects of other antihypertensive drugs as well, by reducing fluid retention, and may reduce the incidence of strokes and heart failure. Diuretics loop: furosemide (Lasix); ethacrine acid (Edecrine); bumtanid (Bumex), torsemide (Demadex); These drugs produce labeled diuresis by inhibiting sodium and chloride resorption and are effective antihypertensive drugs, especially in patients who are resistant to thiasids or have impaired renal function. Potassium-sparing diuretics: spironolactone (Aldakton); triamteren (Dyrenium); amilorek (Midamor); It can be given in combination with diuretic thiasid to minimise potassium loss. Alpha, beta or central adrenergic antagonists: doxazosin (Cardura); propranolol (Inderal); acebutolol (Sectal); metoprolol (Lopressor), labetalol (Normodyne); atenolol (Tenormin); nadolol (Corgard), karwedilol (Coreg); methyldopa (Aldomet); clonidine (Catapres); prazosin (Minipress); terazosin (Hytrin); pindolol (Visken); Beta-blockers can be ordered instead of diuretics in patients with ischemic heart disease; obese patients with cardiogenic hypertension; and patients with concomitant hyper ventremic arrhythmias, angina or hypertensive cardiomyopathy. The specific effects of these drugs vary, but generally reduce BP through the combined effect of reducing total peripheral resistance, reducing heart performance, inhibiting sympathetic activity, and suppressing renin release. Note: Patients with diabetes should use Corgard and Visken with caution as they may prolong and mask the hypoglycemic effect of insulin. Elderly people may require lower doses due to the possibility of bradycardia and hypotension. African American they tend to be less sensitive to beta-blockers in general and may require an increased dose or use of another drug (monotherapy with diuretics). Channel Channel (Procardia); verapamil (Calan); diltiazem (Cardizem); alodypine (Norvasc); iradipine (DynaCirc); nicardipine (Cardene); It may be necessary to treat severe hypertension when a combination of diuretic and sympathetic inhibitor does not sufficiently control BP. Vasodilation of a healthy heart and increased coronary blood flow are secondary benefits of vasodilator therapy. Blockers of adrenergic neurons: guanadrel (Hylorel); guanethidine (Ismelin); reserpine (Serpalan); Reduce the activity of narrowing of the arteries and venous in the sycolic nerve endings. Oral vasodilators with action: hydralazine (Apresolin); minoxidil (Loniten); The action consists in relaxing the smooth muscles of the vessels, thereby reducing vascular resistance. Vasodilators with direct action: diazoxide (Hyperstat), nitroprusside (Nitropress); labetalol (Normodyne); They are administered intravenously to treat sudden cases of hypertension. The use of an additional sympathetic inhibitor may be required for its cumulative effect when other agents have not mastered BP or when congestive heart failure (CHF) or diabetes occurs. Implementation of dietary restrictions on sodium, fat and cholesterol, as indicated. These limitations can help manage fluid retention and, with a related hypertensive response, reduce the load on the heart muscle. Prepare for the procedure when indicated. When hypertension is caused by pheochromocytoma, removal of the tumor will improve the condition. Back1 - Risk of reducing heart capacity2 - Activity intolerance3 - Acute Pain4 - Ineffective Coping5 - Unbalanced nutrition: More than body requirements6 - Knowledge deficiency7 - Other nursing diagnosesNext References and sources Recommended references and sources for this guide to hypertension nursing care plans: Arbour, R. (2004). Monitoring of intracranial hypertension and evaluation of nursing. Critical care nurse, 24(5), 19-32. [Link] Black, J. M., & Hawks, J. H. (2009). Medical-surgical nursing: Clinical management for positive outcomes (Tom 1). A. M. Keene (ed.). Saunders Elsevier. [Link] Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2016). Nurse pocket guide: Diagnoses, priority interventions and justifications. FA Davis. [Link] Gulanick, M., & Myers, J. L. (2016). Nursing care plans: Diagnoses, interventions and results. Elsevier Health Sciences. [Link] Hamilton, G. A. (2003). Measurement of adherence in a clinical trial of hypertension. 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