N303 Care Plan # 2

Lakeview College of Nursing

Nathan Kelly

Demographics (3 points)

Date of Admission 2/5/19	Patient Initials SH	Age 69	Gender Female
Race/Ethnicity White/Caucasian	Occupation Retired	Marital Status Married	Allergies Bactrim, Biaxin, clarithromycin, duloxetine, levofloxacin, mirtazapine, sulfa drugs, sulfamethoxazole, sulfones
Code Status Do not resuscitate	Height 170 cm	Weight 78.1 kg	

Medical History (5 Points)

Past Medical History: Acute angina, anemia, bronchitis, depression, diverticulosis, migraines, TIA, Type II diabetes mellitus

Past Surgical History: cystoscopy, cardiac catheterization, carotid endarterectomy, FEM/POPL REVASL W/STENT, lumbar epidural steroid injection, injection for shoulder surgery

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

- **Tobacco: former smoker, quit in April of 2017**
- **Alcohol: Denies use**
- **Drugs: No drug use**
- **Assistive devices: Patient uses cane to get around house**
- **Marital status: Married**
- **Living situation: Lives alone**
- **Occupation-retired**
- **Education level: High school education**
- **Family history**
    - **Mother: asthma, heart attack, hypertension, lymphoma, migraine**
    - **Father: Heart attack, hypertension**
    - **Grandmother: Stroke**
    - **Uncle: diabetes**

Admission Assessment

Chief Complaint (2 points): “Lungs hurt and extremely weak”

History of present Illness (10 points):Patient presented to the emergency department with extreme weakness and pain in her lungs. Patient explained that this had been going on for the past several days. The cough is non-productive. The patient states, “It is a dull pain in the left part of my chest.” The patient also states, “Lying down makes the pain worse.” The pain is relieved when the client sits up. The patient rates the pain at an 8/10 when first admitted.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):COPD exacerbation

Secondary Diagnosis (if applicable):.

Pathophysiology of the Disease, APA format (20 points):.

“Chronic obstructive pulmonary disease is a preventable and treatable slowly progressive respiratory disease of airflow obstruction involving the airways, pulmonary parenchyma or both” (Hinkle, J. L., & Cheever, K. H. 2018, 2018). Chronic obstructive pulmonary disease affects the airflow to the lungs with abnormal inflammatory response to particles or gases. This inflammation occurs in the proximal and peripheral airways, lung parenchyma, and pulmonary vasculature, this causes a much smaller airway to breathe through. Throughout the inflammation the airway’s wall becomes thicker and eventually become scarred to be about 2 mm in diameter. This affects the whole body because it makes it much harder to breathe. Without proper oxygenation the patient’s whole body can become weak. Day to day the patient will find it harder to breathe and do everyday life.

“Signs and symptoms of the COPD include, shortness of breath especially during physical activities, wheezing, chest tightness, chronic cough, blueness of the lips or fingernails due to cyanosis, lack of energy, swelling in ankles and feet” (COPD, 2017). People can also experience serious episodes called exacerbations. This means that the symptoms become worse than the patient’s usual day. This patient was admitted to the hospital because of exacerbation. She stated that her lungs hurt more than usual when she came into the emergency department. Patient showed up with shortness of breath, wheezing, chest tightness, and had a chronic cough.

The vital signs of this patient would mostly include a low O2 stat which is normal for people with COPD and a high respiration rate as they are having trouble breathing. Arterial blood gases would be done to check the patient’s PaO2 and PaC02 to see if they are within normal ranges. Otherwise the patient may be given a prescription for oxygen. The patient was always ordered for 2 liters of oxygen via nasal cannula. Even when the patient took the oxygen off for 1 minute to get to the chair, the patient had severe dyspnea. To diagnose someone with COPD is to ask them about their history of smoking. Spirometry is used to evaluate the airflow of the lungs. This can prove how difficult it is for the patient and help back up the other information of COPD. To truly diagnose COPD all other diseases must be ruled out. Such as, asthma, heart failure, bronchiectasis, tuberculosis, and obliterative bronchiolitis. Sometimes even a chest x-ray can show the lungs and provide adequate information to diagnose COPD. In this case, they already knew she had COPD, but the chest x-ray was done to see if any atelectasis happened and there was no atelectasis.

Treatment of COPD consists of stop smoking and pharmacologic therapy, such as, bronchodilators and corticosteroids. This patient was taking bronchodilators and corticosteroids to relieve the pain in her lungs.

COPD. (2017). Retrieved from https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679

Hinkle, J. L., & Cheever, K. H. (2018). Brunner & Suddarths textbook of medical-surgical nursing. Philadelphia: Wolters Kluwer.

Laboratory Data (15 points)

CBC: Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.7-6.1	3.27	3.19	The reason for this being low is because this patient has a history of anemia (Hinkle, J. L., & Cheever, K. H. 2018, 2018).
Hgb	14-18	9.2	8.9	The reason for this being low is because this patient has a history of anemia (Hinkle, J. L., & Cheever, K. H. 2018, 2018).
Hct	42-52	28.7	27.4	The reason for this being low is because this patient has a history of anemia (Hinkle, J. L., & Cheever, K. H. 2018, 2018).
Platelets	150-450	237	231	N/A
WBC	5-10	16.7	14.6	The patient has an infection within the body evidenced by the patient's wet cough (Hinkle, J. L., & Cheever, K. H. 2018, 2018).

Neutrophils	**45.3-79**	**91**	**89.5**	**The patient has an infection within the body evidenced by the patient's wet cough (Hinkle, J. L., & Cheever, K. H. 2018, 2018).**
Lymphocytes	**11.8-45.9**	**4.1**	**3.6**	**The patient has an infection within the body evidenced by the patient's wet cough (Hinkle, J. L., & Cheever, K. H. 2018, 2018).**
Monocytes	**4.4-12.0**	**4.9**	**6.6**	**N/A**
Eosinophils	**0.0-6.3**	**0**	**0**	**N/A**
Bands	**0-5**	**0**	**0.4**	**N/A**

Chemistry: Highlight Abnormal—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal
Na+	**135-145**	**144**	**141**	**N/A**
K+	**3.5-5.0**	**3.9**	**4.5**	**N/A**
Cl-	**98-106**	**101**	**98**	**N/A**
CO2	**22-29**	**32**	**32**	**The patient has COPD, so this results in higher levels of CO2 (Hinkle, J. L., & Cheever, K. H. 2018, 2018).**
Glucose	**70-250**	**202**	**178**	**N/A**
BUN	**10-20**	**44**	**40**	**This patient has Diabetes Mellitus Type II, and this can cause damage to the kidneys which would cause elevated BUN levels (Hinkle, J. L., & Cheever, K. H. 2018, 2018).**
Creatinine	**0.6-1.2**	**1.17**	**1.03**	**N/A**
Albumin	**3.5-5.0**	**3.8**	**N/A**	**N/A**

Calcium	**9.0-10.5**	**8.5**	**8.3**	**This is the result of the patient's diet and the kidney problems (Hinkle, J. L., & Cheever, K. H. 2018, 2018).**
Mag	**1.3-2.1**	**N/A**	**N/A**	**N/A**
Phosphate	**2.5-4.5**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.1-1.3**	**0.2**	**N/A**	**N/A**
Alk Phos	**35-105**	**N/A**	**N/A**	**N/A**
AST	**5-40**	**N/A**	**N/A**	**N/A**
ALT	**42-128**	**N/A**	**N/A**	**N/A**
Amylase	**56-90**	**N/A**	**N/A**	**N/A**
Lipase	**0-110**	**N/A**	**N/A**	**N/A**
Cholesterol	**<200**	**N/A**	**N/A**	**N/A**
Triglycerides	**<150**	**N/A**	**N/A**	**N/A**
Lactic Acid	**2-4**	**N/A**	**N/A**	**N/A**
Troponin	**<0.2**	**N/A**	**N/A**	**N/A**
CK-MB	**30-170**	**N/A**	**N/A**	**N/A**
Total CK	**22-198**	**N/A**	**N/A**	**N/A**

Other Tests Highlight Abnormal—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**2.0-3.0**	**N/A**	**N/A**	**N/A**

PT	**11-12.5**	**N/A**	**N/A**	**N/A**
PTT	**16-40**	**N/A**	**N/A**	**N/A**
D-Dimer	**0.43-2.33**	**N/A**	**N/A**	**N/A**
BNP	**<100**	**N/A**	**N/A**	**N/A**

Urinalysis Highlight Abnormal—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Yellow, clear**	**N/A**	**N/A**	**N/A**
pH	**5.0-8.0**	**N/A**	**N/A**	**N/A**
Specific Gravity	**1.005-1.034**	**N/A**	**N/A**	**N/A**
Glucose	**Normal**	**N/A**	**N/A**	**N/A**
Protein	**Negative-Normal**	**N/A**	**N/A**	**N/A**
Ketones	**Negative**	**N/A**	**N/A**	**N/A**
WBC	**<5**	**N/A**	**N/A**	**N/A**
RBC	**0-3**	**N/A**	**N/A**	**N/A**
Leukoesterase	**Negative**	**N/A**	**N/A**	**N/A**

Arterial Blood Gas Highlight Abnormal—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	**7.38-7.42**	**N/A**	**N/A**	**N/A**
PaO2	**75-100**	**N/A**	**N/A**	**N/A**
PaCO2	**38-42**	**N/A**	**N/A**	**N/A**
HCO3	**22-28**	**N/A**	**N/A**	**N/A**
SaO2	**94-100**	**N/A**	**N/A**	**N/A**

Cultures Highlight Abnormal—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**Negative**	**N/A**	**N/A**	**N/A**
Blood Culture	**Negative**	**N/A**	**N/A**	**N/A**
Sputum Culture	**Negative**	**N/A**	**N/A**	**N/A**
Stool Culture	**Negative**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (APA): .

Hinkle, J. L., & Cheever, K. H. (2018). Brunner & Suddarths textbook of medical-surgical nursing. Philadelphia: Wolters Kluwer.

Diagnostic Imaging—All Other Diagnostic Tests (EKG, Echocardiogram, X-rays, CT scan, etc.) (5 points): .

- **Chest x-ray**
  - **This test was done to detect any form of atelectasis, there is none. This test was also done to check PICC line. PICC line was in stable. There was no visualized pneumothorax or pleural effusion.**

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

Hinkle, J. L., & Cheever, K. H. (2018). Brunner & Suddarths textbook of medical-surgical nursing. Philadelphia: Wolters Kluwer.

Current Medications (10 points, 1 point per completed med)
10 different medications must be completed

Home Medications (5 required)

Brand/Generic	**Guaifenesin (Mucinex)**	**Pantoprazole (Protonix)**	**Gabapentin (Neurontin)**	**Tiotropium (Spriva HandiHaler)**	**Furosemide (Lasix)**
Dose	**600 mg**	**40 mg**	**300 mg**	**18 mcg**	**40 mg**
Route	**Oral**	**Oral**	**Oral**	**Nebulizer**	**Oral**
Classification	**Expectorant (anti-mucus)**	**Proton pump inhibitor (Antiulcer)**	**Anticonvulsant**	**Anticholinergic (bronchodilator)**	**Loop diuretic**
Action	**Increases fluid and mucus removal by increasing the volume of secretions and reducing adhesiveness and surface tension**	**Interferes with gastric acid secretion by inhibiting the proton pump in gastric parietal cells**	**Inhibits rapid firing or neurons associated with seizures.**	**Prevents acetylcholine from attaching to muscarinic receptors. This relaxes smooth muscles and causes bronchodilators**	**Inhibits sodium and water reabsorption in the loop of Henle and increases urin formation**
Reason Client Taking	**To promote a productive cough**	**To treat GERD**	**To treat partial seizures**	**To prevent bronchospasm related to COPD**	**To treat hypertension**
Contraindications (2)	**Hypersensitivity, patients who cannot swallow**	**Hypersensitivity, taking diuretics**	**Hypersensitivity, taking antacids**	**Hypersensitivity, taking anticholinergics**	**Anuria unresponsive hypersensitivity**
Side Effects/Adverse Reactions (2)	**Dizziness, headache, nausea**	**Anxiety, dry mouth, hyperglycemia**	**Angina, hypertension, abnormal vision**	**Depression, angina, hyperglycemia**	**Dizziness, hypokalemia fever**
Nursing Considerations	**Give liquid forms to kids,**	**Administer 30 minutes for a**	**Administer initial dose for**	**Monitor renal function,**	**Obtain weigh before**

(2)	watch for evidence of more serious cough	meal mixed in apple sauce, expect to monitor PT, INR	bedtime, monitor closely for suicidal thoughts	monitor patients' pulmonary function	administerin check electrolyte imbalances
Client Teaching needs (2)	Take with a full glass of water, do not break, chew, or crust but swallow them whole	Will expect relief of symptoms within 2 weeks, notify provider if diarrhea occurs and becomes severe	Do not take with antacids, do not stop drug abruptly	How to use the handihaler inhalation device, rinse mouth after each treatment to minimize throat dryness	Take at the same time each day, caution abou drinking alcoholic beverages

Brand/Generic	Acetaminophen (Tylenol)	Ondansetron (Zofran)	Docusate (Colace)	Lorazepam (Ativan)	Enoxaparin (Lovenox)
Dose	500 mg	8 mg	100 mg	2 mg	40 mg
Route	Oral	Oral	Oral	Oral	Subcutaneous
Classification	antipyretic	Antiemetic	Laxative (Stool softener)	Antianxiety	Antithrombotic
Action	Inhibits cyclooxygenase, blocks prostaglandin production and interferes with pain impulse	Block serotonin receptors centrally in the chemoreceptor trigger zone. This action reduces nausea	Acts as a surfactant that softens stool by decreasing surface tension	Inhibitory neurotransmitters by binding to specific benzodiazepine receptors which helps control emotional behavior	Potentiates the action of antithrombin, rapidly binds with and inactivates the clotting factors
Reason Client Taking	To control mild pain	To relieve nausea	To treat constipation	To treat anxiety	To prevent Pulmonary embolism
Contraindications (2)	Hypersensitivity, hepatic impairment	Hypersensitivity, Concomitant use of apomorphine	Fecal impaction, constipation	Acute angle-closure glaucoma, hypersensitivity	Active major bleeding, hypersensitivity
Side Effects/Adverse Reactions (2)	Coma, jaundice, nausea	Abdominal pain, constipation	Dizziness, palpitations	Chest pain, blurred vision, dry mouth	Confusion, bloody stools, alopecia
Nursing Considerations (2)	Monitor renal function, use cautiously with alcoholics	Check BMP for electrolyte imbalances, Monitor patient	Assess for laxative abuse syndrome,	Use caution in giving to elderly patients, Monitor respirations	Use cautiously with hepatic impairment, use cautiously with

		for hypersensitivity	**monitor for nausea, dizziness, and palpitations**		**patients who have history of thrombocytopenia**
Client Teaching needs (2)	**May be crushed or swallowed whole, do not exceed recommended dose**	**Use oral syringe to measure solution, immediately report signs and symptoms**	**Do not use if you have abdominal pain, take with a full glass of water**	**Take exactly as prescribed, avoid hazardous activities until drug's CNS effects are known**	**Call provider if bleeding occurs, Caution patient to not rub the site after injection**

Hospital Medications (5 required)

Medications Reference (APA Format):.

2018 Nurses drug handbook. (2018). Burlington, MA: Jones & Bartlett Learning

Assessment

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 is awake and sitting in the bed. Patient goes from A&O x4 to A&O x3. Patient seems to get confused randomly but still knows where she is at. The patient enjoys talking and is used to the hospital setting as she knows many of the nurse's names and the care partners names. English speaking and uses good pace while talking. Patient MAEW for current age and condition. Patient has bilaterally equal strength.** .

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 ☐**	**Morse Fall risk score of 35** **Patient has active range of motion bilaterally. There is no sign of neurovascular deficit. Patient is not a fall risk. Patient does use a cane if walking long distances but can get up on her own and use the bathroom.**
CARDIOVASCULAR (2 points): **Heart sounds: S1, S2** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable)** **Peripheral Pulses: Present** **Capillary refill: Under 3 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema_____**	**Patient is not on telemetry. Patient has a normal heart rate with S1 and S2 sounds. Radial and pedal pulses were assessed both at 3+. Capillary refill was under 3 seconds. There are no signs of edema. There is no neck vein distention**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **Wheezes**	**.Patient is breathing at a normal pace. There is no use of accessory muscles to breath. Anterior and posterior lung sounds auscultated. Lung sounds had wheezes. Patient is on 2L oxygen.**
GASTROINTESTINAL (2 points): **Diet at home: regular** **Current Diet: regular** **Height: 170 cm** **Weight: 78.1 kg** **Auscultation Bowel sounds: Present in all 4 quadrants .** **Last BM: 00:00 2/18/19** **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 regular. Patient denies use of substances, tobacco, and alcohol. No ostomy, NG tubes, PEG tubes, or drains. Bowel sounds were active in all four quadrants. Patient states last bowel movement was 0000 2/18/19. No pain in the abdomen or palpable masses were found. No distention, incisions, scar, or wounds were seen.**
INTEGUMENTARY (2 points): **Skin color** **character, turgor, rashes, bruises:** **wounds: .**	**Braden scale of 21** **Patient is a Caucasian female that is her normal skin tone. Skin has normal elasticity**

Braden scale: 21 **Drains present: Y☐ N ☒** **Type_____**	**and warm to touch. There were no signs of bruising. There were no signs of tenting, or loose skin. Skin is normal for the patient**
HEENT (2 points): **Head:** . **Ears:** **Eyes:** **Nose:** **Teeth**	**Head is midline. Ears show no abnormal drainage. Patient had no problems with hearing. PEERLA is noted. Patient is coughing and it can be described as wet. Patient is not congested. Patient has dentures**
GENITOURINARY (2 Points): **Color, character, quantity of urine, pain,** **Dialysis Y ☐ N ☒** **Inspection of genitals** **Catheter: Y ☐ N ☒** **Type_____**	**Patient has no dialysis or catheter. Urine was light yellow and 100 mL**
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 enjoys talking to all the nurses and care partners. Patient does not drink alcohol, stopped smoking in April of 2017, and denies use of drugs. Patient graduated high school and loves watching tv and talking. Patient lives alone. Patient does not have any religious practices. Patient has a good family, sister was in the room for half the time and the son (who works in the cafeteria of the hospital) was in the room the other half of the time.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:30	71 bpm	125/55	18	36.4	98
15:00	77 bpm	127/47	18	36.7	94

Vital Sign Trends: Vital signs stayed roughly the same throughout the day. Blood pressure was concerning; however, this seems to be normal for this patient. Also, temperature stayed low, so this was also a little bit concerning.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1300	**Numeric**	**“Lungs”**	**7/10**	**Dull pain**	**Sit up the patient in the chair to promote better breathing**
1500	**Numeric**	**“Lungs”**	**8/10**	**Dull pain**	**Educate patient on effective coughing techniques to clear out secretions in the lungs**

IV Assessment (2 Points)

Site Location, Patency/Condition & Date	Fluid Type/Rate or Saline Lock
PICC Central IV 2/5/19 no signs of drainage, clean dry and intact	Saline Lock

Intake and Output during Your Shift (2 points)

Intake	Output
350 ml	**100 ml**

Nursing Care

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

Patient enjoyed talking and being talked to and then sometimes would rather be alone. Patient remained on the floor throughout the day. Patient received some pain medication for the intense pain she was having. The patient stated her pain was an 8/10. Patient seemed to be a little uncomfortable. Today she started out the day cold and a warm blanket was brought to her. Patient also did not want to stay in the bed for too long and periodically changed to the chair. Before leaving patient wanted to go for a walk to get out of the hospital room. Vital signs stayed stable and there were no serious complications with the vitals. Blood pressure was low, and the nurse stated, "This is normal for her." Patient was tolerating regular diet well. Anticipate patient will require at home oxygen.

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

Upon discharge patient will be going home with son or daughter. Patient needs to remain free from falls, obtain clear lung sounds, and achieve optimal pain level. Patient will use cane at home and be on 2 liters of oxygen. Patient will need to understand importance of effective coughing skills and the importance of oxygen.

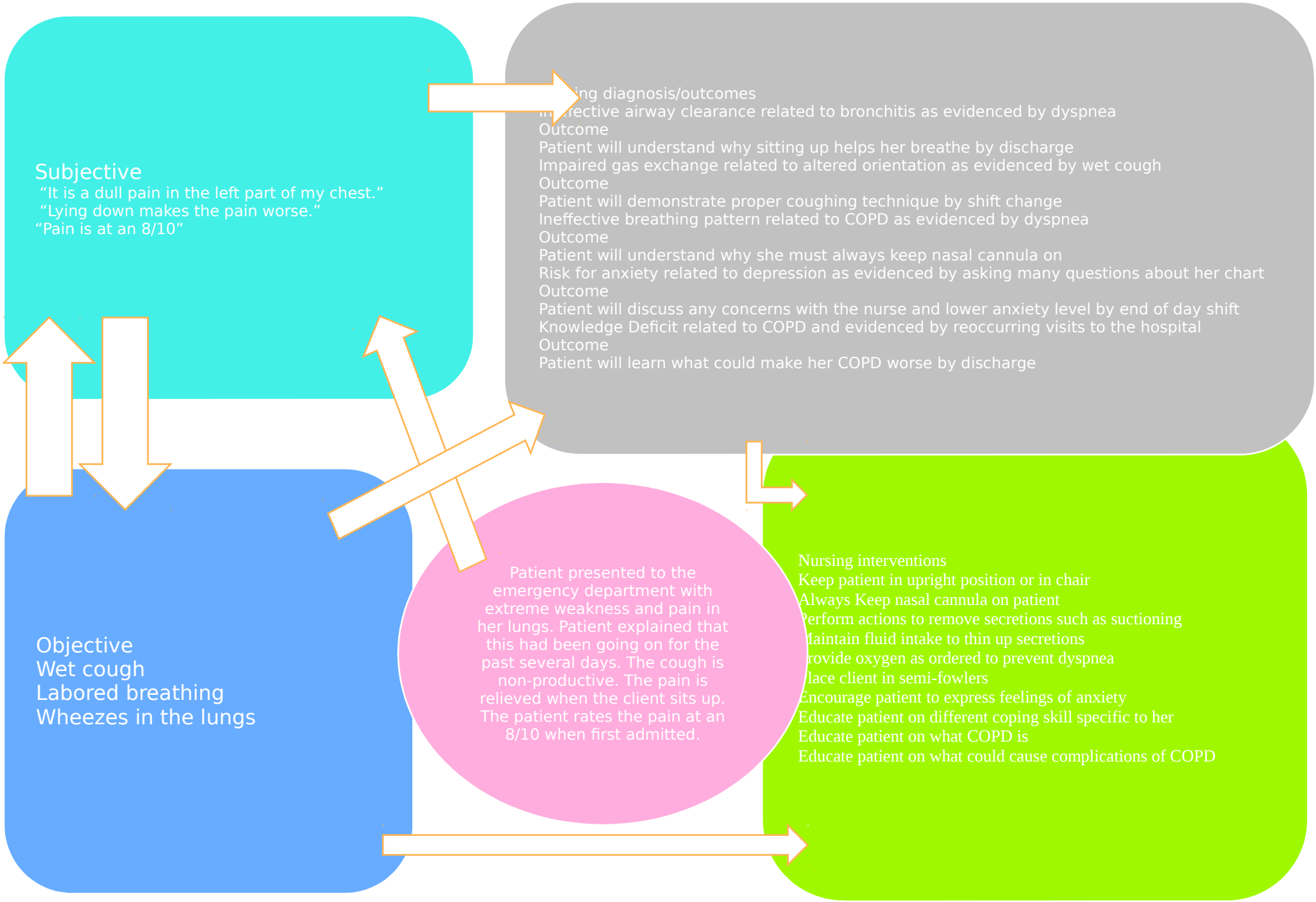
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective airway clearance related to bronchitis as evidenced by	**Patient would have difficulty breathing whenever she was not sitting straight up**	**1.Keep patient in upright position or in chair** **2.always Keep nasal cannula on**	**Patient understood why she was wanted in the chair. Patient had no problems wearing nasal cannula. Patient is responding well to**

dyspnea		**patient**	**interventions**
2. Impaired gas exchange related to altered orientation as evidenced by wet cough	**Patient seemed to be coughing throughout the day especially if she rolled over to her side**	**1. Perform actions to remove secretions such as suctioning** **3.** Maintain fluid intake to thin up secretions	**Did not suction out any secretions. Patient did understand that that was an option to do so. Patient continued to drink many fluids and was interested to learn that fluids thin up secretions.**
4. Ineffective breathing pattern related to COPD as evidenced by dyspnea	**Patient was having difficulty breathing if she was not in a specific position in her bed or chair**	**1. Provide oxygen as ordered to prevent dyspnea** **2. Place client in semi-fowlers**	**Patient wanted the oxygen; however, she did take it off once and realized quickly that she still needed it. Patient stated, "Sitting up really helps."**
5. Risk for anxiety related to depression as evidenced by asking many questions about her chart	**Patient always seemed to be worried if there were any differences in her chart whenever someone would enter the room**	**1. Encourage patient to express feelings of anxiety** **2. educate patient on different coping skill specific to her**	**Patient continued to ask questions, however, was answered every time the nurse came in. She had established a trusting relationship with the nurses here. Also, patient stated that her coping skills consisted of talking and watching tv and this seemed to calm her down and not worry as much about the complications she was having**
6. Knowledge Deficit related to COPD and evidenced by reoccurring visits to the hospital	**Patient has been coming to the hospital multiple times for the same reason**	**1. Educate patient on what COPD is** **2.Educate patient on what could cause complications of COPD**	**Patient was interested to know more about COPD because she seemed as if she did not know too much about COPD. Patient asked questions about how to avoid complications.**

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

Concept Map (20 Points):


Subjective
"It is a dull pain in the left part of my chest."
"Lying down makes the pain worse."
"Pain is at an 8/10"
ing diagnosis/outcomes
ffective airway clearance related to bronchitis as evidenced by dyspnea
Outcome
Patient will understand why sitting up helps her breathe by discharge
Impaired gas exchange related to altered orientation as evidenced by wet cough
Outcome
Patient will demonstrate proper coughing technique by shift change
Ineffective breathing pattern related to COPD as evidenced by dyspnea
Outcome
Patient will understand why she must always keep nasal cannula on
Risk for anxiety related to depression as evidenced by asking many questions about her chart
Outcome
Patient will discuss any concerns with the nurse and lower anxiety level by end of day shift
Knowledge Deficit related to COPD and evidenced by reoccurring visits to the hospital
Outcome
Patient will learn what could make her COPD worse by discharge
Objective
Wet cough
Labored breathing
Wheezes in the lungs
Patient presented to the emergency department with extreme weakness and pain in her lungs. Patient explained that this had been going on for the past several days. The cough is non-productive. The pain is relieved when the client sits up. The patient rates the pain at an 8/10 when first admitted.
Nursing interventions
Keep patient in upright position or in chair
Always Keep nasal cannula on patient
erform actions to remove secretions such as suctioning
aintain fluid intake to thin up secretions
rovide oxygen as ordered to prevent dyspnea
lace client in semi-fowlers
Encourage patient to express feelings of anxiety
Educate patient on different coping skill specific to her
Educate patient on what COPD is
Educate patient on what could cause complications of COPD