N301 Care Plan

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 09/16/18	**Patient Initials** D.C.	**Age** 78	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Divorced	**Allergies** Pet dander
CodeStatus Full Code	**Height** 162.56 cm	**Weight** 70 kg	

Medical History (5 Points)

Past Medical History: CAD, COPD, Hyperlipidemia, tobacco use disorder, osteoarthritis, transient ischemic attack, occlusion & stenosis of bilateral carotid arteries

Past Surgical History: Hernia repair-1960

Social History (tobacco/alcohol/drugs, pertinent social factors):

Patient is currently retired. He states the he likes to paint and make sculptures during the day. His current living arrangement includes renting a room from two friends in Mattoon, IL. Patient presents by himself. Patient states that he has five sons and two daughters, all who live in different states. Patient admits to a history of tobacco use. Patient states that he started smoking cigarettes at the age of 14 and stopped at the age of 51. He occasionally will smoke a cigar. Patient rarely drinks alcohol, states 1-2 times a year and that includes a beer or a whiskey beverage. Patient only uses reading glasses. Patient states that he was in the military service but did not include which branch or for how long. The patient's family history includes anemia, lung cancer, and tuberculosis in his mother; congestive heart failure and drug abuse in his sister.

Admission Assessment

Chief Complaint (2 points): Right sided chest pain

History of present Illness (10 points):

Patient presents to the ED on 9/16 with complaints of right sided chest pain. He states that he was working in the garage like he does on a daily basis and suddenly he felt like he couldn't breathe and felt "a ton of pressure" on the right side of his body. Patient tried taking some medicine at home, when asked what kind, he said he couldn't recall. He thought it would go away on its own, but it didn't so he decided to call an ambulance.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumothorax

Secondary Diagnosis (if applicable): COPD

Pathophysiology of the Disease, APA format (15 points):

A pneumothorax is a partial to complete collapse of the lung due to accumulation of air in the pleural space. It occurs when the parietal or visceral pleura is breached and the pleural space is exposed to positive atmospheric pressure; when either pleura is breached, air enters the pleura space, and the lung or a portion of it collapses (Brunner & Suddarth, 2018, p.629). A primary spontaneous pneumothorax occurs without preceding trauma or precipitating event and develops in a person without clinically apparent pulmonary disease. Patients most at risk are those with history of cigarette smoking, Marfan syndrome, homocystinuria, or family history of pneumothorax. Patients with primary spontaneous pneumothorax tend to be tall, slender, and young males ("Pneumothorax Etiology - Epocrates Online", 2018). There are different types of pneumothoraxes including simple (spontaneous), traumatic, and tension. A traumatic pneumothorax occurs when air escapes from a laceration in the lung itself and enters the pleural space or from a wound in the chest wall (Brunner & Suddarth, 2018, p.629). A tension pneumothorax occurs when air is drawn into the pleural space from a lacerated lung or through a

small opening/wound in the chest wall; it may be a complication of other types of pneumothorax (Brunner & Suddarth, 2018, p.629). Based upon D.C.'s findings, he was suffering from a spontaneous pneumothorax.

When a patient comes in to the emergency department complaining of chest pain, many think of a heart attack. It is important to look at all of the sign and symptoms that the patient is having to figure out what is going on exactly. We must assess the patient's vital signs, especially the respiratory rate and oxygen status. It is also important during the assessment phase, to check the patient's tracheal alignment, expansion of their chest, breath sounds, and percussion of the chest (Brunner & Suddarth, 2018, p.630).

Upon admission, D.C. had given a past medical history of COPD and tobacco use disorder. Both of which are pertinent causes of pneumothorax. He also complained of chest pain and shortness of breath, which are the two main concerns for pneumothorax. He also had a cough that was not productive and fatigue. Because of the findings, he was sent for an emergent thoracotomy where they inserted a chest tube on his right side.

After the procedure, a chest x-ray was obtained to ensure correct placement of the chest tube. A CBC was obtained upon admission which revealed elevated monocytes; a BMP was also obtained which revealed elevated glucose and BUN levels. The provider also ordered a D-Dimer and the value was elevated as well. Along with a chest x-ray, an electrocardiography and an echocardiogram were ordered. These tests are all essential in the diagnosis of pneumothorax.

Treatment of pneumothorax depends on its cause and severity. The goal of treatment is to evacuate the air/blood from the pleural space (Brunner & Suddarth, 2018, p.630). Having a chest tube placed, helps with evacuating the excess air. The patient should be put on oxygen and have the O2 saturation monitored.

References:

Brunner & Suddarth (2018). Textbook of Medical-Surgical Nursing (14th ed.). Wolters Kluwer.

Pneumothorax Etiology - Epocrates Online. (2018). Retrieved from https://online.epocrates.com/diseases/50424/Pneumothorax/Etiology

Laboratory Data (15 points)

CBC: Highlight All Abnormal Labs, Explanations must contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**4.7-6.1**	**5.08**	**4.27**	Patient is taking aspirin which can lower his RBC count.
Hgb	**14-18**	**14.7**	**12.6**	.
Hct	**42-52%**	**44.2%**	**37.0%**	Hematocrit levels are decreased with low vitamin B12 levels, bleeding, and destruction of red blood cells. Patient take daily dose of vitamin B12. (Davis, 2018)
Platelets	**150-400K**	**177K**	**166K**	.
WBC	**5-10K**	**8.0K**	**9.8K**	.
Neutrophils	**45-75**	**50.4**	**87.3**	Neutrophils are elevated with infection, surgery, and high stress level. Patient just underwent surgery and has been stressed out since admission. ("Neutrophils: Definition, Counts, and More", 2018)
Lymphocytes	**20-30**	**36.5**	**7.5**	Lymphocytopenia is the term to describe decreased lymphocyte counts. This is caused because the body isn't producing enough lymphocytes, this can be caused by undernutrition and certain drugs. ("Lymphocytes: Definition, Counts,

				and More", 2017)
Monocytes	**4.4-12.0**	**8.8**	**5.1**	.
Eosinophils	**<7**	**3.5**	**0.0**	.
Bands	**N/A**	**N/A**	**N/A**	.

Chemistry: Highlight Abnormal

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na+	**136-145**	**137**	**139**	.
K+	**3.5-5.0**	**4.2**	**4.6**	.
Cl-	**98-106**	**102**	**104**	.
CO2	**22-29**	**22**	**22**	.
Glucose	**70-100**	**200**	**223**	Elevated glucose levels can be caused from stress, low levels of exercise, infection, illness, surgery and other medications. Patient recently had surgery and has not been able to exercise which can lead to high levels of glucose. (Ferry Jr., 2018)
BUN	**10-20**	**32**	**21**	Elevated BUN levels can be caused from dehydration, stress, CHF, shock, GI bleeding. Upon admission, the patient was highly elevated, it is now going back down to normal. ("What Is a Blood Urea Nitrogen Test?", 2018)
Creatinine	**0.6-1.2**	**1.05**	**0.84**	.
Albumin	**3.5-5.0**	**4.2**	**N/A**	.

Calcium	**9.0-10.5**	**10.1**	**9.3**	.
Mag	**N/A**	**N/A**	**N/A**	.
Phosphate	**N/A**	**N/A**	**N/A**	.
Bilirubin	**0.3-1**	**<0.2**	**N/A**	.
Alk Phos	**30-120**	**107**	**N/A**	.
AST	**0-35**	**21**	**N/A**	.
ALT	**4-36**	**12**	**N/A**	.
Amylase	**N/A**	**N/A**	**N/A**	.
Lipase	**N/A**	**N/A**	**N/A**	.
Cholesterol	**N/A**	**N/A**	**N/A**	.
Triglycerides	**N/A**	**N/A**	**N/A**	.
Lactic Acid	**N/A**	**N/A**	**N/A**	.

Other Tests Highlight Abnormal

Lab Test	Normal Range	Value on Admission	Today's Value	Reason For Abnormal
INR	**N/A**	**N/A**	**N/A**	.
PT	**N/A**	**N/A**	**N/A**	.
PTT	**N/A**	**N/A**	**N/A**	.
D-Dimer	**<0.4mcg/mL**	**1.35**	**N/A**	High results don't always mean there is a clot present, it could mean that there is infection, injury, liver disease, or cancer. Our patient is going through a lot of stress with his injury, so it is mostly due to that, that this level is elevated.

				("What Is the D-Dimer Test?", 2018)
BNP	**N/A**	**N/A**	**N/A**	.

Urinalysis Highlight Abnormal (NOT AVAILABLE)

Lab Test	Normal Range	Value on Admission	Today's Value	Reason For Abnormal
Color & Clarity	.	.	.	.
pH	.	.	.	.
Specific Gravity	.	.	.	.
Glucose	.	.	.	.
Protein	.	.	.	.
Ketones	.	.	.	.
WBC	.	.	.	.
RBC	.	.	.	.
Leukoesterase	.	.	.	.

Cultures (NOT AVAILABLE)

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	.	.	.	.
Blood Culture	.	.	.	.
Sputum Culture	.	.	.	.

Lab Correlations Reference (APA): .

Davis, C. (2018). What Is a Hematocrit? Levels, Range, What's Normal, High, Low. Retrieved from https://www.emedicinehealth.com/hematocrit_blood_test/article_em.htm

Ferry Jr., R. (2018). High Blood Sugar (Glucose) Levels: Signs of Hyperglycemia. Retrieved fromhttps://www.emedicinehealth.com/high_blood_sugar_hyperglycemia/article_em.htm#high_blood_sugar_symptoms

Lymphocytes: Definition, Counts, and More. (2017). Retrieved from https://www.healthline.com/health/lymphocytes#low-count

Neutrophils: Definition, Counts, and More. (2018). Retrieved from https://www.healthline.com/health/neutrophils#high-levels

What Is a Blood Urea Nitrogen Test?. (2018). Retrieved from https://www.webmd.com/a-to-z-guides/blood-urea-nitrogen-test#3

What Is the D-Dimer Test?. (2018). Retrieved from https://www.webmd.com/dvt/what-is-the-d-dimer-test#1

Other Diagnostic Tests (EKG, Echocardiogram, Xrays, CT scan, etc) (5 points):

- **Chest X-Ray**
  - Patient presented to ED with right sided chest pain and shortness of breath. X-ray was ordered to see placement of chest tube. Per the radiologist's note, the findings from the chest x-ray consisted of: interval retraction of right sided chest tube without pneumothorax, right basilar atelectasis.
- **EKG**
  - Abnormal EKG
  - Sinus rhythm with occasional premature ventricular complexes
  - Left axis deviation
  - Left ventricular hypertrophy with repolarization abnormality
  - When compared with EKG of March 23, 2017, premature ventricular complexes are now present
  - Vent rate has increased by 35 BPM
  - ST now depressed in lateral leads
  - T wave inversion now evident in lateral leads
  - QT has lengthened
- **EC-Echo complete with contrast**
  - 2-D ultrasound, color spectral doppler and M-mode evaluation of heart and great vessels

- Normal left ventricle chamber size and systolic function with ejection fraction 70-75%
- Normal diastolic function
- Normal right ventricle chamber size and systolic function with ejection fraction 70-75% with estimated RVSP 45mm of mercury with mild pulmonary hypertension
- Left atrium is moderately dilated
- Aortic valve appears trileaflet without stenosis/regurgitation
- Mild mitral valve annular clarification without stenosis but mild regurgitation is seen
- Mild tricuspid regurgitation
- Inferior vena cava was not well visualized
- No pericardial effusion

Diagnostic Test Correlation, APA Format & References (5 points):.

Current Medications (10 points, 1 per completed med))

Home Medications (5 required)

Brand/Generic	**Norvasc (amlodipine)** (*Nurse's Drug Handbook*, 2018, p.59-61)	**aspirin (acetylsalicylic acid)** (*Nurse's Drug Handbook*, 2018, p.90-92)	**Zestril (lisinopril)** (*Nurse's Drug Handbook*, 2018, p.640-643)	**Nitroglycerin (glyceryl trinitrate)** (*Nurse's Drug Handbook*, 2018, p.786-789)	**VitaminB12 (cyanocobalamin)** ("Vitamin B-12", 2018)
Dose	10mg	81mg	20mg	0.4mg	1000mcg
Route	PO	PO	PO	Sublingual	PO
Classification	antihypertensive	Nonopioid analgesic, anti-inflammatory	antihypertensive	antihypertensive	vitamin

Action	Binds to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vascular smooth muscle cells and inhibits influx of extracellular calcium ions across slow calcium channels	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis.	May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II. May also inhibit renal and vascular production of angiotensin II	May interact with nitrate receptors in vascular smooth muscle cell membranes. This interaction reduces nitroglycerin to nitric oxide, which activates the enzyme guanylate cyclas, increasing intracellular formation of cGMP.	coenzyme for metabolic functions, necessary for cell growth & replication, hematopoiesis, myelin synthesis.
Reason Client Taking	Control blood pressure	To relieve mild pain	Control blood pressure	Originally for BP, but client doesn't take as it is prescribed. Takes when he sees funny things in his vision, then he assumes his BP is high.	To treat low levels of vitamin B12
Contraindications (2)	Hypersensitivity Aliskiren therapy with diabetes/renal impairment	Asthma Peptic ulcer disease	Hypersensitivity Hereditary or idiopathic angioedema	Acute MI Orthostatic hypotension	Allergy to cobalt Leber's disease
Side Effects/Adve	Anxiety	GI bleeding	Ataxia	Blurred vision	Mild itching

rse Reactions (2)	dyspnea	thrombocytopenia	Pyelonephritis	Pneumonia	headache
Nursing Considerations (2)	Assess frequently for chest pain Monitor blood pressure through course of medication administration	Do not crush time-release or controlled release tablets unless directed Ask about tinnitus	Do not give to a patient who is hemodynamically unstable after an acute MI Use cautiously in patients with severe aortic stenosis or hypertrophic cardiomyopathy	Place under patient's tongue and make sure it dissolves completely Check vital signs before every dosage adjustment and often during therapy	Assess for signs and symptoms of B12 deficiency Monitor serum potassium
Client Teaching needs (2)	Take missed dose as soon as remembered and next dose in 24 hours Take medication with food to reduce GI upset	do not take ibuprofen because it may reduce the cardioprotective and stroke preventative effects of ASA Take with food or after meals	Take medication at the same time every day Do not use salt substitutes that contain potassium	Instruct patient to read and follow package instructions to obtain full benefits of drug When talking SL, remind patient not to rinse mouth or spit for 5 minutes after using the drug	Encourage foods high in vitamin B12 (meats, clams, oysters, eggs, dairy products) Educate patient about signs of serious significant reaction

Hospital Medications (5 required)

Brand/Generic	**Lovenox (enoxaparin)** (*Nurse's Drug*	**Tylenol (acetaminiphen)**	**Calcium carbonate** (*Nurse's Drug*	**Colace (docusate)**	**Morphine** (*Nurse's Drug*

	Handbook, 2018, p.368-370)	(*Nurse's Drug Handbook*, 2018, p. 8-11)	*Handbook*, 2018, p.154-157)	(*Nurse's Drug Handbook*, 2018, p.331)	*Handbook*, 2018, p.740-744)
Dose	40mg	1000mg	1000mg	100mg	2mg
Route	SubQ	PO	PO	PO	IV
Classification	antithrombotic	Nonopioid analgesic, antipyretic	antacid	laxative	analgesic
Action	Potentiates the action of antithrombin III. By binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors.	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system	Increases levels of intracellular and extracellular calcium, which is needed to maintain homeostasis	Acts as a surfactant that softens stool by decreasing surface tension between oil and water in feces. This lets more fluid penetrate stool, forming a softer fecal mass	Binds with and activates opioid receptor in brain and spinal cord to produce analgesia and euphoria
Reason Client Taking	To prevent DVT	Pain	heartburn	constipation	Severe pain
Contraindications (2)	Active major bleeding thrombocytopenia	Hypersensitivity Severe hepatic impairment	Hypercalcemia Renal calculi	Fecal impactation Symptoms of appendicitis	Alcoholism Seizure disorders
Side Effects/Adverse Reactions (2)	Congestive heart failure anemia	Hemolytic anemia Stevens-johnson syndrome	Paesthesia diaphoresis	Syncope palptations	Decreased respirations GI

					disturbances
Nursing Considerations (2)	Don't give drug by IM injection Be aware that drug isn't recommended for patient's with prosthetic heart vavles, especially pregnant women	Monitor liver function tests Monitor urine	Store at room temperature, protect from heat, moisture and direct sunlight; don't freeze Monitor serum calcium levels	Assess for laxative abuse syndrome Expect long-term usage to cause dependence on laxatives for bowel movements	Ensure that before giving, opioid antagonist and equipment for oxygen delivery and respiration are available Assess patients drug use, including all prescription and OTC drugs before therapy begins
Client Teaching needs (2)	Notify provider of bleeding Caution patient not to rub site after giving injection to minimize bruising	Do not exceed dosage or take other drugs containing acetaminophen at the same time because it can cause liver damage Teach patient to recognize signs of hepatotoxicity, such as bleeding, easy bruising, and malaise	Take 1-2 hours after meals Avoid taking within 2 hours with another oral drug because of risk of interactions	Do not use when abdominal pain, nausea or vomiting are present Take with a full glass of water or milk	Take directly as prescribed and do not change dosage without providers consent Avoid alcohol and other CNS depressants

Lab Reference (APA Format):

Jones & Bartlett Learning, LLC. (2018). *Nurse's Drug Handbook* (17th ed.). Burlington, MA.

Vitamin B-12. (2018). Retrieved from

https://www.mayoclinic.org/drugs-supplements-vitamin-b12/art-20363663

Assessment

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1207	60	Right arm 176/93	16	36.8C	93%
1517	61	Right arm 169/75	20	36.7C	96%

Physical Exam (18 points)

NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation, Mental Status, Speech, Sensory, LOC:**	Patient awake in bed A&O x4. Patient appears to be fatigued and states he has not slept all night or napped throughout the day. Patient speaks English well and at a normal pace. Patient MAEW for current age and condition. Patient's strength is bilaterally equal.
MUSCULOSKELETAL (2 points): **Neurovascular status, ROM, Supportive devices/strength** **ADL Assistance Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Fall risk: 45 Patient exhibits active range of motion. Patient is a fall risk. Patient is up with 1 assist. Patient is able to move to the bathroom but complains of pain and discomfort in his chest. Patient only uses glasses for reading. Patient denies the use of a walker, wheel chair, or cane. Patient denies the use of any other assistive devices around his home.

CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable)** **Peripheral Pulses:** Radial, Pedal **Capillary refill:** 2 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema_____**	Patient is currently being monitored by telemetry. Patient sinus rhythm with occasional premature ventricular complexes based upon EKG. Heart sounds auscultated x5. S1, S2 heart sounds noted. Radial and pedal pulses assessed. Capillary refill of 2 seconds. Patient shows no signs of edema or neck vein distention. Patient has a chest tube placed on his right side.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No noted accessory muscle use when breathing. Trachea midline, no deviations. Patient admits shortness of breath when having pain around chest tube. Patient present with a cough. Anterior and posterior lung sounds auscultated. Lung sounds diminished bilaterally. No noted wheezing on inspiration. Patient is using 1.5L of oxygen through nasal cannula. Patient denies the use of oxygen at home. Patient uses incentive spirometry 10x each hour.
GASTROINTESTINAL (2 points): **Diet at home:** Patient states he "eats whatever he wants" **Current Diet:** Regular **Height:** 162.52 cm **Weight:** 70 kg **Auscultation Bowel sounds:** . **Last BM:** 9/15/18 **Palpation: Pain, Mass etc** **Inspection: distention, incisions, scars, drains, wounds** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:_____**	Patient's current diet is a regular diet. Patient states his diet at home is "whatever he wants to eat". Patient reports rare use of alcohol, 1-2x per year. Bowel sounds hypoactive in all four quadrants. Patient denies pain upon palpation. No masses present. No ostomy, nasogastric tube, feeding tube present. No drains. Patient states bowel movement was "2 days ago and he just can't go".
INTEGUMENTARY (2 points): **Skin color** **character, turgor, rashes, bruises:** **wounds:** . **Braden scale :** 19 **Drains present: Y☐ N ☒** **Type_____**	Patient states he is Caucasian and presents with a fair skin tone. Patient also claims that he has "Italian in him". Skin has normal elasticity, warm and dry to touch. No rashes or lesions present. Hair is completely white in color, patient claims his hair turned white at the age of 22. No notable skin turgor. Patient has chest tube on his right side.

HEENT (2 points): **Head:** . **Ears:** **Eyes:** **Nose:** **Teeth**	Head is midline with no deviations. Hair is white in color. Ears show no abnormal drainage, tympanic membrane visible, pearly gray. PEERLA is noted. Patient uses glasses for reading. Nose shows no deviated septum, turbinates equal bilaterally. Oral muscosa is dry. Patient's teeth present in yellow to dark brown in color, with many teeth missing.
GENITOURINARY (2 Points): **Color, character, quantity of urine, pain,** **Dialysis Y ☐ N ☐** **Inspection of genitals** **Catheter: Y ☐ N ☒** **Type_____**	Patient has been using urinal because he "doesn't want to get up with all of the cords he is attached to". No dialysis, catheter. Patient was still wearing jeans, would not let a female look beneath them. Patient denies pain with urination. Patient is on I & O's.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping methods,** **Educational level** **Developmental level,** **Ethnicity,** **Religion & what it means to pt.** **Occupation (previous if retired)** **Personal/Family Data (Think about home environment, family structure, and available family support)**	Patient presents fatigued upon assessment. Patient has not slept very well throughout the night nor has been able to nap during the day. Patient alone in the hospital. Patient admits history of tobacco use. Patient reports rare alcohol use, 1-2x a year. Patient states he was in the military service. Patient lives with two friends in Mattoon, IL. Patient reports all of his children live far away. Patient is a proud Protestant. Patient is retired. When asked what his occupation was before, he listed several items including: "song writer, book writer, artist, carving/sculpture maker".

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1210	0/10	N/A	N/A`	N/A	N/A
1517	2/10	Right side of chest, where tube it	mild	Sharp/pressure like	Reposition

IV Assesssment (2 Points)

Site Location, Patency/Condition & Date	Fluid Type/Rate or Saline Lock
Left antecubital IV 16g Date established: 9/16/18	None, discontinued morning of 9/17/18

No complications. Patient denies pain at site. No evidence or erythema, drainage, or swelling. Right antecubital IV 18g Date established: 9/16/18 No complications. Patient denies pain at site. No evidence or erythema, drainage, or swelling.	

Intake and Output during Your Shift (2 points)

Intake	**Output**
200ml	**0ml**

Nursing Care

Summary of care- Narrative of Nursing care provided, patient status throughout the day, any major concerns, etc (2 points):

Patient remained on the floor during the day. Patient wanted cleaned up, a bed bath was provided for him. Patient had complaints that he “felt like the tube in his chest kept going in further” after the doctor had been in to check on him. Changing positions in the bed helped relieve this pain. When this pain occurred he became short of breath, encouraged to take his time and take deep breaths. Patient’s blood pressure was high all day, due to the morphine he was given. Patient received a chest x-ray in his room which helped ease his mind of the pain he was having. Patient was given acetaminophen for his pain at this time. Patient complied with treatment.

Discharge Planning- Identify discharge needs, education, home health services/equipment, family involved, etc (2 points):

Upon discharge, patient will be going home to Mattoon, IL. with the two friends that he lives with. Patient will be educated about continuing use of incentive spirometer after discharge

in prevention of atelectasis. Patient is retired and would benefit from assistance from case management. Patient will be educated about scheduling follow up visits with primary provider to check on status post chest tube extraction. Patient would also benefit from education on home medications and any new medications that will be a part of his new routine.

***The following must be listed in order of priority and must be NANDA approved Diagnosis (18 points Total, 3 points for each complete diagnosis with 2 interventions & Rational, 3 points for correct prioritization)**

Nursing Diagnosis	Rational	Intervention (2 per dx)
1. Ineffective Breathing Pattern	This is in relation to decreased lung expansion occurring with pneumothorax	1. Assess patient's mental, respiratory, and cardiac status at frequent intervals 2. Assess and maintain the closed chest drainage system
2. Impaired Gas Exchange	This is in relation to ventilation-perfusion mismatch	1. monitor serial ABG results or oximetry readings 2. assess for indicators of hypoxia
3. Acute Pain	This is in relation to impaired pleural integrity, inflammation, presence of chest tube, or surgical intervention	1. assess patient's report of pain on a scale of 1-10 2 medicate with analgesics as prescribed, using the pain scale to evaluate and document medication effectiveness
4. Risk for Infection	This is in relation to having the chest tube	1. assess patient's bandages and reapply as needed 2. monitor WBC count to rule out infection
5. Risk for	This is in relation to	1.. Educate patient about

	preparing and educating patient in regards to diagnosis	pneumothorax and what to expect 2. answer all the questions the patient has

Subjective

- Chest pain was severe and caused shortness of breath
- Over the counter medications did not help alleviate pain
- Fatigue and trouble sleeping
- Certain positions in bed can help alleviate pain

Other References:

Swearingen, P. L. (2016). *All-In-One Nursing Care Planning Resource* (4 ed.). St. Louis, Missouri: ELSEVIER.

Overall APA Format/Neatness/Grammar (5 point):

Concept Map Attached (20 points):

Nursing Interventions

- Monitor vital signs: pulse oximetry, blood pressure, heart rate, and respiration rate. Report significant findings.
- Asses patient's pain.
- Monitor for signs of bleeding.
- Administer PRN pain medication, if prescribed.
- Instruct patient on how to use incentive spirometry and encourage use of it.
- Monitor lab values.
- Auscultate lung sounds frequently.
- Administer prescribed medications.
- Speak in calm, therapeutic manner.
- Establish honest, therapeutic communication
- Explain all interventions, diagnostics, procedures, and medications
- Monitor platelet count
- Provide frequent breaks and rest periods in between activities

Objective

- Right sided chest pain upon admission
- Non-productive cough
- EKG was abnormal, showing left axis deviation, left ventricular hypertrophy, premature ventricular complexes present
- No pericardial effusion shown on EC-Echo
- BMP shows elevated BUN and glucose levels
- Chest tube inserted on right side

D.C. is a 78-year-old male with a history of CAD, COPD, hyperlipidemia, tobacco use disorder, osteoarthritis, transient ischemic attack, occlusion & stenosis of bilateral carotid arteries who is being admitted for pneumothorax. Secondary diagnosis includes COPD. Pertinent surgical history includes a hernia repair.

Nursing Diagnosis/Outcomes

- Ineffective Breathing Pattern
  - Patient's breathing pattern will improve as evidenced by symptom relief and no reported dyspnea
- Impaired Gas Exchange
  - Achieve an optimal O2 saturation level
- Acute Pain
  - Patient's subjective report of pain, physiological and behavior indicators of pain are reduced or within an acceptable level decided by the patient
- Risk for Infection
  - Keep all blood levels within normal range to avoid infection