Preconference Form

Student Name: May Htut

Medical Diagnosis/Disease: COPD Exacerbation / COPD Chronic Obstructive Pulmonary Disease (Lungs)

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

Anatomy and Physiology

Normal Structures

Upper Tract: Nose, Mouth, Pharynx Epiglottis, larynx, Trachea.
Lower Tract: Bronchi, bronchioles, Alveolar ducts and Alveoli.
(R) Lung 3 Lobes, (L) Lung 2 Lobes.
Lungs are responsible for breathing. Air travels through upper and Lower tract. Here CO_2 goes out, O_2 comes in.
Pleura membrane = Covering.
Diaphram Expands and Contracts.
Alveoli are Capillary Vessesl.

Pathophysiology of Disease

COPD caused by Chronic abnormal inflammatory respone of the lung to noxious particles or gases (Cigarette Smoke).
Exacerbation are episodes of worsening Symptoms "flareups".
Increase neutrophils/macrophages in airway, Cells release Cytokines and proteases which damage airway cell walls, increase mucus production. Viral or Bacterial.
Narrow airway / Obstruction.

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics

Labs: Chest X-ray *
COPD Assesment test
ABG's *
6 min Walk test
Sputum Cytology
CBC Alpha-1

Additional Diagnostics

Spirometry *
Biopsy

Emphysema, Type of COPD. alveoli are damaged

NR of O_2 88% to 92%

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

Contributing Risk Factors

Smoking Cigarettes
40 +
History of Asthma / Resp. Infection. *
Occupational exposeure.
Low birth Weight
Alpha-1 Antitrypsin deficiency.

Signs and Symptoms

Dyspnea
Cough
Regular Sputum Production.
Whezzing

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

* O_2 Therapy High flow NC
Non-invasie Ventilation

Surgical

Lung Transplant
Lung Volume reduction Surgery, Bullectomy (Air Sac)

Prevention of Complications

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

Respiratory failure
Stop Smoking
* Consuming healthly diet
Death.
Weakness / Infections

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

Anticipated Medication Management

Nebulizer
Bronchodilators
* Antibiotics
Allergy, Cold or Cough remedies

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

Non-Pharmacologic Care Measures

Exersies
* Healthy Diet
Stress management eduction
* Rehab

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

What stressors might a patient with this diagnosis be experiencing?

Finanical
Lack of Support group
Uneducated about diagnosis
regerts

Client/Family Education

List 3 potential teaching topics/areas

* Recognizing Exacerbation Symptons.
* Using medication / Inhalers Correctly
* Understanding the role of pulmonary rehabilitation and exercise.

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)

Pulmonologist, Respiratory Therapist, The Dietary department, Physical Therapist, Surgeons. Case Mangement

ATI: COPD

Nursing Problem Worksheet

Name: Maythwe Htut

Anticipated Patient Problem and Goals	Relevant Assessments (Prework) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prework) What will you do if your assessment is abnormal?
Problem: Impaired gas exchange Reasoning: SOB, Wheezing, on O2 therapy Goal: Maintain O2 Sat of >88% by the end of my care Goal: Use/get to 2000 on Incentive Spirometer by the end of my Care.	*Assess/Auscultate lung Sound every Shift/PRN Assess Rate and Pattern of RR < 12, > 20 Every 4hours *Assess SpO2 levels Every 4 hours Assess Grimacing/Pain in the chest on exertion every time OOB. Assess for exacerbation, Dyspena or SOB every 4 hours.	*Order Chest X-ray to determine underlaying cause of abnormal Findings *Provide Incentive Spirometer with a set goal. Q1 hr, 10 each hour. *if SpO2 level >88%. provide O2 Continuously 2L on NC. Direct pt back to bed and call a rapid respond. * Notify MD. *Order an Arterial blood gas (ABG) to get a picture of Oxygen and Carbon dioxde levels. if abnormal results Provide respitory support (Mechanical Ventilation, Broncho-dilators)

Anticipated Patient Problem and Goals	Relevant Assessments (Prework) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prework) What will you do if your assessment is abnormal?
Problem: risk for Falls. Reasoning: SOB, Secondary diagnoses, IV site, taking Pain medication. Goal: pt will not fall during my time of Care. Goal: Demonstrate how to use the Call light for help by the end of Shift/ Begining of my care.	Assess and monitor gait throughout Shift Assess and maintain a unobstructed Walkway every Shift Check BP Q4 for Orthostatic hypotenison Assess and ask pt if they have to use the Bathroom Q2hrs. *Assess if the call bell is within reach every time leaving the room and make sure pt Knows how to use to call bell System.	*Provide assitance with a walker every time pt get out of the bed. Clear pathway at the beginimg of every shift. Help pt change position Slowly every time OOB. Provide non-skid Socks and Assitances to Bathroom every 2 hrs. Demonstrate how to use the Call bell and allow the pt to teach-back how to call for help. Explain why it is nesscary to call before getting up.

Student Name Maythwe Htut
Clinical Instructor

ATI Real Life COPD Virtual Clinical Reflection Questions

1) Identify two members of the healthcare team collaborating in the care of this patient.
   a. Dan (Respiratory Therapist)
   b. Allyson (Registered Nurse)
2) Did your patient have any abnormal blood work (lab)? If so, *select a priority finding* and discuss why that value is concerning.
   a. Elevated White blood count (13,000/mm³) possible sign of Infection like pneumonia. Hgb and Hct were low, possible risk of bleeding/ Blood loss.

Hgb: 9.3g/dL
Hct: 29.1.

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. Notable hyperinflaton of bilateral lung fields and flattened diaphragm. Characteristic of atelectasis. Abnormal area of density present in the left lung. Might indicate pneumonia.

Radiology reports

4) What were some of the teaching topics covered in the scenario? Why were they important to the care of this patient?
   a. Using Incentive Spirometer, Helps expand lungs and getting in more air.
   b. Cough and deep breathing exrises to help infection/pneumonia.
   c. Planning to switch to a healtheir diet to help monge chronic diecases.
5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
   a. Turned off IV medication ASAP when itching/rash occured and got VS.
   b. Always used 2 patient identification before any care.
   c. Everyone Worked Only within there Scope of Practice.
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 whole heathcare team taking care of Mr. Gomez knew their role and advocated on the behalf or Mr. Gomez needs like ordering other Chest Xray and helping ease pain.
   b. ~~If no, describe~~: They also brought in family like rosie and kept her updated on her fathers heath Status.

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

b If **no,** write what you now understand the priority nursing problem to be
Acute pain would have been a priority to risk for falls.

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
      Providing assitances with walking and transfering. Walking and Sitting in Chair could have help breathing and lung expanison. Also pt was bleeding could have been do to lack of gudiance / Obstruted walking area.
      ii ~~If no, describe~~:

4) Often patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? Acute pain was Consistent path could have been cleared.
   a. How did that impact the nursing care delivered?
   We had to address and help with pain mangement plor to any educations or activity because Mr. Gromez did not want to be involed with his care due to the fact he was in pain
   b. What new, additional priority nursing problem (diagnosis) did you identify? (Refer to your NANDA list)
      i. Write it here:
      Acute pain / impaired skin integrity.

What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice:
My biggest take away is that it is important to address patients need first before trying to do any client education or nursing nesscacites. The patient might not want to eat, walk or listen to the healthcare tecim if their needs are not meet first. In this example the patient was in alot of pain and was having trable breathing that it was hard for Mr. Gromez to focus until his symtoms were managed.

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME Maythwe Htut
MEDICATION Acetaminophen 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 and fever, Primarily in the CNS.

Therapeutic Use
Analgesia, Antipyresis
Pain reilf, Reduce Fever.

Complications
Hyper / Hypotenison, Rash, Constipation, renal failure, Nausea and Vomiting, Neutropenia, fatigue, dyspena.

Medication Administration
PO (Adults and Children >12yr)
- 325-650mg Q6hrs.
- 1g 3-4 times Daily
- 1300 mg Q8hrs.

No more than 3g in 24hrs for someone with renal impairment.

Contraindications/Precautions
Severe hepatic impairment, active liver diease, Alcholism, malnutrition. Some products Contain alcohol, aspartame, saccharin, Sugar and tartrazine. (FDA yellow dye #5)

Nursing Interventions
Assess type, location, and Intesity prior to and 30-60 min following administration
Assess fever / tempurature.
Assess renal function.

Interactions
increase risk of bleeding with Warfin.
hepatotoxic Substance, Increase risk of liver damage.

Client Education
Take as Insucted.
avoid alcohol
discontinue if rash occurs.
report to PCP if fever > is not relifed.
monitor glucose if diabetic

Evaluation of Medication Effectiveness
Relief of mild to moderate pain.
Reduction of fever.

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME Maythwe Htut

MEDICATION Ceftriaxone REVIEW MODULE CHAPTER _____

CATEGORY CLASS Anti-infective, Third-gen Cephalosporins

PURPOSE OF MEDICATION

Expected Pharmacological Action
Decreased incidence of Infection when used for prophylaxis

Therapeutic Use Binds to the Bacterial cell wall membrance, causing cell death.

Complications
Rash, Cdiff, diarrhea. Pancreatistis, acute renal failure, bleeding. Seizure, Pain at IM Site.

Medication Administration
IV (Adults)
Most infection: 1-2g Q12-24 hrs
Gonorrhea: 500mg
Meningitis: 2g Q12hrs
Peroperative prophylaxis 1g Q 0.5-2hrs before Surgery (Single dose)

Contraindications/Precautions
Serious hypersensitivy to Penicillin, Hypersensitivy to Cephalosporin.
Severe hepatic and renal impairment
History of GI diease.

Nursing Interventions
Assess for Infection at beginning and throughout therapy.
Monitor bowel function.
Obtain Specimens for C/S before starting therapy.
Obtain medication history.

Interactions
Should not be adminstered Concomitantly with any calcium-containing Solution.
↑ risk of bleeding with warfin.

Client Education
report Signs of Superinfection.
report if fever or diarrhea develop, especially if diarrhea Contains blood, pus, or mucus.

Evaluation of Medication Effectiveness
Resolution of the Signs and Systems of Infection
Decreased incidence of infection when used for prophylaxis.