Johnny Morris

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: Ineffective airway clearance
Rationale for selecting: Increased mucopurulent production, shortness of breath, labored breathing, activity intolerance, and ineffective cough.
Goals: 1. Pt will maintain a SpO2 of at least 95% during my care.
2. Pt will maintain an open airway, with no secretions, and produce a effective cough during my care.

Ongoing Assessments: Assess blood pressure, heart rate, SpO2, and respiration rate q4h. Assess sputum q2h. Assess level of consciousness q2h. Assess cough for effectiveness q2h. Assess breath sounds q4h. Assess breathing pattern q4h.

NI: 1. Ensure pt is in a Semi-Fowler's position when entering and exiting room.

2. Encourage incentive spirometer usage q1h.

3. Encourage participation with respiratory qshift.

4. Educate the importance and assist with ambulation prn.

5. Encourage position changes q2h.

6. Educate different ways to produce a forceful cough qshift.

Patient Problem #2: Imbalanced nutrition: less than body requirements
Rationale for selecting: Poor nutritional intake, weight loss, and decreased appetite.
Goals: 1. Pt will consume 70% of each meal during my care.
2. Pt's appetite will increase during my care.

Ongoing Assessments: Assess weight qday. Assess skin turgor and integrity qshift. Assess bowel sounds q4h. Assess stool qshift. Monitor intake and output qshift. Assess food preferences qday. Monitor lab values qshift.

NI: 1. Provide a calm environment when exiting room.

2. Encourage participation during nutritional assessment qshift.

3. Provide oral hygiene TID.

4. Provide dietary supplements as ordered.

5. Encourage intake of high protein and high calorie meals qshift.

6. Offer self during every meal.

Directions: Initials/ Signature JM/ JMorris, 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 #
0759	E	Shift report from Tom RN: 10 y/o female with Cystic Fibrosis. Cough developed 3 weeks ago. Visited clinic: positive results from sweat chloride test. Referral for further Cystic Fibrosis education.	1, 3
0802	I	Planning care for admission to home health services. Contacting family.	3
0805	E	First appointment scheduled for 10 am following day for 1 hour, at patient's home.	3
0810	I	Arrived to appointment, introduced self, initiated admission questions of pregnancy, health history, current diagnosis, and results of sweat test.	3
0820	E	Response to questions: normal maternal pregnancy ("2 weeks early"), weighed 6 lbs and 7 oz, nauseous for the first 5 months, breast feed for one year. Health history: received recommended childhood care and vaccines. Recent visit to provider: persistent cough worsening when laying supine. Received sweat test: positive result. Prescribed respiratory treatment, medications, and referred to home health.	1
0829	I	Auscultated heart over the anatomic valve sites and areas in order: aorta, pulmonic, Erbs point, tricuspid, and mitral.	1
0832	E	Lung sounds: gurgling noise. Course crackles heard on inspiration. Reports hard to breathe when running while playing softball.	1
0849	I	Questioned nutritional history, current eating habits, food tolerations, activity status, and role in sport.	1, 2, 4
0852	E	Reports difficult time eating meat. Only eats cheese, crackers, and chocolate milk. Reports difficulty breathing during softball. Family concerned of her activities, diet, medications, treatments, and further information on Cystic Fibrosis. Reports "a lot of information was given quickly" from provider.	1, 2, 3, 4
0859	I	Planned next home visit. Explained that next visit will be educational regards to Cystic Fibrosis.	3
0911	E	Family has concerns regarding diagnosis and the effects on social life. Understands recommendation to make the decision as a family to tell others of diagnosis but to inform school nurse in case of an emergency situation.	3
0919	I	Educated physical effects of Cystic Fibrosis on body and educated that children with Cystic Fibrosis have an increased sodium and chloride content in their sweat, also that the pancreas excretes a lower level of chloride and this causes an abnormal shift, and the sweat to have a higher content of chloride. Educated that the body makes thick secretions that get stuck in the air passages of the lungs and this can cause a difficulty to breathe. Educated importance of following medication and treatment regimen.	1, 3
0925	E	Family informs Mark Matthews (school) RN from school of diagnosis and the medications/treatments prescribed.	3
0929	E	Mark RN calculated Azithromycin lunch time dosage based off weight (32 kg) and prescribed order (5 mg/kg/day). Administered 160 mg single dose. Mark RN called Molly RN to request referral for Cystic Fibrosis support group. Questioned use of mucus clearance device.	1

0934	I	Stated the mucus clearance device is a small handheld device with a ball inside that helps remove mucus.	1, 3
0940	I	Educated administration of Pancrelipase (Creon) and how it can be added to food like applesauce. Educated dietary needs stating that children with Cystic Fibrosis exert more energy due to breathing efforts and pancreatic insufficiencies. High protein and high calorie diet recommended.	2, 3
0941	E	Verbalized understanding that the more active with softball means the more calories needed for growth. Courtney states “I’m just not hungry.” Understands to eat smaller portions and the purpose of Creon. Parents expressing concern and requesting education of respiratory medications for next appointment on Monday afternoon.	2, 3, 4
0947	I	Educated respiratory medication regimen: Levalbuterol is to dilate the bronchi: it opens the airways and promote mucus expectoration and increases blood glucose levels and Dornase alfa is to decrease the viscosity of mucus.	1, 3
0950	E	Family verbalized understanding of use and purpose of medications. Courtney reports “coughing even more” coughing up yellowish sputum.	1, 3
0952	I	Educated purpose of percussion, vibration, and postural drainage therapy. Informed each session should be 45 minutes and to do this 4 times a day before any meals.	1, 3
0955	E	Courtney complains feeling tired from coughing and pounding from therapy. Still participating in softball and runs at qpractice but coughs afterwards. Family concerned if continuous participation in sports may alter health. Coach arrives to the home health appointment to discuss level of activity toleration.	1, 3, 4
0958	I	Recommended participating in physical activity; educated that this will promote excretion of mucus. Instructed to stop if breathing is difficult.	1, 3, 4
1000	E	Softball coach agrees to modify warm up activity for Courtney and verbalized to inform the school nurse if any emergencies arise.	1, 3, 4
1005	I	Reviewed normal growth and development characteristics of a 10 y/o.	3
1009	E	Family expressing concerns for other health concerns related to Cystic Fibrosis.	3
1014	I	Educated health concerns related to Cystic Fibrosis. Informed children who have Cystic Fibrosis are at increased risk for: osteoporosis because of pancreatic insufficiency and steroid use. Educated importance of medication regimen.	3
1017	E	Parents understands chest physiotherapy and respiratory treatments are beneficial regarding. Received handout of community support group.	3

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		Ineffective airway clearance
2		Imbalanced nutrition: less than body requirements
3		Deficient knowledge
4		Activity intolerance

***** 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**

Anatomy and Physiology Normal Structures	Pathophysiology of Disease	Actual Labs/ Diagnostics
GI Tract: food is taken from the mouth, down the esophagus, then to the stomach, and then to the small and large intestines. Water and nutrients are absorbed to help the body function efficiently. During digestion, food is broken down to help this process. Then once all the nutrients are absorbed, waste is eliminated. **Pancreas:** long/flat gland located in the abdomen and behind the stomach; produces enzymes that are used during digestion. Insulin and glucagon are also produced in the pancreas, they help control glucose levels in the blood. **Liver:** enzyme activation. Synthesis of plasma proteins, such as albumin, and clotting factors. Bile production and excretion of drugs, bilirubin, hormones, and cholesterol. Also plays a significant role in metabolizing fats, proteins, and carbohydrates. Stores: glycogen, vitamins, and minerals. **Lungs:** pair of spongy, air-filled organs on both sides of the chest. The trachea conducts inhaled air into the lungs through its tubular branches (bronchi). The bronchi divide into smaller branches (bronchioles, almost 30,000 in each lung), then they become microscopic. Each bronchiole tube ends with a cluster of small air sacs called alveoli (600 million in each lung) which give the lungs a large amount of surface area. <u>Inhalation:</u> air goes down into the trachea, then the lungs through the right and left main bronchi, into the smaller bronchi airways, into the smaller bronchiole's tubes, and into the alveoli. O2 and CO2 exchanged.	Cystic Fibrosis: genetic disorder that can affect the lungs, GI tract, and other organs. affects the cells that produce mucus, sweat, and digestive juices. This disorder disrupts the normal function of cells that line passageways in the respiratory tract, digestive system, epithelial cells, sweat glands and reproductive system. These fluids become thick/sticky; when the fluids do this, they can plug up tubes/ducts/passageways. This is all due to a faulty gene that inhibits epithelial cells from being able to regulate the way salt passes across cell membranes; meaning the salt/water balance is significantly disturbed. **Lungs:** thick/sticky mucus clogs the airways. Since this airway is clogged, this traps bacteria in there and ultimately leads to inflammation, lung infections, and damage to the airway as a whole. **Pancreas:** buildup of mucus prevents the release of digestive enzymes that help the body absorb fats and proteins. Children with this disorder: possibly have problems gaining weight, regardless of a normal diet and appetite. **Liver:** thick mucus can block the bile ducts, causing liver disease. Sticky mucus blocks ducts in the pancreas; this prevents enzymes from reaching the small intestine to digest nutrients from food. Undigested food in the intestines: can cause cramping, pain, gas and either loose, greasy, floating stools or constipation and blockages. **Overall manifestations:** chronic, progressive lung disease, resulting from secretion of dehydrated mucus	Lung function test CBC Sputum Pulse ox Electrolyte levels ABGs Immunoreactive trypsinogen (IRT) CXR Sweat carrier test

Alveoli remain inflated upon expiration, which the natural production of surfactant helps to keep them open. Lungs also make mucus to trap germs and particles. When a person is ill, the lungs may produce a copious amount of mucus.	with airway obstruction, and malnutrition from pancreatic insufficiency.	

NCLEX II *(3)*: Health Promotion and Maintenance

Contributing Risk Factors	Signs and Symptoms
Caucasians Family hx (CFTR gene)	Repeated lung infections Steatorrhea Cough Abdominal pain Wheezing Inability to gain weight Constipation or diarrhea

NCLEX IV *(7)*: Reduction of Risk

Therapeutic Procedures	Prevention of Complications
Non-surgical Respiratory treatment Percussion vibration O2 TPN Chest physiotherapy NG tube Postural drainage Surgical Nasal/sinus surgery Bowel surgery Lung transplant Liver transplant	(Any complications associated with the client's disease process? If not what are some complications you anticipate) Bronchiectasis DM Malnutrition Liver failure Pneumothorax Pancreatitis

NCLEX IV *(6)*: Pharmacological and Parenteral Therapies

Medication Management
O2 Antibiotics Oral pancreatic enzymes Levalbuterol Anti-inflammatories Mucus thinners Dornase Alfa Stool softeners

NCLEX IV *(5)*: Basic Care and Comfort

Non-Pharmacologic Care Measures
Incentive spirometry Airway clearance Mechanical chest wall percussion Cough and deep breathe Nutritional therapy

NCLEX III *(4)*: Psychosocial/Holistic Care Needs

Stressors the client experienced?
Fear Anxiety Hospitalization Activity intolerance Pain Education

Client/Family Education

Document 3 teaching topics specific for this client.

- Side effects of medications.
- Importance of deep breathing.
- Importance of following the medication regimen/ treatments.

NCLEX I *(1)*: Safe and Effective Care Environment

Multidisciplinary Team Involvement

(Which other disciplines were involved in caring for this client?)

PCP
Respiratory therapist
Nutritionist
PT
OT

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?

One of my “Aha” moments during this learning experience is when I answered the question wrong about the order when auscultating heart sounds. The correct order is the aorta, pulmonic, Erbs point, tricuspid, and mitral. This just enforced that I need to review my notes regarding auscultation and an overall head to toe assessment.

One of the most important aspect of this simulation in my opinion is to be understanding to a family whose child was just diagnosed with a life altering disorder. Not knowing how a disease process works can be a frightening experience for anyone, especially parents. Being patient and explaining different medications, treatments, and disease processes in normal verbiage can help ease the families concerns regarding the health of their family member. Overall, this simulation helped reinforce that educating patients and the families of those patients helps with delivering quality care, increases patient compliance, and will hopefully decrease the need for future hospitalizations.

This simulation will greatly impact my nursing practice in a positive way. In this simulation, the home health nurse actively involved the entire family in the plan of care, not just the parents. I plan to implement the plan of care with my future patients and their families when applicable. Incorporating the child in planning their care helps reinforce that their concerns are being heard and that following this scheduled plan will help them live a normal life.

In summary, the ATI Cystic Fibrosis with Community Care simulation was extremely informational and helped me see what it might be like when dealing with children with a diagnoses like Cystic Fibrosis. This

simulation shows how inpatient medical workers, primary care providers, and home health nurses all work together to keep the community healthy.