

Initials/Signature: \_K.J./

*K. Joseph, J NB*

Nursing Notes

Rm No: 0325B

**Actual Patient Problem: 1. Impaired Gas Exchange**

**Clinical Reasoning:** dyspnea upon exertion, RR- 22, SpO2- 85% on RA, Labored breathing, restlessness, altered LOC, oral ventilation

Goal: will maintain SpO2 of 93% of greater during my time of care. Met:  Unmet:

Goal: will maintain clear lung sounds by the end of my care. Met:  Unmet:

**Actual Patient Problem: 2. Acute Pain: Back/ Flank Pain**

**Clinical Reasoning:** grimacing, guarding sides, pain level 7/10, dull intermittent pain in back, dysuria

Goal: will report a pain level of 2/10 or less by the end of my care. Met:  Unmet:

Goal: will not exhibit signs of discomfort as evidenced by relaxed posture, no guarding, RR of 12-20, unlabored breathing at rest, and relief of pain. Met:  Unmet:

1,2	1015	Still hyperventilating, stated "no" when asked if feeling okay.	1020	Obtained vital signs to check for signs of hypoxia	1023	T- 100.6F, BP- 130/94, Coarse crackles in apex and bases of lungs anterior and posterior
1	1001	Stated "I don't feel so good", "I'm so cold, I'm very cold", restless, oral ventilating	1004	Increased O2 to 4L NC & educated on importance of taking a deep breath and coughing	1006	Coughed up yellow sputum in napkin, coarse crackles in apex/ base of lungs anterior and posterior.
1	1010	Restless, SOB, hyperventilating	1020	Notified Provider & admin. 0.25 mg PO of Digoxin, 20 mg Furosemide via IV Push, Albuterol 0.5% via nebulizer q6h prn for SOB	1025	Attempted to get OOB and fell

Additional Patient Problems: 3. Anxiety 4. Impaired Skin Integrity



<b>Patient Problem</b>	<b>Time</b>	<b>Relevant Assessments</b> Indicate pertinent assessment findings.	<b>Time</b>	<b>Multidisciplinary Team Intervention</b> What interventions were done in response to your abnormal assessments?	<b>Time</b>	<b>Reassessment/Evaluation</b> What was your patient's response to the intervention?
2,3	1025	Fell OOB, CXR: indicated fracture	1030	Put in Buck's traction while awaiting surgery	1033	Stated "no not really" when asked how feeling, crying, reported pain level 4/10
3	1035	Stated "I'm really frightened".	1040	Notified provider to come educate on importance for being placed in Buck's traction while awaiting surgery to prevent further dislocation.	1042	Stated "okay" after being educated, still anxious after education provided.
2, 4	1044	Placed in Buck's traction, stated "it's beginning to be uncomfortable".	1050	Worked w/ Nurse Ashley to give bed bath	1056	While turned over, skin breakdown and erythema noticed on coccyx.
4	1100	Skin breakdown on coccyx, stage 2 pressure injury, has indwelling catheter in	1105	While giving bed bath, applied zinc barrier cream to prevent further breakdown	1110	Still erythema, with no sloughing on coccyx
1	1125	Stated "Where am I", now altered LOC	1127	Increased O2 to 6 L/ min & encouraged to take slow, deep breaths	1130	Clear lung sounds, 85% on 6L NC
1,3,4	1130	States "I don't understand what's going on", RR-32/ min, restlessness	1132	Notified provider of restlessness, 85% on 6L NC, & now increased O2 to 6L NCA, obtained labs (CBC w/ Auto Diff., UA, ABGs) STAT, changed LR to 0.9% NSS running @150 mL/ hr that was maintained.	1140	ABG result: pH- 7.28, PaCO2- 35, HCO3- 20, indicative of metabolic acidosis.

Significant Event Documentation: Use the area below to document any significant events that happened during your time of care.

1100	Neighbor brought home medication in; med. Reconciliation w/ Pharmacy