

Student Name: Kimberly Colbert

Patient: R.B

Date: 3/22/2021

1. Disease Process & Brief Pathophysiology:

Acquired Tracheobronchomalacia is a rare condition that occurs when the walls of the airway (specifically the trachea and bronchi) are weak. This can cause the airway to become narrow or collapse. There are two forms, primary which develops during infancy and acquired which is a form seen in adults. Acquired TBM is generally caused by the degeneration of cartilage that typically supports the airways.

2. Factors for the Development of the Disease/Acute Illness:

Tracheobronchomalacia seen in adults typically is progressive, worsening over time. The acquired form seen in adults may occur due to trauma, chronic inflammation and/or prolonged compression of the airways. Many adults' diagnoses with TBM have common respiratory conditions such as asthma, chronic bronchitis, and emphysema. Acquired TBM may be associated with inflammatory conditions such as relapsing polychondritis, exposure to toxins or enlargement of structures near the airway. In many cases the cause is not known.

3. Signs and Symptoms: Tracheobronchomalacia signs and symptoms are shortness of breath, cough, sputum retention (inability to clear mucus from the respiratory tract) and/or wheezing or stridor with breathing. Symptoms may become worse during periods of stress (i.e., illness), when reclining or when forcing a cough.

4. Diagnostic Tests pertinent or confirming of diagnosis:

Initial admission ABG's collected showed:

Ph: 7.2 PCO2: 66.8 PO2: 73.5 HCO2: 26.7

Chest x-ray: Revealed elevation of right hemi diaphragm with associated atelectasis

CT scan: Tracheobronchomalacia

Bronchoscopy: Revealed collapsing trachea and right Lower Lobe bronchial mass. Right main stem bronchus is compressed

BX of mass: Revealed Inflammation but no malignancy

5. Lab Values that may be affected

ABG's

WBC

Elevated Potassium levels

6. Current Treatment

Patient R.B was intubated due to her refusal to be placed on a BIPAP. Pt stated she was claustrophobic and suffered from anxiety. Her refusal led to Pt going into respiratory distress and subsequently intubated. Several attempts were made to extubate and wean Pt to CPAP setting. Attempts failed. Currently PT is intubated with CPAP settings in the daytime and vent settings at night. Pt will ultimately require a tracheostomy

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7. Focused Nursing Diagnosis:

Ineffective breathing pattern

11. Nursing Interventions related to the Nursing Diagnosis in #7:

1. Assess ABG levels

Evidenced Based Practice:

This monitors oxygenation and ventilation status

8. Related to (r/t):

Prolonged inadequate ventilation, collapsed trachea, atelectasis

2. Assess the ventilator settings and alarm system every hour

Evidence Based Practice:

Assessment ensures that settings are accurate and alarms are functional

3. Assess for correct endotracheal tube placement through observation of a symmetrical rise of both chest sides, auscultation of bilateral breath sounds, and x-ray confirmation.

Evidenced Based Practice:

Correct ET tube placement is important for effective mechanical ventilation

9. As evidenced by (aeb):

Worsening ABG's of Ph 7.2 PCo2 66.8 and HCo2 26.7. with hypoxia and hypercapnia

Restlessness/Anxiety

Abnormal chest x-ray and CT findings

10. Desired patient outcome:

Patient maintains an effective breathing pattern as evidence by relaxed breathing at normal rate and depth and absence of dyspnea.

Patient oxygen saturation and blood gases return within normal range.

12. Patient Teaching:

1. Suctioning is needed when patients are unable to cough out secretions properly due to weakness, thick mucus plugs, or excessive or tenacious mucus production. This procedure can also stimulate a cough.

2. Oral care freshens the mouth after respiratory secretions and will be provided every four hours.

3.

13. Discharge Planning/Community Resources:

1. Collaborate with the case manager and social worker as appropriate to attain equipment and arrange for home care nurses.

2. After trach placement, the stoma should be covered to prevent inhalation of foreign materials.

3. Call health care provider if the amount of secretions increases or a change in color or characteristic occurs. Changes could signify the presence of an infection.

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Patient demonstrates maximum lung expansion with adequate ventilation and mechanical ventilation.

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5Wml+20K @80ml/hr	Isotonic <input type="checkbox"/> Hypotonic <input checked="" type="checkbox"/> Hypertonic <input type="checkbox"/>	Hydration	Potassium	None

Student Name: Kimberly Colbert		Unit: LTAC	Patient Initials: R.S		Date: 3/22/2021	Allergies: prochlorperazine	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
clonazepam	benzodiazepines	Prevention of Sz. Decreases manifestations of panic disorder	0.5 mg TID crushed given by NGT	Yes Click here to enter text.		Suicidal thoughts, behavioral change, increases respiratory secretions, weight gain, urinary retention.	1. Notify professional of unusual tiredness, bleeding, sore throat, fever, claycolored stools, yellowing of skin 2. Notify professional of thoughts of suicide or dying and or attempts of suicide, depression, anxiety or panic attacks. 3. May cause drowsiness, medication is for short term only 4. Abrupt withdrawal may cause status epilepticus, tremors, N/V, and abdominal cramps.
temazepam	benzodiazepines	Relief of insomnia	15mg QHS crushed given by NGT	Yes Click here to enter text.		Hangover, dizziness, hallucinations, abnormal thinking behavior	1. Take only if able to devote 8hrs of sleep. 2. May cause daytime drowsiness or dizziness, Avoid driving. 3. Assess CNS side effects and risk for falls, Institute fall prevention for older population

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							4. Give with food if GI becomes a problem.
Quetiapine	Antipsychotics, mood stabilizers	Decreased manifestations of psychoses, depression or acute mania	25 mg QHS crushed given by NGT	Yes Click here to enter text.		Seizures, dizziness, cognitive impairment, hyperglycemia, GI obstruction, pancreatitis	1. Monitor for onset of extrapyramidal side effects(akathisia, restlessness, dystonia, muscle spasm, pseudoparkinsonis, drooling, shuffling gait) 2. Monitor for development of neuroleptic malignant syndrome(fever, resp. distress, tachycardia, sz, hyper or hypotension) 3. Assess for falls risk. Should not be given toelderly patients with dementia related psychosis. 4. May cause drowsiness, change positions slowly to minimize orthostatic hypotension.
levofloxacin	fluoroquinolones	Death of susceptible bacteria	750mg IVPB Q48 hr	Yes Click here to enter text.	IVPB, 750mg in 100ml at rate of 100ml/hr	Elevated intracranial pressure, Sz, suicidal	1. Obtain specimens for culture and sensitivity before initiating therapy. 2. Observe Patient for signs of anaphylaxis. Keep epinephrine/antihistamine and

							4. Give with food if GI becomes a problem.
Quetiapine	Antipsychotics, mood stabilizers	Decreased manifestations of psychoses, depression or acute mania	25 mg QHS crushed given by NGT	Yes Click here to enter text.		Seizures, dizziness, cognitive impairment, hyperglycemia, GI obstruction, pancreatitis	<ol style="list-style-type: none"> 1. Monitor for onset of extrapyramidal side effects (akathisia, restlessness, dystonia, muscle spasm, pseudoparkinsonism, drooling, shuffling gait) 2. Monitor for development of neuroleptic malignant syndrome (fever, resp. distress, tachycardia, sz, hyper or hypotension) 3. Assess for falls risk. Should not be given to elderly patients with dementia related psychosis. 4. May cause drowsiness, change positions slowly to minimize orthostatic hypotension.
levofloxacin	fluoroquinolones	Death of susceptible bacteria	750mg IVPB Q48 hr	Yes Click here to enter text.	IVPB, 750mg in 100ml at rate of 100ml/hr	Elevated intracranial pressure, Sz, suicidal thoughts,	<ol style="list-style-type: none"> 1. Obtain specimens for culture and sensitivity before initiating therapy. 2. Observe Patient for signs of anaphylaxis. Keep epinephrine/antihistamine and

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						Torsade de pointes, QT interval prolongation, C-diff associated diarrhea, nausea, hypersensitivity reactions	resuscitation equipment close by. 3. Monitor bowel function 4. Assess for rash periodically during treatment, may cause Stevens Johnson syndrome
oxacillin	Penicillinase resistant penicillins	Bacterial action	12grams IVPB Q24 hrs continuous	Yes	IVPB, 500ml at rate 20.833ml/hr Q-24hrs	Seizures, diarrhea, nausea, vomiting. Anaphylaxis, pain at IM site, phlebitis at IV site.	<ol style="list-style-type: none"> 1. Take medication around the clock and finish drug completely 2. Observe for signs and symptoms of anaphylaxis. Discontinue the drug and notify physician. 3. Advise patient to report signs of superinfection (loose or foul smelling stools, black furry tongue) and allergy 4. Instruct patient to notify health care professional if fever and diarrhea develops, especially if stool contains blood, pus or mucus.

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acetazolamide	Carbonic anhydrase inhibitors	Prevention and treatment of seizures. Diuretic, prevention of uric acid or cystine renal calculi	500mg, IVP Q-8hr	Yes Click here to enter text.	IVP, 500mg dilute with 10ml, Q-8hr	Hyperchloremic acidosis, hypoglycemia, hypokalemia, renal calculi, crystalluria, Leukopenia, hypersensitivity reactions	<ol style="list-style-type: none"> 1. Report numbness or tingling of extremities, weakness, rash, sore throat, unusual bleeding or bruising, fever or s/s of adverse reaction. 2. May caused drowsiness 3. Use sunscreen and wear protective clothing to prevent photosensitivity reactions. 4. Do not double dose, Take as directed. Patients on anticonvulsants may need to gradually withdraw.
				Choose an item. Click here to enter text.			<ol style="list-style-type: none"> 1. 2. 3. 4.
				Choose an item. Click here to enter text.			<ol style="list-style-type: none"> 1. 2. 3. 4.