

Clinical Case Study – Influenza

IM- 1

Assessment:

57 year old male presents to clinic reporting acute, productive cough with pleuritic chest pain and shortness of breath; fever/chills, sore throat, severe fatigue, myalgia and headache.

Pale, fatigued appearance; tachycardic; dyspneic; productive cough, eyes red, watering. Throat inflamed. Skin warm, dry, 1+ turgor.

Refuses annual influenza vaccine. Cigarette use: 1- 1 ½ packs per day. Lives with elderly father who is under hospice care. Currently unemployed.

Daily medications: Avapro, Atorvastin. No medication allergies.

T- 103.6 B/P: 148/84 HR: 100 R: 26 SPO₂: 92 % room air

Pain: 4 on 0/10 scale.

Wt: 90 kg Ht: 72 inches

Chief Complaint:

Fever, chills, acute sore throat, shortness of breath with inspiratory pain, cough, severe fatigue, muscle pain

Past Medical History:

Hypertension, Coronary Artery Disease, Obesity; Tonsillectomy

Laboratory data:

1. Influenza test positive

Nursing Process:

Assessment

Analyzing/Nursing diagnosis

Plan/Goals

Interventions/Implementation

Discussion/Recommendations:

What do you know about this patient?

What are your concerns?

What do you anticipate are the patient's concerns?

What would be your plan of care?

What teaching does your patient need?

