N321 Care Plan # 1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 9/19/20	**Patient Initials** KT	**Age** 46	**Gender** M
Race/Ethnicity White	**Occupation** Disabled	**Marital Status** Single	**Allergies** Shellfish
Code Status Full Code	**Height** 182 cm.	**Weight** 75.8 kg	

Medical History (5 Points)

Past Medical History: COPD, Hypertension, Anxiety disorder, Asthma, End stage respiratory disease

Past Surgical History: Eye socket, nasal, adenoidectomy, tonsillectomy, uvula

Family History: Father – Cancer, COPD Mother – Cancer, COPD

Social History (tobacco/alcohol/drugs): Tobacco: trying to quit, smoked since he was 13
Alcohol: Sober for 15 months
Drugs: Patient denied used of drugs

Assistive Devices: Oxygen, cane, gait belt, bipap

Living Situation: Patient is in the process of moving out of his current residence to be in a more stable environment, away from his daughter. He has some friends that are letting him live with them for a while.

Education Level: High School diploma

Admission Assessment

Chief Complaint (2 points): breathing issues, anxiety, unable to catch breath

History of present Illness (10 points): Patient presented to the hospital on 9/19 with complaints of difficulty breathing. Patient noted that his daughter was living with him and she is a drug addict. Earlier in the day, the daughter was cleaning with harsh chemicals that made it difficult for the patient to breathe. He told his daughter to stop using the chemicals and she threatened to burn his house down. Patient states that he was “very anxious and anxiety makes my breathing

problems even worse." He felt like he was unable to catch his breath and began having pain in his chest. The pain was described as sharp and burning. Patient has a nebulize to use and rests when feeling short of breath but that did not relieve his symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):.COPD exacerbation

Secondary Diagnosis (if applicable):. NA

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

Pathophysiology References (2) (APA):

Chronic obstructive pulmonary disease (COPD) is caused by chronic bronchitis, emphysema, and hyperreactive airway disease (Capriotti & Frizzell, 2019). Patients experience an abundance of mucus in the airways, hypoxia, and cyanosis (Capriotti & Frizzell, 2019). The extra mucus inhibits airflow and depletes the bodies oxygenation. Air gets trapped in the alveoli and causes them to enlarge (Capriotti & Frizzell, 2019). Once enlarged, the alveoli lose their elasticity and hypertrophy (Capriotti & Frizzell, 2019). Irritants cause the airways to react and exacerbate symptoms of bronchospasm (Capriotti & Frizzell, 2019). Chronic bronchitis causes inflammatory changes that eventually change the lung structure (Capriotti & Frizzell, 2019). Severe COPD eventually leads to pulmonary hypertension which can cause right ventricular failure, also known as cor pulmonale (Capriotti & Frizzell, 2019). Patients with severe COPD also experience high levels of CO2 and lessens the body's response to it (Capriotti & Frizzell, 2019).

A patients age and smoking habits are two main factors in the development of COPD. A common symptom of COPD is difficulty breathing and a cough. If activity increases the difficulty to breathe, it is likely to be due to limited airflow from COPD (Capriotti & Frizzell,

2019). Exposure to toxins such as asbestos, silica, hydrogen sulfide, lead, mercury, coal, cotton dust, and diisocyanatos increase one's likelihood to develop COPD (Capriotti & Frizzell, 2019).

Signs and symptoms of COPD include difficult breathing on exertion, cough, wheezing, hypoxia, cyanosis right ventricular failure, jugular vein distention, ascites, hepatosplenomegaly, and edema (Capriotti & Frizzell, 2019). The key symptoms this patient displayed was dyspnea, productive cough, and wheezing. A barrel shaped chest is often indicative of COPD as well. It is also common for individuals to purse their lips when breathing and hyperresonance can be heard on percussion (Capriotti & Frizzell, 2019).

COPD is diagnosed through pulmonary function tests, CBC, blood chemistry, chest x-ray, EKG, and ABG's. The ratio of FEVI/FVC is generally lower than 70% in individuals with COPD (Capriotti & Frizzell, 2019). Chest x-rays may show flattened, low borders, and hyperinflation of the lung fields (Capriotti & Frizzell, 2019). The patients x-ray showed evidence of hyperinflation in the lung fields. CBC results often display a high number of erythrocytes from too much erythropoietin being produced (Capriotti & Frizzell, 2019).

Patients with COPD are provided with a range of treatments. Bronchodilators are often provided at the start of the diseases and throughout its progression (Capriotti & Frizzell, 2019). If there is no response to bronchodilators, theophylline is often added to help (Capriotti & Frizzell, 2019). Oxygen therapy is often required for individuals in the later stage of the disease. If all other options prove ineffective, lung volume reduction surgery is done to remove the dead alveoli (Capriotti & Frizzell, 2019). Doctors may also advise specific eating plans to help individuals meet certain nutritional needs (NIH, 2019). As always, smoking is the recommended way to avoid developing COPD (NIH, 2019).

References:

Capriotti, T. & Frizzell, J.P. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* 1st ed. F.A. Davis Company: Philadelphia, PA. ISBN 9780803615717

NIH. (2019). COPD. Retrieved September 28, 2020, from https://www.nhlbi.nih.gov/health-topics/copd

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	3.80 – 5.41	5.59	5.31	Constant secretion of erythropoietin causes a high number of RBCs in patients with COPD (Capriotti & Frizzell, 2019).
Hgb	13.5 – 17.5	16.8	15.9	
Hct	42 – 52%	51.1	49.7	
Platelets	150 - 450	277	293	
WBC	4.5 – 10.5	9.8	13.2	An elevated WBC count is most often due to infection. The patient developed a mild case of pneumonia as a complication from the COPD (Capriotti & Frizzell, 2019).
Neutrophils	45.3 – 79	72.3	91.6	Inflammation in the lungs from COPD causes neutrophils to accumulate (Capriotti & Frizzell, 2019).
Lymphocytes	11.8 – 45.9	17	6.2	Infection causes lymphocytes to decrease. The pneumonia may be the cause of the decreased lymphocytes (Capriotti & Frizzell, 2019).
Monocytes	4.4 – 12.0	5.1	4.5	
Eosinophils	0.0 – 6.3	4.4	NA	
Bands	NA	NA	NA	

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-	135 – 145	137	137	
K+	3.5 – 5.1	4.3	4.8	
Cl-	98 – 107	106	105	
CO2	22 – 29	23	27	
Glucose	70 - 99	97	110	Inflammation from COPD can lead to an increase of serum glucose levels (Capriotti & Frizzell, 2019).
BUN	6 – 20	15	22	BUN is elevated due to dehydration or chronic disease. The presence of pneumonia both pneumonia and COPD may be a cause for the increased number (Capriotti & Frizzell, 2019).
Creatinine	0.5 – 0.9	0.80	0.79	
Albumin	3.5 – 5.2	4.0	NA	
Calcium	8.6 -10.4	8.6	8.7	
Mag	1.6 – 2.4	1.8	2.1	
Phosphate	NA	NA	NA	
Bilirubin	0.0 – 1.2	0.3	NA	
Alk Phos	35 – 105	90	NA	
AST	0 – 32	17	NA	
ALT	0 – 33	22	NA	
Amylase	NA	NA	NA	

Lipase	NA	NA	NA	
Lactic Acid	NA	NA	NA	

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	0.86 – 1.14	1.02	NA	
PT	11.9 – 15	13.7	NA	
PTT	NA	NA	NA	
D-Dimer	NA	NA	NA	
BNP	NA	NA	NA	
HDL	NA	NA	NA	
LDL	NA	NA	NA	
Cholesterol	NA	NA	NA	
Triglycerides	NA	NA	NA	
Hgb A1c	NA	NA	NA	
TSH	NA	NA	NA	

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	Yellow, clear	Yellow, clear	NA	
pH	5.0 – 8.0	8.0	NA	
Specific Gravity	1.005 – 1.034	1.021	NA	

Glucose	Normal	Normal	NA	
Protein	Negative	Negative	NA	
Ketones	Negative	Negative	NA	
WBC	<5	<1	NA	
RBC	0 – 3	28	NA	The patient does not show signs of a UTI, however RBC in urine can be indicative of microhematuria or anemia (Capriotti & Frizzell, 2019).
Leukoesterase	Negative	Negative	NA	

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	Negative	NA	NA	
Blood Culture	Negative	NA	NA	
Sputum Culture	Negative	NA	NA	
Stool Culture	Negative	NA	NA	

Lab Correlations Reference (APA):

Sarah Bush Lincoln Health Center (2019). *Reference Range*. (labvalues). Mattoon, IL

Capriotti, T. & Frizzell, J.P. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* 1st ed. F.A. Davis Company: Philadelphia, PA. ISBN 9780803615717

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

XR Chest 1 View: Hyperaeration, mild interstitial prominence, no consolidation

XR Chest 2 View: normal heart size, hyperinflammation from emphysema, RUL scarring, density in perihilar regions related to bronchitis.

EKG: premature ventricular complexes

Diagnostic Test Correlation (5 points):

Patient presented to the hospital with shortness of breath and chest pain. The patient is also diagnosed with COPD which would warrant both chest x-rays and an EKG. In a patient with severe COPD, a chest x-ray would show signs of emphysema and hyperinflammation (Capriotti & Frizell, 2019).

Diagnostic Test Reference (APA):

Capriotti, T. & Frizzell, J.P. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* 1st ed. F.A. Davis Company: Philadelphia, PA. ISBN 9780803615717

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

Hospital Medications (5 required)

Brand/ Generic	promethazine hydrochloride, Anergan	lorazepam, Ativan	diphenhydramine chloride, Benadryl	azithromycin, Zithromax	enoxaparin, Lovenox
Dose	12.5 mg/0.5mL	1 mg/0.5 mL IV push	25 mg	250 mg	40 mg
Frequency	Every 4 hours	PRN	Every 6 hours PRN	Daily	Daily
Route	IM	IV	PO	PO	SQ
Classification	Chemical: phenothiazine derivative Therapeutic: antiemetic, antihistamine, antivertigo,	Chemical: Benzodiazepines Therapeutic: amnestic, antianxiety,	Chemical: ethanolamine derivative Therapeutic: Anti anaphylactic adjunct,	Chemical: azalide Therapeutic: antibiotic	Chemical: low-molecular weight heparin Therapeutic:

	sedative-hypnotic	anticonvulsant, sedative	antidyskinetic, antiemetic, antihistamine, antivertigo		Antithrombotic
Mechanism of Action	Reduces allergy signs and symptoms by competing with histamine receptor sites. Also prevents motion sickness, nausea, and vertigo by limiting vestibular stimulation in the ear. Relieves anxiety and encourages sleepiness when it blocks receptors sites in the CNS (Jones & Bartlett, 2019).	Prevents excitatory stimulation to help control behavior.by binding to benzodiazepine receptors. Also helps to prevent seizures by polarizing neuronal cells (Jones & Bartlett, 2019).	Prevents histamines from reaching the site of action by blocking and binding to H1 receptors. Directly subdues the cough center in the brain (Jones & Bartlett, 2019).	Binds to the ribosome of bacteria and inhibits RNA synthesis. Focusses on phagocytes, macrophages, and fibroblasts to encourage it to move to the site of an infection (Jones & Bartlett, 2019).	Binds with antithrombin III to inactivate clotting factors. Prevents thrombin from helping fibrinogen convert to fibrin (Jones & Bartlett, 2019).
Reason Client Taking	Anxiety	Anxiety	Itching	Pneumonia	DVT prevention
Contraindications (2)	Bone marrow depression, angle-closure glaucoma	Psychosis, acute angle closure glaucoma	Lower respiratory tract infections, stenosing peptic ulcer	Cholestatic jaundice, hepatic dysfunction with prior use	Active bleeding, history or HIT
Side Effects/ Adverse Reactions (2)	Drowsiness, hypertension	Amnesia, diaphoresis	Confusion, thickened bronchial secretions	Agitation, oral candidiasis	Epistaxis, bloody stools
Nursing Considerations (2)	-Use caution with young children and adults because	-Use caution when giving	-Only give parenteral form when patient can’t ingest.	-Do not give to patients who have QT prolongation	-Do not give by IM injection -Use

	they are more sensitive to its effects. -For IM, inject deep into large muscle and be sure to rotate sites.	medication to patients with alcohol or drug abuse due to risk of dependence. -Dilute with D5W or sodium chloride for injection	-Protect elixir from light.	or bradyarrhythmia. -Give 1 hour before meals or 2 to 3 hours after meals.	cautiously with patients at risk for bleeding

Home Medications (5 required)

Brand/ Generic	pantoprazole sodium, Protonix	albuterol sulfate, Proair	fluticasone, Flonase	prednisone, Deltasone	guaifenesin, Mucinex
Dose	40 mg	180 mcg/2puffs	88 mcg/2 puffs	40 mg/ 2 tabs	600 mg/1 tab
Frequency	Daily	Every 4 hours PRN	BID	Daily	Every 12 hours
Route	PO	inhaled	inhaled	PO	PO
Classification	Chemical: benzimidazole Therapeutic: antiulcer, gastric acid proton pump inhibitor	Chemical: beta 2-adrenergic agonist Therapeutic: bronchodilator	Chemical: Triflourinated corticosteroid Therapeutic: antiasthmatic, anti-inflammatory	Chemical: Glucocorticoid Therapeutic: anti-inflammatory, immunosuppressant	Chemical: Glycerol guaiacolate Therapeutic: Expectorant
Mechanism of Action	Inhibits hydrogen-potassium-adenosine triphosphate enzymes to prevent gastric acid	Attaches to beta 2 receptors to stimulate ATP production. ATP converts to	Stops cells that take part in the inflammatory process of asthma. Prevents the secretion of	Attaches to glucocorticoid receptors and lowers inflammatory and immune response (Jones & Bartless,	Increases secretions and reduces adhesiveness removes fluid and mucus from the upper

	secretions (Jones & Bartlett, 2019).	AMP to lower intracellular calcium which helps relax bronchial smooth muscles and prevents release of histamines (Jones & Bartlett, 2019).	cytokines, histamine, and leukotrienes (Jones& Bartlett, 2019).	2019).	respiratory tract.
Reason Client Taking	GERD	COPD, asthma	Asthma	Pneumonia, COPD	COPD
Contraindications (2)	Concurrent therapy to rilpivirine containing products, hypersensitivity reactions	Hypersensitivity reactions	Hypersensitivity reactions, untreated nasal mucosal infection	Hypersensitivity reaction, systemic fungal infections	Hypersensitivity reactions
Side Effects/Adverse Reactions (2)	Anxiety, chest pain	Hyperglycemia, angina	Asthma exacerbation, allergic rhinitis	Euphoria, edema	Dizziness, rash
Nursing Considerations (2)	-Take oral tablets 30 minutes before meal with apple juice or apple sauce. -Do not give longer than medically necessary.	-Administer during the second half of inhale. -Monitor serum potassium levels for hypokalemia	-Monitor patients who have a mile allergy. -Lower dosage if patient is taking a corticosteroid	-Administer in the morning. -Prolonged use may cause hypothalamic-pituitary-adrenal suppression	-Take each dose with a full glass of water. -Increase fluid intake to help thin secretions.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook* (18th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was ANO x 3 and could correctly answer his name, date, and location. Patient was well kempt and showed no signs of distress.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	Patient states he is Caucasian and presents with a fair skin tone with tattoos on arms, legs, face, and abdomen. Skin has normal elasticity, is warm to the touch and does not have any abnormal texture. Patient has no rashes or bruises.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is normocephalic. Patients hair color is brown/grey. Pupils were equal, round, reactive light and accommodate. Patient uses glasses. There was no noted deviated septum's, polyps, or turbinate's. Patient did have a nasal canula. Moist mucus membranes were not noted exudate. Trachea was midline. No palpable lymph nodes. Teeth showed normal signs of aging. .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Patient had a fast hear rate with a regular rhythm. No noted murmurs, gallops, or rubs. Pulses graded at 2+ and present bilaterally. Capillary refill less than 3 seconds. Patient shows no signs of edema. There was no neck vein distention noted.
RESPIRATORY (2 points): **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	Patient did display accessory muscle use when breathing. Trachea was midline. Patient was short of breath upon activity. Patient has a productive cough. Anterior and posterior lung sounds auscultated. Wheezing on inspiration noted bilaterally. Patient has a nasal cannula and breathes on room air. He is starting home

	oxygen after discharge. Room air at rest and 2L with activity.
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 and eats whatever he wants. He is 182 cm and 75.8 kg. Bowel sounds were active and present in all 4 quadrants. His last bowel movement was on 9/20. No noted distention or pain upon palpation. Patient has no scars, drains, or wounds present.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine was yellow in color with a clear character. Patient denied pain with urination. No dialysis or catheter was noted.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** walker **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 45 **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☒**	Active neurovascular status noted. ROM intact in both the upper and lower extremities. Bilateral strength was noted in both the upper and lower extremities. Patient has a fall risk score of 45 which puts him at risk for falls. ADL assistance is noted for getting dressed. He is independent for most tasks but needs his walker to get around. Breathing problems cause him to be very slow at getting ADL tasks complete.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐**	Patient moves all extremities well. Pupils are equal, round, reactive to light and accommodate.

PERLA: Y ☒ N☐ **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Strength was noted bilaterally. ANO x 3 noted. Patient could correctly answer his name, date, and location. Patients speech was clear. There was no sign of neurological damage or deficit.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient is an atheist. During stressful times, he likes to play videogames or watch movies. He just put his daughter into rehab and is in the process of moving to a new location for safety. His home life has caused him a lot of stress recently, but he has some good friends that are willing to help him out for now.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1250	115	161/92	16	36.6	95
1400	108	155/95	18	36.5	95

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1250	Numeric scale 0-10	Patient denies pain	Patient denies pain	Patient denies pain	No intervention implemented
1400	Numeric scale 0-10	Patient denies pain	Patient denies pain	Patient denies pain	No intervention implemented

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22g **Location of IV:** Right wrist **Date on IV:** 9/20/20 **Patency of IV:** stable **Signs of erythema, drainage, etc.:** Patient	Discontinued

denies pain at site. There is no evidence of erythema, drainage, or swelling. **IV dressing assessment:**	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
120	600

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is ANO x 3 and is able to verbalize his needs. He is able to ambulate with a standby to the bathroom

Procedures/testing done: No procedures or testing done today.

Complaints/Issues: Patient is complaining of shortness of breath.

Vital signs (stable/unstable): Patients pulse, and blood pressure are both running high.

Tolerating diet, activity, etc.: Patient has no complaints about diet or activity.

Physician notifications: Physician was not present today. There was communication

There was communication about discharge planning for the patient.

Future plans for patient: The patient was discharged today. He was instructed to schedule his follow up appointments as soon as possible. He is going home with no activity or diet restrictions. Apria was contacted to help transition to home oxygen use.

Discharge Planning (2 points)

Discharge location: Patient is being discharged to his friend's house. They are planning to help him with his health care needs.

Home health needs (if applicable): Palliative care to help resident with COPD was established. Patient is being sent home with oxygen and breathing treatments.

Equipment needs (if applicable): The patient will need a nebulizer, walker, and oxygen tank.

Follow up plan: The patient was instructed to follow up with doctor and contact palliative care.

Education needs: Patient was educated about medications, COPD, home oxygen use, and the importance of quitting smoking.

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 coping related to health crisis, sense of vulnerability, or inadequate support systems as evidence by increased anxiety due to alcoholic daughter.	Patient discussed increased anxiety over his daughter and living situation and stated that anxiety makes his breathing difficulties worse. Patient is experiencing a lot of life changes while being a newly recovered alcoholic as well as trying to quit smoking.	**1.** Support positive coping behaviors and explore effective coping behaviors used in the past **2.** Refer patient to a psychiatric liaison, clinical nurse specialist, case manager, or clergy, or recommend support groups or other programs as appropriate.	Patient was notified about different supports to help during this transition. Social services found some support groups for him to attend as well. Patient seemed very open to the ideas presented to him.
2. Activity intolerance related to imbalance between	Patient noted that performing ADL's and walking makes him short of	**1.** Monitor patients' respiratory response to activity including assessment of oxygen saturation.	Education was provided to patient about the importance of using home oxygen to help him while doing activities

oxygen supply and demand due to inefficient work of breathing as evidence by patient being short of breath upon activity.	breath which leads to chest pains.	**2.** Maintain prescribed activity levels and explain rationale to patient.	such as walking and other ADL's. Client agreed to the importance.
3. Potential for falls due to weakness, impaired balance, and unsteady gait as evidence by fall risk score of 65.	Patient discussed having trouble walking without support due to feeling short of breath. Fall risk score of 45.	**1.** Assess gait and monitor for weakness and difficulty with balance. **2**.Incorporate a fall risk assessment tool into the patients plan of care, include appropriate interventions specific to patient aids and technique and the appropriate amount of assistance.	Communication was provided to the patient about how to use his cane and walker to prevent falls. Patient responded well to education.

Other References (APA):

Swearingen, P. L., Wright, J.D. (2019). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, psychiatric nursing care plans*. St. Louis, MO: Elsevier/Mosby.

Concept Map (20 Points):

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Subjective Data

"Anxiety makes breathing problems worse"
"short of breath when putting on clothes"
"Unable to catch breath"
"Sharp, burning chest pain"
Stressful home life

Nursing Diagnosis/Outcomes

Ineffective coping related to health crisis, sense of vulnerability, or inadequate support systems as evidence by increased anxiety due to alcoholic daughter.
Outcome: Patient was notified about different supports to help during this transition. Social services found some support groups for him to attend as well. Patient seemed very open to the ideas presented to him.
Activity intolerance related to imbalance between oxygen supply and demand due to inefficient work of breathing as evidence by patient being short of breath upon activity.
Outcome: Education was provided to patient about the importance of using home oxygen to help him while doing activities such as walking and other ADL's. Client agreed to the importance
Potential for falls due to weakness, impaired balance, and unsteady gait as evidence by fall risk score of 65.
Outcome: Communication was provided to the patient about how to use his cane and walker to prevent falls. Patient responded well to education.

Objective Data

Productive cough
Accessory muscle use
Wheezing on inspiration
Pulse 115
BP 161/92
Nasal cannula
Uses walker and cane
Needs a standby to walk alone

Patient Information

Male
46 years old
182 cm
75.8 kg
COPD, Hypertension, Anxiety disorder, Asthma, End stage respiratory disease

Nursing Interventions

1. Support positive coping behaviors and explore effective coping behaviors used in the past
2. Refer patient to a psychiatric liaison, clinical nurse specialist, case manager, or clergy, or recommend support groups or other programs as appropriate.
3. Monitor patients' respiratory response to activity including assessment of oxygen saturation.
4. Maintain prescribed activity levels and explain rationale to patient.
5. Assess gait and monitor for weakness and difficulty with balance.
6. Incorporate a fall risk assessment tool into the patients plan of care, include appropriate interventions specific to patient aids and technique and the appropriate amount of assistance.

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