

Preconference Form

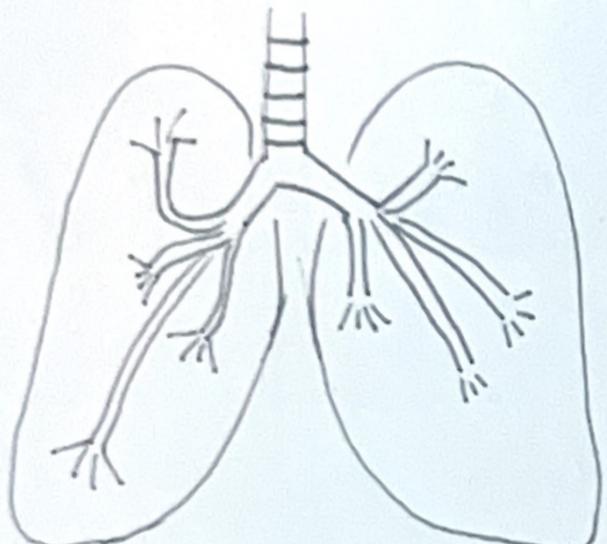
Student Name: Haley Donovan

Medical Diagnosis/Disease: COPD - Chronic Obstructive Pulmonary Disease

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures

See on Back



Pathophysiology of Disease

Bronchiectasis - permanent dilation of bronchioles, making it hard to clear secretions. Inflammatory response starts to destroy elastic structures supporting the bronchial wall.

decrease normal function leads to difficulty secreting the bacteria in the airway. This builds up decreasing airflow.

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics

Labs
CBC
ABG
PAP

Additional Diagnostics
Chest X-Ray
CT Scan
Sputum Sample

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

Smoking / second hand smoke
age → 40+ y/o
allergies / asthma
recurring respiratory infections
HIV
TB
poverty
psoriasis

Signs and Symptoms

Chronic productive cough
Whole body fatigue
Frequent & recurring respiratory infections
SOB
Wheezing
Chest pressure

NCLEX IV (7): Reduction of Risk

Possible Therapeutic Procedures

Non-surgical
pulmonary rehab
weight management
medications

Surgical
resection - temp relief
lung transplant

Prevention of Complications

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

Smoking
Occupational change
Healthy diet
Monitor for changes

NCLEX IV (6): Pharmacological and Parenteral Therapies

Anticipated Medication Management

Oxygen
Antibiotics
Expectorants
Long & Short term broncho-dilators
inhaled corticosteroids

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

quit smoking
Incentive Spirometer
maintain airway

NCLEX III (4): Psychosocial/Holistic Care Needs

What stressors might a patient with this diagnosis be experiencing?

Change in ADL's
Occupation challenges
Anxiety
Death

Client/Family Education

List 3 potential teaching topics/areas

- quit smoking / smoking cessation
- reduce stress
- cluster activity to perform ADL's efficiently

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
OT
PT
Cardiologist
Nutritionist/dietitian
Case management

respiratory tract: Nose | mouth (cilia), Pharynx, Larynx, trachea, bronchus, bronchioles, aveoli, aveoli sacs, pores of Kohn

Ⓡ Lung: 3 lobes: ^{- upper} ^{- middle} ^{- lower} more likely to develop aspiration PNE due to shorter bronchi stem.

Ⓛ Lung: 2 lobes: ^{- upper} ^{- lower}

- Surfactant produced by expansion of aveoli

pulmonary circulation: inhaled O_2 is warmed, moistened & filtered through the nose, the air follows the respiratory tract (pharynx, larynx, trachea) to the lungs through the bronchi, bronchioles, aveoli. In the aveoli the O_2 is diffused with the CO_2 (gas exchange) the CO_2 is exhaled while the O_2 is absorbed into the blood stream back to the heart to be distributed to the rest of the body. (via pulmonary vein)

Pleura: parietal covers chest cavity
visceral covers lung cavity
- intrapleural space contains 20-25ml of fluid
Negative pressure at all times:

labored breathing uses accessory muscles:
- scalenes
• Nasal flaring
• Shrug shoulders
• Shallow breaths

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Haley Donovan

MEDICATION Acetaminophen (Tylenol)

REVIEW MODULE CHAPTER _____

CATEGORY CLASS Antipyretics / Nonopioid Analgesics

PURPOSE OF MEDICATION

Expected Pharmacological Action

Inhibits synthesis of prostaglandins that may serve as mediators of pain & fever. Primarily in the CNS

No anti-inflammatory properties or GI toxicity

Therapeutic Use

Pain relief

Complications

(IV): hyper & hypotension, hypokalemia, constipation, N&V, fatigue, anxiety, headache, insomnia
(PO): atelectasis, renal failure, ↑ liver enzymes

Medication Administration →

Varies based on age & weight

Max: 10 days for adults
5 days for children

* 1000mg/dose, 4g/day ^{no less than 94h between doses}

Contraindications/Precautions

alcohol use

Severe hepatic impairment / active liver disease

- hypovolemia
- chronic malnutrition
- renal/hepatic disease
- alcoholism
- pregnancy (only PRN)

Nursing Interventions

pain assessment
↳ monitoring

AST/ALT, BUN & Creatinine
CBC

Interactions

↑ bleeding w/ warfarin

alcohol

- isoniazide
- rifampin
- rifabutin
- phenytoin
- barbiturates
- carbamazepine
- NSAIDs
- propranolol
- lamotrigine
- zidovudine

Evaluation of Medication Effectiveness

Pain relief is sufficient to pt.

Client Education

hepatotoxicity
renal or cardiac damage
Max 10 day (adults) / 5 days (kids)
avoid alcohol
rash - stop medication
fever > 103F or last 3+ days

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Haley Donovan

MEDICATION Ceftriaxone (Rocephin)

REVIEW MODULE CHAPTER _____

CATEGORY CLASS Antibiotic / Cephalosporin

PURPOSE OF MEDICATION

Expected Pharmacological Action

Binds to bacterial cell wall membrane causing cell death

Therapeutic Use

Bactericidal action against susceptible bacteria

Complications

rash
diarrhea
acute renal failure
superinfection

Medication Administration

IM/IV (adults): 1-2g q12-24h
- gonorrhea: 500mg IM (once)
- meningitis: 2g q12h
- periop prophylaxis: 1g 0.5-2hr before surgery
Renal/Hepatic impairment:
DO NOT exceed 2g/day

Contraindications/Precautions

Hypersensitivity to PCN or cephalosporins
Neonates/premature babies
- severe renal or hepatic impairment
- Hx of GI disease (colitis)

Nursing Interventions

CBC
Hx of previous med use
culture

Interactions

↑ bleeding w/ warfarin
Do NOT administer w/ calcium containing sol.

Client Education

S/S of superinfection
fever
diarrhea

Evaluation of Medication Effectiveness

WBC
vital signs (Temp)

Nursing Problem Worksheet

Name: Haley Donovan

Anticipated Patient Problem and Goals	Relevant Assessments <small>(Prewrite) What assessments pertain to your patient's problem? Include frequencies</small>	Multidisciplinary Team Intervention <small>(Prewrite) What will you do if your assessment is abnormal?</small>
Problem: impaired gas exchange Reasoning: - Scaring on the lungs - COPD Goal: Pt will maintain 88-92% SpO2 while in my care. Pt will have normal rate (12-20) & depth respirations in my time of care.	Vitals - Respirations q4h * - Heart rate	teach deep controlled breathing
	Oral liquid intake q2h * to thin mucus (100ml/h)	urine output (30ml/hr) provide preferred drink
	Assess ability to perform ADL's individually BID Severity of cough production q6h	come up w/ plan to cluster care & promote rest periods elevate HOB >30° to promote open airway
	Assess pedal pulses & capillary refill in lower extremities q4h	encourage use of compression devices to promote circulation.

Anticipated Patient Problem and Goals	Relevant Assessments <small>(Prewrite) What assessments pertain to your patient's problem? Include frequencies</small>	Multidisciplinary Team Intervention <small>(Prewrite) What will you do if your assessment is abnormal?</small>
Problem: impaired mobility Reasoning: - SOB - Fatigue Goal: Pt will ambulate 100ft BID. Goal: Perform daily hygiene at the skin in my time of care	Assess pedal pulses & capillary refill in lower extremities q4h	encourage compression devices
	Strength & muscle tone assessment q12h	Speak w/ Dr for PT/OT evaluation & Tx
	Skin assessment (Head to toe) q12h	implement q2 turns or repositioning // changing from bed to chair
	monitor O2 levels while performing task/exercise Input & output q8h ↳ constipation is common w/ sedative pt. if liquids are not moved around they become stationary	promote cluster care & routine w/ rest periods in between talk w/ provider about possible catheter / stool softener for regular output - provide comfort.

Student Name: Haley Donovan
Clinical Instructor: Wingate

ATI Real Life COPD Virtual Clinical Reflection Questions

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
 - a. RN-Allyson
 - b. MD-Dr. Peetze
- 2) Did your patient have any abnormal blood work (lab)? If so, select a priority finding and discuss why that value is concerning.
 - a. ABG - patient is showing ^{Respiratory} metabolic acidosis
the kidneys are working overtime
because of acid in the blood.
- 3) Did your patient have any abnormal clinical diagnostic tests? If so, what were they and what was the abnormal finding? What can that indicate?
 - a. Sputum & blood cultures are pending
CXR - flattened diaphragm, abnormal areas of
density in @ lung base, hyperinflation
- 4) What were some of the teaching topics covered in the scenario? Why were they important to the care of this patient?
 - a. patient should report any s/s of allergic reaction to ABX
 - b. Nutritional status & better choices
 - c. How to properly use MDH
- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
 - a. patient identifiers (Name/DOB) - proper pt
 - b. Checked MAR for right drug, dose, route, time, pt
 - c. read back the Dr. over the phone order
- 6) Do you feel the nurse and medical team utilized therapeutic communication techniques when interacting with individuals, families, and health team members of all cultural backgrounds?
 - a. If yes, describe:
The staff asked the pt & family members
to express their thoughts & continued
to get their input during time of care
 - b. If no, describe:

Reflection

- 1) Go back to your Preconference Form:
 - a. Indicate (**circle, star, highlight**) the components of your preconference form that you saw applied to the care of this virtual patient.
- 2) Review your Nursing Problem Worksheet: Did you select a correct priority nursing problem?
 - a. If yes, write it here: impaired gas exchange & impaired
mobility

b. If **no**, write what you now understand the priority nursing problem to be:

3) Review your Nursing Problem Worksheet: Did you see many of your anticipated nursing assessments and interventions used?

a. Indicate (**circle, star, highlight**) the ones you saw utilized during the scenario.

b. Were there interventions you included that *were not* used in the scenario that could help this patient?

i. If **yes**, describe:

during the videos we did not see Mr. Gomez attempt his own ADL'S this would be important

ii. If **no**, describe: prior to discharge.

4) Often patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? yes

a. How did that impact the nursing care delivered?

Mr. Gomez did have an allergic reaction to the ABX so a new order did have to be obtained. The staff in the video were able to pivot care to obtain to Mr. Gomez's current needs.

b. What new, additional priority nursing problem (diagnosis) did you identify? (Refer to your NANDA list)

i. Write it here:

impaired nutrition

What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice:

every patient is treated w/ individualized care. the plan may have to be changed based on the pt attitude towards their care but as well as their response. It is important to have critical thinking skills to anticipate what to do next for your pt safety & wellbeing.