

**Client #3:** Ji-hoon Lee

**Diagnoses:** CKD exacerbation and acute decompensated heart failure

**1. Compare and contrast your assigned client's presentation for each assigned diagnosis. Consider factors such as demographics, onset of symptoms, history of present illness (HPI), and associated risk factors. Include specific factors that contribute to the client's complexity.**

- a. The client presents with complaints worsening lower extremity swelling, increased shortness of breath and fatigue for the past two weeks. Upon further investigation, the client has had a recent weight gain of 5 to 7 pounds in one week, sleep propped up on pillows due to dyspnea while sleeping, decreased urine output, increased work of breathing with mild accessory muscles use and crackles, and not taking his medications as prescribed. The patient has a history of chronic kidney disease, type 2 diabetes, hypertension, and congested heart failure. The client is supposed to be taking lisinopril and furosemide daily but due to costs and transportation issues, he has not been taking them. Therefore, it needs to be differentiated between a diagnosis of CKD exacerbation or acute decompensated heart failure. CKD is more prevalent in low and middle-income individuals and exacerbations are more prevalent in individuals with comorbidities such as diabetes and hypertension, especially if not properly treated (Chen, Knicely, & Grams, 2020). Which, in this case, the client is not. Some symptoms associated with CKD exacerbation include decreased urine output, fatigue, poor appetite, nausea/vomiting, changes in mental status, dyspnea, or peripheral edema (Chen, Knicely, & Grams, 2020). Acute decompensated heart failure (ADHF) is characterized by pulmonary crackles, pleural effusions, peripheral edema, ascites, elevated JVD, third heart sound, and worsening mitral regurgitation murmur; and possibly tachycardia, arrhythmias, and risk of myocardial ischemia (Njoroge & Teerlink, 2021). Risk factors for CKD include hypertension, diabetes, chronic infections, and family history (Chen, Knicely, & Grams, 2020). Risk factors for ADHF are hypertension, diabetes, and renal dysfunction (Njoroge & Teerlink, 2021). When taking note of the client's history, he is positive for a majority of the risk factors associated with both CKD exacerbation and ADHF.

**2. Consider the client's primary diagnosis alongside their HPI and physical exam findings. How does the client's medical history complicate and guide the diagnostic process, and what strategies should the FNP use to avoid diagnostic errors?**

**Explain your rationale.**

- a. One factor that complicates the diagnostic process is that the client has a history of both heart failure and kidney disease. Both comorbidities affect client labs and diagnostic tests. It is important to take this into consideration when treating the