Student Name: Jada Custis
Medical Diagnosis/Disease: COPD

NCLEX IV *(8)*: Physiological Integrity/Physiological Adaptation

Anatomy and Physiology

Normal Structures

Anatomy and phys- Lungs are connected to trachea via the bronchioles your lung expand and contract to allow the inhaling and exhaling of air. The diaphragm is at the base of the lungs which helps the lungs to inhale and exhale.

Normal structures of respiratory system include bronchioles, alveoli, lungs, pulmomary blood vessels, lungs, pharynx, larynx, trachea, nasla cavity

Pathophysiology of Disease

COPD is characterized by chronic inflammation of the airways, lung parenchyma (respiratory bronchioles and alveoli) and pulmonary blood vessels. Lung tissues are impaired or destroyed by noxious particles and gases. Inhaling noxious particles and gases the proteases break down connective tissue of the lungs

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics

Labs

ABG's, serum antitryspin levels, Spirometry

Additional Diagnostics

6-min walking test, Chest x-ray, Sputum culture,

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

Contributing Risk Factors

Cigarette smoking, infection, asthma, air pollution, occupational chemicals and dusts, aging and genetics, alpha-1 antitryspin deficiency

Signs and Symptoms

Chronic cough, sputum production, dyspnea, chest heaviness, gasping, increased effort to breathe, wheezing, chest tightness, and fatigue.

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

O2 therapy, drug therapy,

Surgical

Bullectomy, Lung transplant, Lung volume reduction

Prevention of Complications

(What are some potential complications associated with this disease process)

Hypertension, cor pulmonale, acute exacerbation, hypoxia, acidosis, hypercapnia, ARV

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

Anticipated Medication Management

SABA's
LABA's
Nebulizer
Inhaler
Combination meds

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

Non-Pharmacologic Care Measures

Breathing exercises, effective cough techniques, High protein snacks, meals, or drinks

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

What stressors might a patient with this diagnosis be experiencing?

Ineffective coping, activity intolerance, fear of death, anxiety, fear of financial situation.

Client/Family Education

List 3 potential teaching topics/areas

- Correct use of inhalers
- Reducing Risk factors
- Symptoms of COPD

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

Multidisciplinary Team Involvement

(Which other disciplines do you expect to share in the care of this patient)

Respiratory therapist, Nutritional staff, Radiologist