N431 Care Plan #1

Lakeview College of Nursing

Morgan Drennan

Demographics (3 points)

Date of Admission 9/17/20	Patient Initials RT	Age 88	Gender Male
Race/Ethnicity Caucasian/Non-Hispanic	Occupation Retired Army/National Guard, Firefighter, and Police Officer	Marital Status Widowed	Allergies Augmentin, Codeine, Hydrocodone-acetaminophen, Morphine Sulfate, Streptomycin
Code Status Full	Height 5’ 10” (177.8 cm)	Weight 233 lbs 11.2 oz. (106 kg)	

Medical History (5 Points)

Past Medical History: COPD, HTN, Hyperlipidemia, GERD, Obesity, and Prostate Cancer

Past Surgical History: cholecystectomy, exploratory laparotomy, bilateral hip and knee replacement, colonoscopy with polypectomy, nasal septoplasty and uvulectomy, prostatectomy, and cataract extraction

Family History: cancer-father, aneurysm-sister, and leukemia/lymphoma-brother

Social History (tobacco/alcohol/drugs): former smoker ½ pack per day for fifty years; quit 12 ½ years ago, rare alcohol use, and no other drug use.

Assistive Devices: walker at home and hearing aids

Living Situation: lives alone

Education Level: GED, no learning barriers noted

Admission Assessment

Chief Complaint (2 points): Shortness of Breath

History of present Illness (10 points): Onset of symptoms was on 9/17/20 in the morning. The location of the shortness of breath was the entire chest bilaterally. The duration of the shortness of breath is constant and the patient states that his "chest feels tight" and wheezes are also present upon admission. Patient also presents with thick sputum that is consistent with his shortness of breath. Aerosols such as Febreze seem to aggravate symptoms of shortness of breath and his symptoms are only relieved by sitting down and using a nebulizer treatment along with inhalers.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): COPD

Secondary Diagnosis (if applicable): Hypertension

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

Chronic Obstructive Pulmonary Disorder is a disease that causes an inflammatory response in the lungs and airflow is obstructed. This inflammatory response causes a hypersecretion of mucous, tissue destruction, and disruption of defense mechanisms. These symptoms increase with disease progression, so it becomes increasingly difficult for the patient to breath.

In the case of the patient, he is a previous smoker for fifty years which decreased the ability of the lungs to function appropriately. His pulse O2 sat was 93%, there were audible crackles in the bases of both lungs, and the patient produced straw colored sputum multiple times throughout the clinical day. There was a Chest X-ray completed showing infiltrates in both lung bases. A sputum culture was done that showed bacteria within the lungs, however tested negative for pneumonia. The patient has a chronic respiratory disease, so his immune system is weakened which made him more susceptible to infection. The patient is being treated with nebulizer treatments by respiratory as well as Ceftriaxone. He is also being administered 2 L via nasal cannula.

Pathophysiology References (2) (APA):

MacNee W. (2006). Pathology, pathogenesis, and pathophysiology. *BMJ : British Medical Journal*, *332*(7551), 1202–1204.

Sampson, S. (2018). *What is the Pathophysiology of COPD*. https://www.healthline.com/health/copd/pathophysiology.

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	4.40-5.80	4.08	3.75	Patient has a dietary deficiency of vitamins/minerals.
Hgb	13-16.5	11.7	10.8	Patient has a dietary deficiency of vitamins/minerals.
Hct	38-50	35.4	32.8	Patient has a dietary deficiency of vitamins/minerals.
Platelets	140-440	363	384	
WBC	4-12	16.3	20.60	Bacterial infection of the lungs is present.
Neutrophils	40-68	88.9	n/a	Bacterial infection of the lungs is present.
Lymphocytes	19-49	7.8	n/a	Bacterial infection of the lungs is present.
Monocytes	3-13	1.5	n/a	Patient has COPD.
Eosinophils	0-0.5	0.20	n/a	Patient is experiencing a COPD exacerbation.
Bands	n/a	n/a	n/a	

Chemistry 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

Na-	**133-136**	**136**	**139**	**Patient is on steroids, antibiotics and cough medicine which could all increase sodium levels.**
K+	**3.5-5.1**	**4.4**	**4.4**	
Cl-	**98-107**	**99**	**101**	
CO2	**21-31**	**28**	**29**	
Glucose	**70-99**	**94**	**142**	**The patient is on a steroid, which is causing his glucose to rise and leads to the reasoning behind the bedside glucose checks.**
BUN	**7-25**	**12**	**25**	
Creatinine	**0.50-1.20**	**0.86**	**0.93**	
Albumin	**3.5-5.7**	**4.2**	**n/a**	
Calcium	**8.8-10.2**	**9.5**	**8.7**	**Patient has been using steroids and albuterol causing a drop in his levels**
Mag	**n/a**	**n/a**	**n/a**	
Phosphate	**n/a**	**n/a**	**n/a**	
Bilirubin	**0.2-0.8**	**0.4**	**n/a**	
Alk Phos	**34-104**	**72**	**n/a**	

AST	**13-39**	**18**	**n/a**	
ALT	**7-52**	**20**	**n/a**	
Amylase	**n/a**	**n/a**	**n/a**	
Lipase	**n/a**	**n/a**	**n/a**	
Lactic Acid	**n/a**	**n/a**	**n/a**	
Troponin	**n/a**	**n/a**	**n/a**	
CK-MB	**n/a**	**n/a**	**n/a**	
Total CK	**n/a**	**n/a**	**n/a**	

Other Tests Highlight All Abnormal Labs—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	**n/a**	**n/a**	**n/a**	
PT	**n/a**	**n/a**	**n/a**	
PTT	**n/a**	**n/a**	**n/a**	
D-Dimer	**n/a**	**n/a**	**n/a**	

BNP	**n/a**	**n/a**	**n/a**	
HDL	**n/a**	**n/a**	**n/a**	
LDL	**n/a**	**n/a**	**n/a**	
Cholesterol	**n/a**	**n/a**	**n/a**	
Triglycerides	**n/a**	**n/a**	**n/a**	
Hgb A1c	**n/a**	**n/a**	**n/a**	
TSH	**n/a**	**n/a**	**n/a**	

Urinalysis Highlight All Abnormal Labs—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	**Straw & Clear**	**Straw & Clear**	**n/a**	
pH	**n/a**	**n/a**	**n/a**	
Specific Gravity	**1.003-1.030**	**1.006**	**n/a**	
Glucose	**negative**	**2+**	**n/a**	**The glucose level is increased because of the steroids that the patient its taking.**
Protein	**Negative**	**1+**	**n/a**	**The protein level could be increased related to the Rocephin that the patient is receiving.**
Ketones	**n/a**	**n/a**	**n/a**	

WBC	**negative**	**negative**	**n/a**	
RBC	**negative**	**negative**	**n/a**	
Leukoesterase	**negative**	**negative**	**n/a**	

Arterial Blood Gas Highlight All Abnormal Labs—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	**7.35-7.45**	**7.46**	**n/a**	**Patient was experiencing respiratory distress upon admission.**
PaO2	**80-100**	**71**	**n/a**	**Patient was experiencing respiratory distress upon admission.**
PaCO2	**35-45**	**36**	**n/a**	
HCO3	**22-26**	**25.6**	**n/a**	
SaO2	**95-100**	**95**	**n/a**	

Cultures Highlight All Abnormal Labs—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	**n/a**	**n/a**	**n/a**	
Blood Culture	**No growth**	**No growth**	**No growth**	
Sputum Culture	**No growth**	**Slight growth**	**Slight growth**	**Bacterial growth within the lungs, which led to a COPD exacerbation.**
Stool Culture	**n/a**	**n/a**	**n/a**	

Lab Correlations Reference (APA):

Pagana & Pagana. (2010). ***Mosby's: Manual of Diagnostic and Laboratory Tests*** **(4th ed.) Elsevier**

Diagnostic Imaging

All Other Diagnostic Tests (5 points): A stool occult, Chest CT, and Chest X-ray were completed.

Diagnostic Test Correlation (5 points): The stool occult tested negative, the Chest CT presented focal atelectatic changes in the left base related to COPD exacerbation and mild cardiomegaly, the Chest X-ray presented infiltrates in both lung bases and changes in the dorsal spine related to a COPD exacerbation.

Diagnostic Test Reference (APA):

Pagana & Pagana. (2010). ***Mosby's: Manual of Diagnostic and Laboratory Tests*** **(4th ed.) Elsevier**

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

Home Medications (5 required)

Brand/Generic	**Albuterol/ Proventil HFA**	**Metoprolol tartrate/ Lopressor**	**Omeprazole/ Prilosec**	**Magnesium/ magnesium sulfate**	**Aspirin/ acetylsalicylic acid**
Dose	**2 puffs**	**25 mg**	**20 mg**	**2 tablets**	**81 mg**
Frequency	**PRN every 4 hours**	**BID**	**daily**	**daily**	**nightly**
Route	**INH**	**PO**	**PO**	**PO**	**PO**
Classification	**bronchodilator**	**Antihypertensive**	**antiulcer**	**antacid**	**Anti-inflammatory**
Mechanism of Action	**Relaxes the smooth muscle within the airway**	**Inhibits the stimulation of Beta-1 receptors to decrease cardiac excitability and output**	**Prevents extra stomach acid from forming causing reflux**	**Increases gastric pH**	**Blocks mediators of inflammatory response and pain**
Reason Client Taking	**COPD**	**Hypertension**	**GERD**	**GERD**	**Pain from cough**
Contraindications (2)	**Hypersensitivity to albuterol and its components**	**Pulse less than 45bpm; acute heart failure**	**Concurrent therapy with rilpivirine-**	**Heart disease; renal**	**Asthma; bleeding problems**

			containing products; hypersensitivity to omeprazole	**impairment**	
Side Effects/Adverse Reactions (2)	**Hypertension, angina**	**Bronchospasm; dyspnea**	**Bronchospasm; upper respiratory infection**	**Hypotension ; dyspnea**	**Bronchospasm; decreased iron levels**
Nursing Considerations (2)	**Administer during second half of inspiration; monitor patients with cardiac disorders**	**Use with caution in patients who have a bronchospastic disease; use with caution patients who have hypertension and CHF**	**Give medication before meals; most patients' have to have Vitamin B12 supplement**	**Avoid giving any other PO drugs within 2 hours of antacid; provide adequate dietary information**	**Use immediate release aspirin if patient presents with symptoms of an MI; Do not crush pills unless directed**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor potassium levels; respirations and breath sounds**	**Assess EKG; assess for PVD symptoms like pallor and coldness of the extremities; assess pulse**	**Monitor urine output; monitor magnesium levels**	**Assess cardiac status; monitor electrolytes**	**Ask about tinnitus**
Client Teaching needs (2)	**Teach patient how to use inhaler; advise patient to wait about one minute between doses**	**Instruct the patient to take the medication at the same time everyday; teach client how to check their pulse.**	**Advise the patient to notify provider if they are experiencing diarrhea; encourage patient to avoid**	**Educate patient to take antacid between meals & at bed; drink with a full glass of**	**Instruct patient to take medication with food; advise patient not to take aspirin if it has a strong vinegar smell.**

			alcohol, aspirin and ibuprofen.	**water**	

Hospital Medications (5 required)

Brand/Generic	**Budesonide/ Pulmicort**	**Ceftriaxone/ Rocephin**	**Enoxaparin/ Lovenox**	**Methylprednisolone/ Solu-Medrol**	**Pantoprazole/ Protonix**
Dose	**0.5 mg**	**1 g**	**40 mg**	**80 mg**	**20 mg**
Frequency	**BID**	**daily**	**daily**	**Q6H**	**Daily**
Route	**INH**	**IV**	**SQ**	**IV**	**PO**
Classification	**Anti-asthmatic**	**antibiotic**	**antithrombotic**	**Anti-inflammatory**	**antiulcer**
Mechanism of Action	**Inhibits inflammatory mediators in the airway**	**Interferes with bacterial cell wall synthesis**	**Inactivates clotting factors**	**Suppresses inflammatory and immune response**	**Interferes with gastric acid secretion**
Reason Client Taking	**COPD**	**Bacterial infection**	**Prevent DVT**	**COPD**	**GERD**
Contraindications (2)	**Recent nasal surgery; acute asthma**	**Calcium-containing IV solutions; other cephalosporins**	**Active major bleeding; thrombocytopenia**	**Fungal infection; idiopathic thrombocytooenic purpura**	**Concurrent therapy with rilpivirine-containing products; hypersensitivity to pantoprazole**
Side Effects/Adverse Reactions (2)	**Bronchospasm; hypertension**	**Dyspnea; headache**	**Dyspnea; pneumonia**	**Cardiac arrest; hypertension**	**Dyspnea; increased cough**

Nursing Considerations (2)	**Use cautiously in patients with a bacterial infection; Monitor patients with hypertension because of increased adverse effects**	**Do not give IV products that contain calcium within 48 hours of this medication; protect powder from the light**	**Do not give drug via IM; have protamine sulfate in case of accidental overdose**	**Give with food to avoid GI upset; inject IM form deep into gluteal muscle**	**Do not give pantoprazole within 4 weeks of testing for H. pylori; flush IV with D5W before and after administration of medication**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor blood pressure**	**Obtain culture and sensitivity; monitor BUN and creatinine**	**Occult blood; monitor potassium**	**Monitor glucose level; monitor liver enzymes**	**Monitor PT and INR; monitor urine output**
Client Teaching needs (2)	**Teach patient to rinse mouth after use to prevent thrush; patient who uses this medication long term should have regular eye exams.**	**Educate patient to report bloody stools; tell patient to report evidence of a superinfection.**	**Educate the patient to not rub the injection site; teach patient that they may bruise badly around injection**	**Educate on low sodium diet; tell patient not to get any vaccinations until the provider approves it.**	**Instruct patient to swallow pills whole; educate patient that they will feel relief about 2 weeks after starting therapy.**

Medications Reference (APA):

(2019). *Nurse's Drug Handbook*. (18th ed.). Jones and Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**AOx4** **No distress or pain present** **Patients overall appearance is in good condition**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Skin is intact, warm, pink, and dry.** **Turgor is as expected** **Patient does not have any rashes present** **Patient has a bruise on the abdomen due to a previous Lovenox injection** **The patient does not have any wounds present** **Patient's Braden Score is 21, so patient is a low risk**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head, neck, ears, eyes, nose, and teeth are symmetrical. Patient has dentures and quality of dentures is good.**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):**	**S1 and S2 are present with no murmurs or gallops present. Cardiac rhythm is sinus rhythm. Peripheral pulses are present and equal in both legs and arms. Capillary refill is**

Peripheral Pulses: **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	**<2 seconds. No neck vein distention or edema present.**
RESPIRATORY (2 points): **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	**Crackles heard bilaterally in the lower lobes** **Sputum is thick in consistency** **Patient is on 2 L of O2 via nasal cannula**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**Patient is on a regular diet at home and at the hospital.** **Height is 5' 10" (177.8 cm)** **Weight is 233 lbs 11.2 oz (106 kg)** **Bowel sounds are present and regular in all four quadrants** **Patient's last bowel movement was at 0845 on 9/21/20** **There is no pain with palpation except slightly on the bruise from the Lovenox. There are no masses present upon palpation** **There is no distention, incisions, scares, drains, or wounds present on the abdomen.**
GENITOURINARY (2 Points): **Color:** **Character:**	**Color is pale yellow; consistency is clear** **Patient voided 2 times during shift** **There is no pain with urination. Genitals are**

Quantity of urine: **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**pink and intact.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	**Neuro status is appropriate for age.** **ROM is intact** **Patient uses walker as needed when at home.** **Strength is equal in all extremities** **Fall Score 15** **Patient is a low fall risk.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**AOX4** **Speech is clear** **All senses are intact, patient does use hearing aids.** **LOC is WNL.**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):**	**Patient uses talking and music as coping methods. He is of protestant faith. He is ready to go home, but he wants to make sure that he**

Developmental level: **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**is ready to go home before discharge. His family is very supportive. Patients developmental level is WNL.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	77 bpm	152/84 mmHg	18 breaths/min	97.4 °F	92%
1115	71 bpm	123/63 mmHg	18 breaths/min	98.3 °F	93%

Vital Sign Trends:

Patient was given blood pressure medication at 0800 and at 1115 the patients' blood pressure decreased. The patient was given a nebulizer treatment at 1000 and his O2 sat increased by 1%.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0845	0-10	n/a	0	n/a	n/a

1115	**0-10**	**n/a**	**0**	**n/a**	**n/a**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV:	22 gauge
Location of IV:	Right median cubital vein
Date on IV:	9/17/20
Patency of IV:	IV is patent
Signs of erythema, drainage, etc.:	No signs of erythema or drainage
IV dressing assessment:	Dressing is intact and clean

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
16 oz (PO)	**1x stool 2x urine**

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was administered Rocephin and a nebulizer treatment.

Procedures/testing done: n/a

Complaints/Issues: patient has complaints of shortness of breath

Vital signs (stable/unstable): vital signs are stable

Tolerating diet, activity, etc.: patient is tolerating regular diet, activity is as tolerated, patient has to take multiple rest breaks to catch his breath.

Physician notifications: physician should reassess respiratory status before discharge

Future plans for patient: patient should follow up with primary care provider and respiratory

Discharge Planning (2 points)

Discharge location: personal home anticipate patient will have to think about the possibility of using a bedside commode.

Home health needs (if applicable): may need to discuss the option of a bedside commode

Equipment needs (if applicable): uses walker as needed at home

Follow up plan: Follow up with primary care provider and respiratory consult

Education needs: Reducing the amount of aerosols used within the house

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing	• Explain why		• How did the

diagnosis with "related to" and "as evidenced by" components	the nursing diagnosis was chosen		patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired gas exchange related to COPD as evidenced by dyspnea	**The patient has previously been diagnosed with COPD and is experiencing an exacerbation. Patient is experiencing shortness of breath.**	**1.raise the head of the bed up to at least 45°** **2.encourage the patient to ambulate**	**The patient responded to the raising of the head of the bed very well and seemed to catch his breath quicker.** **The patient wanted to ambulate but was nervous about SOB, so he ambulated to the bathroom and back as needed. He then rested after ambulation.**
2. Ineffective airway clearance related to thick secretions secondary to COPD as evidenced by the patient coughing up thick yellow sputum.	**The patient has previously been diagnosed with COPD and has been producing thick yellow sputum for the past few days. The patient reports that he coughs up large amounts of the sputum as well.**	**1. encourage the patient to increase fluid intake.** **2. give expectorants as prescribed.**	**The patient responded to this intervention well. He increased his water intake and asked for a refill of his cup two times during shift.**
3 **Activity intolerance related to**	**The patient became short of breath after**	**1. .assess clients pulse oximetry.**	**The patients pulse oximetry level was 93% after activity while he**

imbalance between oxygen supply and demand as evidence by dyspnea upon activity.	**going to and from the bathroom and had to rest on his bed to catch his breath.**	**2assess the patency of the clients O2 tubing.**	**was on 2L of O2 via nasal cannula. The patient came out of the bathroom and got in bed and then complained of shortness of breath. The patient was then educated by this student nurse that he should take frequent breaks to catch his breath and that is normal for a patient with COPD.**
4. Risk for infection related to chronic illness as evidenced by bacterial growth in sputum culture.	**The patients' immune system is compromised due to a diagnosis of COPD and a sputum culture showing bacterial growth.**	**1.educate patient on proper hand washing** **2. educate patient on a high protein and high caloric diet.**	**Patient was receptive to the dietary information that was provided. He was not very happy about the suggested changes, but he seemed willing to try.**

Other References (APA):

Vera, M. (2020, September 7). *Risk for Infection*. https://nurseslabs.com/risk-for-infection/.

Vera, M. (2017, September 24). *Activity Intolerance*. Retrieved from: https://nurseslabs.com/activity-intolerance/

Wayne, Gil. (2017, September 24). *Impaired Gas Exchange*. Retrieved from: https://nurseslabs.com/impaired-gas-exchange/

Wayne, Gil. (2019, March 20). *Ineffective Airway Clearance*. Retrieved from: https://nurseslabs.com/ineffective-airway-clearance/.

Concept Map (20 Points):

Subjective Data

Occupation: retired Army/National Guard, firefighter, and police officer
Allergies: Augmentin, Codeine, Hydrocodone-acetaminophen, morphine sulfate, and streptomycin
Patient says that aerosols trigger exacerbations.

Nursing Diagnosis/Outcomes

Impaired gas exchange related to COPD as evidenced by dyspnea.
Patient responded by raising the head of the bed which seemed to help him catch his breath. Patient rested after ambulation because of shortness of breath.

Ineffective airway clearance related to thick secretions secondary to COPD as evidenced by the patient coughing up thick yellow sputum.
Patient increased his water intake and asked for a refill of his cup 2 times during shift.

Activity intolerance related to imbalance between oxygen supply and demand as evidenced by dyspnea upon activity.
The patients pulse oximetry was low at 93%, He continues to complain of SOB after exertion,
Risk for infection related to chronic illness as evidenced by bacterial growth in sputum culture.
Patient was receptive to dietary education.

Objective Data

Height: 5’ 10” (177.8 cm)
Weight: 233 lbs 11.2 oz (106 kg)
Patient is having increased difficulty of breathing. Resp: 18bpm, Temp: 97.4, 98.3; O2 sat: 92%, 93%; BP: 152/84, 123/63; pulse: 77,71

Patient Information

Date of admission: 9/17/20;
Patient intials: RT; Age: 88;
Gender: M; Race: White; Code Status: Full
Patient is widowed

Nursing Interventions

Assess clients pulse oximetry, assess the patency of clients O2 tubing, educate the patient on proper hand washing, educate the patient on a high protein and high calorie diet, raise the head of the bed at least 45°, encourage the patient to ambulate, encourage the patient to increase fluid intake, and give expectorants as prescribed.