

Student Name: Trent Swickard**N201: Nursing Diagnosis Form**

List the two Nursing Diagnoses along with rationale, at least 2 goals, assessments, and nursing interventions for each patient.

**Patient Problem # 1 Impaired Airway Clearance**

Rationale for selecting: \_\_\_\_\_

Thick mucus lining respiratory passages + obstructing airways due to CFTR protein mutation resulting in transmembrane ion transport.Goals: 1. Will have adequate airway clearance and SpO<sub>2</sub> of 90% throughout my care.  
2. Able to teach + demonstrate methods to clear airway

Ongoing Assessments: 1. Auscultate lung sounds q 2 hr.

2. Check SpO<sub>2</sub> hourly.  
3. Assess for use of accessory muscles for breathing q hr.

- NI:
1. Administer + maintain O<sub>2</sub> via nasal cannula @ 4L/min throughout my care.
  2. Encourage cough + deep breathe q hr.
  3. Teach incentive spirometry throughout my time of care.
  4. Encourage drinking 16oz. water q hr.
  5. Administer + maintain N fluids
  6. Reposition to good lung down to facilitate breathing q 2 hr

**Patient Problem # 2 Deficient Knowledge**Rationale for selecting: New diagnosis of chronic condition + insufficient knowledge of resourcesGoals: 1. Will be able to teach back disease process by the end of my care  
2. Will be able to verbalize Tx goals the end of my care.Ongoing Assessments: 1. Assess knowledge of CF pathophysiology in the beginning of my care and @ the end of my care.  
2. Assess knowledge of treatment modalities, equipment, therapies, and medication regimen adherence q visit.  
3. Assess knowledge regarding infection prevention q visit.

- NI:
1. Inform about overview of cystic fibrosis disease process in the beginning of my care
  2. Educate about when to seek medical attention in the beginning of my care
  3. Educate on importance of adhering to medication + physiotherapy regimen throughout my care
  4. Discuss dietary needs to maintain healthy nutritional balance throughout my time of care.
  5. Explain complications associated w/ CF by end of my care.
  6. Discuss purpose + administration info + side effects of medications throughout my care

**Directions:**

Initials/ Signature Trent Swickatark: TS, SNB

Chart any and all nursing interventions done for your patient during your time of care (if nursing interventions performed by others, write as an "E" note). After each intervention, document your patient's response to the intervention (evaluation note).

Time	I or E (NI or Eval)	Notes	Specify NDx #
0800	E	IOF, new diagnosis of CF w/ Hx of frequent colds, productive cough + weight loss. Wt: 32kg, wheezing, respiratory sounds throughout, productive cough present, hyperactive bowel sounds w/ loose frothy stools (multiple/day) <u>TS, SNB</u>	2, 1
0805	I	Contacted family by phone, clarified purpose for referral, allowed family to clarify needs, scheduled visit @ 1000 + verified the place + 1000 appt time + requested family to be present <u>TS, SNB</u>	1
0805	E	Has been a "shock" to the family, mother expressed desire to be educated about CF <u>TS, SNB</u>	1, 5
1000	E	Family c/o cough that "wasn't going away" + that CS is a picky eater, (+) sweat test, feeling overwhelmed by all the information <u>TS, SNB</u>	1, 2, 3, 5
1010	E	Crackles present throughout 2 lung fields, "finds it hard to breathe when I run a lot", has had more difficulty breathing since starting softball, only eats "cheese, crackers, + chocolate", requests info on activities, diet, meds, Tx, + more info on CF <u>TS, SNB</u>	1, 2, 3, 4
1000 <small>(continued)</small>	I	Provided an overview about CF + encouraged to inform school nurse about diagnosis of CF + explained pathophysiology of CF + gave informational handouts <u>TS, SNB</u>	1, 4
1010	E	Family appreciative, expressed concern about CS's diet <u>TS, SNB</u>	1, 3
1030 <small>Next day</small>	I	Explained use of mucous clearance device to school nurse + discussed potential support group <u>TS, SNB</u>	1, 2, 5
1100	E	CS expressed knowledge of <sup>necessary dietary</sup> supplements + c/o difficulty swallowing Creon pill <u>TS, SNB</u>	1, 3
1100	I	Explained Creon capsule can be opened + sprinkled on applesauce <u>TS, SNB</u>	1
1110	E	CS verbalized understanding of Creon administration + mother e/o CS's diet <u>TS, SNB</u>	1, 3
1110	I	Recommended CS eats 150% of recommended daily food requirements for size + weight. Discussed eating smaller meals more often + assisted in making list of foods CS likes <u>TS, SNB</u>	1, 3
1120	E	Family verbalized understanding of dietary needs, requested more info regarding respiratory meds <u>TS, SNB</u>	1, 1, 3, 4
1130	I	Explained levalbuterol is a bronchodilator + should be administered 1st + that it can ↑ glucose lvs, explained action of Pulmozyme + that it's a mucolytic + explained adverse effects <u>TS, SNB</u>	1, 2, 4
1130	E	Verbalized understanding of meds, c/o coughing more w/ yellowish sputum <u>TS, SNB</u>	1, 2
1130	I	Educated about percussion, vibration, + postural drainage therapy + that they should be ~45min long <u>TS, SNB</u>	1, 2
1135	E	Family verbalized understanding about physiotherapy + expressed wanting →	

- Reflective Thinking:**
- 1) Read over your notes
  - 2) Reflect on the patient problems you identified in your documentation
  - 3) Determine appropriate nursing diagnoses for your patient based on the problems you identified
  - 4) List your nursing diagnoses below, assigning each a number
  - 5) Return to your notes and write the corresponding nursing diagnosis # beside each entry

1	Deficient knowledge: new diagnosis of CF
2	Ineffective Airway Clearance
3	Imbalanced nutrition: less than body requirements
4	Readiness for enhanced knowledge
5	Stress overload



\* Boxes that are blue should be completed using textbook information, what you expect to find. Boxes that are orange should be data collected from your patient's chart and from your assessment.

Medical Diagnosis: Cystic Fibrosis

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

NCLEX IV (7): Reduction of Risk

<p><u>Anatomy and Physiology</u> <u>Normal Structures</u></p> <ul style="list-style-type: none"> <li>CF transmembrane conductance regulator protein is on epithelial cells on the surface of airways, GI tract, ductways of liver, pancreas, + sweat glands</li> <li>regulates Na<sup>+</sup> + Cl<sup>-</sup> movement in + out of epithelial cells</li> <li>this movement of ions allows for proper hydration of the epithelial surface cells + airways + ductways to be clear + open, + lined w/ thin mucosal secretions</li> </ul>	<p><u>Pathophysiology of Disease</u></p> <ul style="list-style-type: none"> <li>autosomal recessive disorder → chromosome 7, mutation of CF transmembrane conductance regulator (CFTR)</li> <li>mutated CFTR protein has blocked channels for Cl<sup>-</sup> + Na<sup>+</sup> transport in epithelial cells of airways, surfaces, GI tract, ducts of liver, pancreas, + sweat glands</li> <li>results in abnormally thick + sticky mucus in the lungs, pancreas, intestines, + other organs that have secretions low in NaCl content</li> <li>mucus plugs up ducts causing scarring of organs + can result in organ failure</li> <li>airways become dry from defects of Cl<sup>-</sup> secretion + Na<sup>+</sup> absorption</li> <li>cilia motility ↓ and mucus adheres to airway walls</li> <li>bronchioles become obstructed resulting in scarring of airways, air trapping, + hyperinflation of the lungs</li> <li>Pancreatic insufficiency results from plugging of ducts by mucus</li> <li>gland becomes atrophied + fibrotic cysts form + pancreatic exocrine function can be lost resulting in malabsorption of nutrients</li> <li>liver enzymes can become chronically elevated due to mucus deposits in ductways + cirrhosis can develop overtime</li> </ul>	<p><u>Actual Labs/ Diagnostics</u></p> <ul style="list-style-type: none"> <li>sweat test</li> <li>BMD test</li> <li>liver function test</li> <li>pancreatic function test</li> <li>lung function tests</li> <li>ABGs</li> <li>sputum cultures</li> <li>stool evaluation</li> <li>Chest XR</li> <li>genetic testing for Dx</li> </ul>
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NCLEX II (3): Health Promotion and Maintenance

NCLEX IV (7): Reduction of Risk

<p><u>Contributing Risk Factors</u></p> <ul style="list-style-type: none"> <li>Genetic, Family hx</li> </ul>	<p><u>Signs and Symptoms</u></p> <ul style="list-style-type: none"> <li>Wheezing, coughing</li> <li>Coarse crackles</li> <li>Failure to thrive</li> <li>malnutrition</li> <li>steatorrhea</li> <li>Bronchiectasis</li> <li>Delayed puberty</li> </ul>	<p><u>Therapeutic Procedures</u></p> <p><u>Non-surgical</u></p> <ul style="list-style-type: none"> <li>Chest physiotherapy</li> <li>Postural drainage</li> </ul> <p><u>Surgical</u></p> <ul style="list-style-type: none"> <li>None</li> </ul>	<p><u>Prevention of Complications</u></p> <p>(Any complications associated with the client's disease process? If not what are some complications you anticipate)</p> <ul style="list-style-type: none"> <li>Osteoporosis</li> <li>Delayed puberty</li> <li>Respiratory failure</li> <li>Pulmonary HTN</li> <li>Liver disease</li> <li>Digital clubbing</li> <li>Lung infection</li> <li>Depression</li> <li>Anxiety</li> </ul>
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NCLEX IV (6): Pharmacological and Parenteral Therapies

NCLEX IV (5): Basic Care and Comfort

NCLEX III (4): Psychosocial/Holistic Care Needs

<p><u>Medication Management</u></p> <ul style="list-style-type: none"> <li>Pancrelipase</li> <li>Azithromycin</li> <li>Dornase alfa</li> <li>levalbuterol</li> <li>Vitamin E</li> <li>Multivitamin</li> </ul>	<p><u>Non-Pharmacologic Care Measures</u></p> <ul style="list-style-type: none"> <li>Chest physiotherapy</li> <li>Postural Drainage</li> <li>Physical Exercise</li> <li>Cough + deep breathing</li> <li>Muscular Clearance Device</li> <li>O<sub>2</sub> therapy prn</li> </ul>	<p><u>Stressors the client experienced?</u></p> <ul style="list-style-type: none"> <li>Depression</li> <li>Anxiety</li> <li>Insufficient knowledge</li> <li>Chronic condition</li> <li>Overwhelming amount of info wanting child to have normal life</li> </ul>
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Client/Family Education

NCLEX I (1): Safe and Effective Care Environment

<p><u>Document 3 teaching topics specific for this client.</u></p> <ul style="list-style-type: none"> <li>Support groups</li> <li>Importance of adhering to physiotherapy + medication regimen</li> <li>Nutritional needs for condition</li> </ul>	<p><u>Multidisciplinary Team Involvement</u> (Which other disciplines were involved in caring for this client?)</p> <ul style="list-style-type: none"> <li>Home health</li> <li>Support group</li> <li>Pharmacy</li> <li>Respiratory</li> <li>Physical therapy</li> </ul>
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**Reflection Paper**

Directions: Write a 1-page reflection paper for each patient using Times New Roman, 12 pt. font and double-spaced. Include the following:

1. Describe an “Aha” moment you experienced during this learning experience.
2. What were the most important aspects of this simulation and what did you learn?
3. How will this simulation experience impact your nursing practice?

I think that after participating in this simulation my “Aha” moment was that continuing education is necessary throughout caring for our client. This became apparent after the nurse provided all the information about maintaining the physiotherapy and med regimen to the client and her family, and they still questioned what to do for their child led me to believe there is a chance they could not stick the plan of care. It was important for me to see the need for repeatedly assessing the need for further education for clients even after they leave an acute care setting. I think a very important aspect of this simulation was the need for not only this client, but also her family to be educated and reminded about many different aspects about cystic fibrosis to maintain their child’s health. I think another important aspect about this simulation was that for the best care of our client, many people outside the family had to be informed about our client’s health because she was a minor. This made me realize that as nurses, especially home health nurses and nurses that work within the community, our jobs do not stop at our client and their family but continues and is impacted by all aspects of our client’s life. I think that this is going to impact my nursing care in reinforcing the importance of health maintenance for my clients. Maintaining and promoting health is not one and done. To do this, we need to reinforce in our clients the importance of calling when questions arise or taking the time to schedule an appointment to discuss any concerns that they may have. It’s taking the time to delve deeper into what our client’s interests are and what their lifestyle is like to cater their care to their needs. In overwhelming scenarios, like a new diagnosis of a chronic condition, it may take time for the client and their support system to ask all the questions they may have, therefore it is important to make follow up appointments for them to ask anything else that arises. This also means it is important for the nurse to take what they know about their client to ask lead in questions about potential concerns or needs of the client in specific areas, like in this scenario softball and nutrition.