

Student Name: Kristen Landry

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: Cough, crackles in lungs during inspiration

Goals: 1. Maintain open airways by normal breath sounds, respirations of 12-20 bpm, and effectively coughing up secretions after treatments during my time of care.

2. Will understand and demonstrate correct usage of airway clearance device, percussion, vibration and postural drainage PT and medication administration during my time of care.

Ongoing Assessments: Assessing resp. rate (flaring of nostrils, accessory muscles) and any abnormal breath sounds, auscultate lung sounds, productivity of cough and color of sputum, PRN.

- NI:
1. Administer Levalbuteral, prescribed by Dr. during my time of care.
 2. Administer Dornase alfa prescribed by Dr. during my time of care.
 3. Administer azithromycin prescribed by Dr. during my time of care.
 4. Perform percussion, vibration, and postural drainage 4x a day and before any meals.
 5. Encourage liquids to thin mucus, PRN.
 6. Encourage modified exercise to promote excretion of mucus, PRN.

Patient Problem # 2 Impaired nutrition: less than body requirements

Rationale for selecting: Eating minimal food, hypoactive bowel sounds with loose frothy stools multiple times a day, and small stature for a 10-year-old.

Goals: 1. Verbalize and teach back high-protein, high-calorie, and moderate fat diet, eating small meals with snacks multiple times a day, during my time of care.

2. Minimize hyperactive bowels and decreased amount of frothy loose stools, during my time of care.

Ongoing Assessments: Assessing skin turgor, mucus membranes, palpating/auscultating abdomen q 4hrs. Assessing bowel pattern/consistency along with weighing weekly, during my time of care.

- NI:
1. Administer Creon, prescribed by Dr. before every meal.
 2. Administer multivitamin, prescribed by Dr. during my time of care.
 3. Encourage high-protein, high-calorie small, frequent meals throughout day.
 4. Encourage sitting in semi-high Fowlers position while eating and for at least 30 min. after.
 5. Educate on keeping a food journal to realize how much food is consumed and for any food sensitivities, PRN.
 6. Encourage daily oral hygiene, PRN.

Directions:

Initials/ Signature KL/K Landry, 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 #
1700	E	Heart sounded good, bilateral crackles during inspirations in lungs. Hypoactive bowel sounds with loose frothy stools, multiple times a day. Productive cough. Plays travel softball. “Sometimes I find it hard to breathe when I have to run a lot.” Dad states “she hardly eats anything, only likes cheese, crackers and choc. Milk.”KL	1,2,3
1707	I	Educated Cystic Fibrosis causes an increase of sodium and chloride in sweat, the body creates thick secretions making it hard to breathe and cough up. -----KL	1,6
1710	E	Family understands effects of Cystic Fibrosis and the importance of taking meds. And resp. treatments on a regular basis. -----KL	1,6
1715	I	Administered azithromycin 160mg-----KL	1
1720	I	Spoke with Mark Matthews-school nurse, about a referral to a support group and about the mucus clearance device.-----KL	1,6
1725	E	Excited, teaching friends about CF. States “ but that Creon I take with meals is so hard to swallow.”-----KL	5
1727	I	Explained Creon can be opened and sprinkled on applesauce.-----KL	6
1728	E	“I like applesauce, that will work great.” Understands how to take medicine now.KL	2,6
1731	I	Educated eating multiple times a day and smaller portions to not feel full. Eating a high-protein, high-calorie and moderate fat diet. Cystic fibrosis only allows you to absorb about 50% of food, making it hard to gain weight. Creon will help to absorb food, take before meals and snacks. -----KL	2,6
6173 8	E	Parents understand the diet and Creon administration.-----KL	1,2,6
1739	E	Parents state “She’s on two different respiratory medications, it seems like a lot and I don’t understand what they do.”-----KL	1,5
1740	I	Educated levalbuterol is a bronchodilator, should be administered first to open airways and promote mucus expectoration. It can also increase blood glucose levels. Dornase alfa is to help decrease the viscosity of mucus, and has many adverse effects.-----KL	1,6
1745	E	Everyone understands about the respiratory medications. “I’m coughing even more, with yellow sputum.”-----KL	1,6
1747	I	Educated about percussion, vibration, and postural drainage when experiencing an increase in cough. Each position is about 10-15 min. long, lasting for 45 min. Should be done up to 4X a day and before any meals.-----KL	1,6
1751	E	Parents state “It takes a long time to do this.”-----KL	5
1752	I	Explained importance of therapy-----KL	6
1753	E	Parents understand and want to do everything possible.-----KL	6
1754	E	“I won my game yesterday, I got tired from running the bases, I cough afterwards.” Parents are concerned with activity level while remaining healthy. “It’d be good for us to talk with the coach about what is best for Courtney.”-----KL	1,4,5
1800	I	Educated physical exercise promotes excretion of mucus. Encouraged to rest when breathing is difficult. Make sure all respiratory treatments are continued.-----KL	5
1806	E	Coach stated “I’ll work on a modified warm-up activity plan.”-----KL	6
1808	I	In contact with school nurse for follow up with coach.-----KL	6
1809	E	Parents want more information on health concerns.-----KL	5

1810	I	Educated may have an increased risk for osteoporosis, delayed growth, delayed puberty, diabetes and gastroesophageal reflux.-----KL	6
1815	E	Appears sad, "I had to come before dinner to do my therapy, my friend doesn't have to bother with this. Mommy do I have to do my therapy today?"-----KL	7
1817	I	Explained treatments should not be skipped and should be done everyday to maintain optimal health.-----KL	5
1820	I/E	Provided handout on a community support group. Family understands cystic fibrosis along with side effects, diet and treatments.-----KL	6

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	Imbalance nutrition: less than body requirements
3	Dysfunctional gastrointestinal motility
4	Risk for activity intolerance
5	Deficient knowledge
6	Readiness for enhanced knowledge
7	Anxiety

* 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

CLEX IV (8): Physiological Integrity/Physiological Adaptation

NCLEX IV (7): Reduction of Risk

<p><u>Anatomy and Physiology</u> <u>Normal Structures</u></p>	<p><u>Pathophysiology of Disease</u></p>	<p><u>Actual Labs/ Diagnostics</u></p>
<ul style="list-style-type: none"> - Lungs: enclosed by pleurae, attached to the mediastinum. Right has 3 lobes(superior, middle and inferior), bronchus is shorter. Left has 2 lobes(superior and inferior) and has a smaller volume than right. Each lobe houses multiple bronchopulmonary segments. Receiving air from its own bronchus supplied with blood. A lobule is a subdivision formed as the bronchi(smooth muscle that constricts and dilates) into bronchioles. Alveoli are smaller sacs that exchange o2 & co2. Blood supply plays with gas exchange and transports gases throughout body. - GI tract is designed to digest and absorb ingested nutrients, and to excrete waste products of digestion. During digestion, the pancreas makes enzymes which help to break down sugars, fats, and starches. It also helps by making hormones. 	<ul style="list-style-type: none"> - Autosomal recessive trait- long arm of chromosome 7→protien of 1480 amino acids(cystic fibrosis transmembrane conductance regulator(CFTR)) - Exocrine gland dysfunction - Increased viscosity of mucus gland secretions that cause obstructions - Increased electrolytes in sweat and saliva (2-5X more) sodium and chloride - Changes in saliva (dry mouth) - Changes in autonomic nervous system functions (GI, sexual arousal) - Pancreas→thick secretions block ducts causing pancreatic fibrosis. Reaching the duodenum resulting in bulky, frothy, steatorrhea and foul smelling stools. Diabetes can happen over time. - GI→prolapse of the rectum r/t large, bulky stools, malabsorption and increased pressure r/t cough. Distal intestinal obstruction syndrome r/t gum-like masses in cecum that can obstruct. - Pulmonary→ stagnant mucus in airways= bacterial colonization leading to destruction of lung. - Fertility→ can be inhibited due to thick secretions in cervix and blockage w/vas deferens & thick semen. - G&D→ physical growth restricted r/t decreased nutrients absorption, increased o2 demands and delayed bone growth. 	<ul style="list-style-type: none"> - Health hx - Sweat test - Stool sample (fat content) - Auscultate lungs

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

-Autosomal recessive disorder-child inherits defective gene from both parents.

Signs and Symptoms

-Productive cough with yellow sputum, hyperactive bowel sounds with loose frothy stools multiple times a day. Crackles during inspiration in lungs. Exercise intolerance, poor weight gain.

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures

Non-surgical

-Oxygen therapy, CPAP/BiPAP

Surgical

-Lung/liver transplant, feeding tube, bowel resection

Prevention of Complications

(Any complications associated with the client's disease process? If not what are some complications you anticipate)

-Chronic infections, damaged airways, acute exacerbations, respiratory failure, diabetes, bowel obstruction, liver disease, reduced fertility, osteoporosis, electrolyte imbalances and dehydration.

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management

-Multivitamin, Vit. E, Azithromycin, Levalbuterol, Dornase alfa, and Creon

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

-Percussion, vibration & postural drainage, physical exercise, mucus clearance device.

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?

-Not being normal, sick all the time, medications management.

Client/Family Education

Document 3 teaching topics specific for this client.

- Good self care/staying healthy(hand hygiene, flu shot, staying away from sick people)
- Medication management: don't skip doses and take all medicines every day.
- High-calorie, high protein, moderate fat diet. Small frequent meals with snacks.

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement

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

Home health nurse, school nurse, family/friends, coach, respiratory therapy

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?

During this simulation it makes you realize that education needs to be a continuous action of care. The parents were given an overwhelming amount of information when Courtney was first diagnosed with Cystic Fibrosis. It's almost like you are in a state of shock when news like this is given to you about your child. You try so hard to follow and comprehend, but this is the first time every hearing about it and you are expected to be proficient and have an understanding of what to do. Yes, the pamphlets/handouts do help, however you feel all alone drowning in a sea of information. With technology today it is much easier to get an understanding of the disease process, but getting that one on one with an actual person is very important. Having a home health nurse come to the home for multiple visits is amazing. You are in your own relaxed environment able to concentrate and absorb the information given. I think my aha moment is how Courtney feeds off the parents. If the parents are unsure and hesitant of medications and interventions, then the child will be unwilling to continue with treatment. Having the nurse come to the home gives that boost of confidence for everyone involved in the care of Courtney. When the coach came over to the house it shows that he cares about Courtney and wants her to succeed and continue playing softball. Along with the school nurse wanting to know more information about Courtney's condition and getting a better understanding what needs to be done while Courtney is in school. Communication is a wonderful tool that people tend to forget and like to assume others should just know. This simulation has made me realize how important communication and education is. Taking the time and talking to the patient and family, getting to know them, you can figure out how much education is needed. Along with their facial expressions or body gestures can help to identify how much information is being absorbed. Making sure to re-evaluate what was taught to make sure everyone understands. In this experience I learned about Cystic Fibrosis, I've heard about it but never really knew what it entailed. Along with a child's emotional status, not being normal anymore, having to stop and take medications and chest PT when they have never had to this stuff before.