

N321 Care Plan # 2  
Lakeview College of Nursing  
Olamide Adewole

**Demographics (3 points)**

<b>Date of Admission</b> 09/20/2020	<b>Patient Initials</b> SLP	<b>Age</b> 45	<b>Gender</b> F
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Manager at McDonalds, Beautician	<b>Marital Status</b> Single	<b>Allergies</b> No known allergies
<b>Code Status</b> Full Code	<b>Height</b> 5'9	<b>Weight</b> 311lbs	

**Medical History (5 Points)**

**Past Medical History: No Past medical History**

**Past Surgical History: Hip pinning (resulting from an accident), Appendix removal, Cholecystectomy, Cesarean operation,**

**Family History: Father - Heart failure, Cancer, Diabetes, Liver disease, and Colon Cancer**

**Social History (tobacco/alcohol/drugs): Smoker (smokes at least half a pack a day), drinks alcohol occasionally.**

**Assistive Devices: None**

**Living Situation: Patient lives at home with her siblings and her brother.**

**Education Level: 2 years of beauty school, and 3 years of restaurant management school.**

**Admission Assessment**

**Chief Complaint (2 points): Shortness of breath and Flank pain**

**History of present Illness (10 points): Patient is a 45 year old female that presented to the ER on 09/20/2020, with shortness of breath and flank pain. Upon assessment, the patient was found to have a 85% oxygen saturation, her respiratory rate was 18, her blood pressure checked on her right wrist while she was sitting was 135 / 80, her heart rate 92, her oral temperature was 98.5, and she rated her pain a 9 on a scale of 0 - 10. She was given some valium to relieve her muscle spasms.**

**Primary Diagnosis on Admission (2 points): Pneumonia**

**Secondary Diagnosis (if applicable): Sepsis, Acute CAP Pneumonia, Left lower lobe acute atelectasis, Acute hypoxic respiratory failure, Acute metabolic acidosis, Chronic pulmonary hypertension**

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

**Pneumonia is a lung infection that can range from mild to severe. It happens when a disease causes the air sacs in your lungs to fill with fluid or pus. That can make it hard for you to breathe in enough oxygen to reach your bloodstream.**

**Anyone can get this lung infection. Lifestyle habits can also raise Pneumonia chances, like smoking cigarettes and drinking too much alcohol. But infants younger than age two and people over age 65 are at higher risk. That's because their immune systems might not be strong enough to fight it.**

**Pneumonia's symptoms are; Chest pain when you breathe or cough, a cough that produces phlegm or mucus, fatigue, loss of appetite, Fever, sweating, chills, nausea, vomiting, and diarrhea, and shortness of breath. Some abnormal findings expected during a lung examination for a person diagnosed with Pneumonia are; rales, rhonchi, decreased breath sounds, wheezes, percussion dullness, labored breathing. Along with these symptoms, older adults and people with weak immune systems might be confused or have mental awareness changes or lower-than-normal body temperature. Organisms that cause Pneumonia could include; bacteria, viruses, or fungi.**

**Pneumonia is diagnosed by chest Xray, Blood culture, Sputum culture, Pulse Oximetry, CT Scan, Fluid samples, and Bronchoscopy. Some medications help treat the condition. Combination antibiotics like Piperacillin - Tazobactam, are used to treat a broad spectrum of bacteria. It's always a good thing for a patient to complete an entire course of antibiotics, even if you begin to feel better. Not doing so can prevent the infection from**

clearing, and it may be harder to treat in the future. Prednisolone is an anti-inflammatory, which prevents the release of substances that cause inflammation. Albuterol-ipratropium is used to relax the muscles in the airway.

In many cases, We can prevent the recurrence of Pneumonia. The first line of defense against Pneumonia is to get vaccinated. The patient learned how vaccines could help prevent the recurrence of Pneumonia. The patient has also been advised to quit smoking and was given helpful tips on preventing Pneumonia's recurrence. Pneumonia can often be a complication of the flu, so be sure to get an annual flu shot, particularly those at risk for flu complications.

The patient presented with flank pain and shortness of breath. She said she had been enduring the pains in her back for almost a week, until Sunday, September 20th, when the problem became unbearable, she came into the emergency department. The provider then ordered an X-ray, which showed some abnormalities in her left hemidiaphragm and lower lobe. A CT scan showed noticeable cloudiness of the left lung base, which appears to be air bronchograms that suggest pneumonia., CBC, CMP, Troponin, and lactase level plasma, which all led to the diagnosis of Pneumonia.

Sorenson, M., Quinn, L., & Klein, D. (2019). *Pathophysiology: concepts of human disease*. NY, NY: Pearson.

Frazier, M. S., Drzymkowski, J. W., & Frazier, M. S. (2013). *Workbook for Essentials of human diseases and conditions*. St. Louis, MO: Saunders/Elsevier.

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	4.2 - 5.2	3.95	3.8	The patient's RBC is low because inflammation of the lungs causes the RBCs to crash.
Hgb	12 - 16	11.1	10.8	Hemoglobin levels can decrease due to IV infusion, or multiple blood draws.
Hct	37 - 47	35.2	34.8	Hematocrit levels could be low due reduced blood oxygen levels
Platelets	150 - 250	94	133	Patient platelets levels are low because of the medication she is taking.
WBC	4.3 - 11	6.2	12.2	The patient's WBC levels could be high because the body fights off an infection.
Neutrophils	37 - 85%	73.8	89.3	Neutrophils percentage can be high because of the stress physical illness brings.
Lymphocytes	20 - 45%	17.2	4.9	Low lymphocytes are caused by the body's low resistance to fight infection.
Monocytes	00.1 - 1%			
Eosinophils	0.00 - 0.1%			
Bands				

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 mmol/L			

N321 Care Plan

K+	3.5 - 5.0 mmol/L			
Cl-	95 - 110 mmol/L			
CO2	23 - 31 mmol/L	21	18	The CO2 is low because the pneumonia is a condition that increases respiratory.
Glucose	70 - 110 mg/dL	94	140	The patient glucose could be high as a result of the medications she is taking.
BUN	8 -25 mg/dL			
Creatinine	0.70 - 1.50 mg/dL			
Albumin	3.5 -5.0 mg/dL			
Calcium	8.4 - 10.3 mg/dL			
Mag	1.5-2.6 mg/dL			
Phosphate	2.5-4.5 mg/dL			
Bilirubin	0.2-0.8 mg/dL			
Alk Phos	40 -150 U/L			
AST	16 - 40			
ALT	7 - 52			
Amylase	23 - 85 u/L			
Lipase	12 -70u/L			
Lactic Acid	7.0 - 31.4 u/ L			

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

N321 Care Plan

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	0.8 - 1.4			
PT	10.1 - 13.1 seconds			
PTT	25-36 sec			
D-Dimer	<0.5			
BNP	<100 mg/ml			
<b>HDL</b>	<b>&gt;60 mg/ml</b>	<b>Wasn't checked during admission</b>	<b>38</b>	<b>The patient is obese which could cause her HDL to be low</b>
LDL	<100 mg/ml			
Cholesterol	<200mg/ml			
Triglycerides	<150mg/ml			
Hgb A1c	<7%			
TSH	0.4 - 4.0mu/L			

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 and clear			
pH	4.6 - 8.0			
Specific Gravity	1.005 - 1.030			
Glucose	Negative			
Protein	0 -8 mg / dl			
Ketones	Negative			

<b>WBC</b>	<b>0 - 4</b>			
<b>RBC</b>	<b>0 - 2</b>			
<b>Leukoesterase</b>	<b>Negative</b>			

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

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	<b>Negative</b>			
<b>Blood Culture</b>	<b>Negative</b>			
<b>Sputum Culture</b>	<b>Negative</b>			
<b>Stool Culture</b>	<b>Negative</b>			

**Lab Correlations Reference (APA):**

Todd, J. C., & Sanford, A. H. (1948). *Clinical diagnosis by laboratory methods*. Saunders.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):**

**Chest X-ray:** Results showed the elevation on her left hemidiaphragm, and left lower lobe atelectasis with a complete collapse of the left lower lobe.

**CT Scan;** Results showed noticeable cloudiness of the left lung base, which appears to be air bronchograms which suggests pneumonia.

**Diagnostic Test Correlation (5 points):** Patient was ambulated into the ED with a complaint of flank pain, that has been going on for two days. She states “It is the worst pain, I have ever felt. It feels like someone is stabbing me”. Due to this, the provider found it important to order a chest x-ray, which showed the elevation of her left hemidiaphragm, and left lower lobe atelectasis. So a CT scan was ordered, which showed a cloudiness on her left lung which led to the diagnosis of pneumonia.

**Diagnostic Test Reference (APA):**

Todd, J. C., & Sanford, A. H. (1948). Clinical diagnosis by laboratory methods. Saunders.

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

**Home Medications (5 required)**

Brand/Generic					

N321 Care Plan

	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Dose</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Frequency</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Route</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Classification</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Mechanism of Action</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Reason Client Taking</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Contraindications (2)</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Nursing Considerations (2)</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	<b>Sodium Chloride 0.9</b>	<b>Albuterol - Ipratropium</b>	<b>Budesonide</b>	<b>Methylprednisolone</b>	<b>Diazepam</b>
<b>Dose</b>	<b>80ml / hr</b>	<b>3 ml</b>	<b>1 mg</b>	<b>60 mg</b>	<b>5 mg</b>
<b>Frequency</b>	<b>Continuous IV</b>	<b>qid</b>	<b>b.i.d</b>	<b>q8h</b>	<b>q8h</b>
<b>Route</b>	<b>IV</b>	<b>Inhalation</b>	<b>inhalation</b>	<b>intravenous</b>	<b>oral</b>
<b>Classification</b>	<b>Isotonic</b>	<b>Bronchodi</b>	<b>Antiasthma</b>	<b>Anti -</b>	<b>Skeletal</b>

	<b>solution.</b>	<b>lator</b>	<b>tic</b>	<b>inflammator y</b>	<b>muscle relaxant</b>
<b>Mechanism of Action</b>	creates an onotonic gradient gradient for expanding volume.	treats bronchospasms in patients.	to manage seasonal allergic rhinitis	binds to the intracellular glucocorticoid receptor.	may potentiate effects of gamma aminobutyric acid
<b>Reason Client Taking</b>	The patient is taking it as maintenance fluid	To prevent bronchospasm	To provide maintenance therapy in chronic bronchial asthma.	To treat adrenal insufficiency and acute immunosuppressive disorder.	To relieve anxiety
<b>Contraindications (2)</b>	Sodium retention, Congestive heart failure.	Hypersensitivity to albuterol, digoxin	Nasal trauma, septal ulcers.	hypersensitivity to prednisolone, fungal infection	open angle glaucoma, hypersensitivity to diazepam
<b>Side Effects/Adverse Reactions (2)</b>	Weakness, headache	Hyperglycemia, Insomnia	Abdominal pain, diarrhea	Euphoria, Edema	Neutropenia, Dysarthria.
<b>Nursing Considerations (2)</b>	Assess for fluid volume overload. monitor for allergies	Monitor serum potassium level, monitor for drug tolerance	Assess for effectiveness of budesonide therapy, Administer by nebulizer.	Assess for adverse effects, for IM shake suspension very well.	use with caution in patients with renal impairment, expect to lower dose in patients with chronic respiratory insufficiency.

**Medications Reference (APA):**

Jones & Bartlett Learning. (2019). *2019 Nurse's drug handbook.*

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL (1 point):</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p><b>Alert</b>  <b>Oriented to person, place, time, and situation</b>  <b>Shows no sign of distress</b>  <b>Well-groomed, looks appropriate for age</b></p>
<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Type:</b></p>	<p><b>Normal for race</b>  <b>Warm and dry</b>  <b>Warm</b>  <b>Intact</b>  <b>No rashes</b>  <b>No bruises</b>  <b>No open wounds</b>  <b>20</b>  <b>No drains present</b></p>
<p><b>HEENT (1 point):</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>    <b>Nose:</b>  <b>Teeth:</b></p>	<p><b>Normal cephalic, and atraumatic</b>  <b>outer ear looks normal</b>  <b>No drainage from the eyes, PERRLA and</b>  <b>extraocular movement present.</b>  <b>Pink and Moist</b>  <b>Oral mucosa pink, No mouth ulcer, lips dry.</b></p>
<p><b>CARDIOVASCULAR (2 points):</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Edema Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Location of Edema:</b></p>	<p><b>Strong</b>  <b>No murmurs, gallops, or rubs.</b>  <b>Sinus Brady</b>  <b>Strong</b>  <b>Less than 3</b>  <b>No neck vein distension</b>  <b>No Edema</b></p>
<p><b>RESPIRATORY (2 points):</b>  <b>Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Breath Sounds: Location, character</b></p>	<p><b>No use of accessory muscle use</b>  <b>Breath laboured, crackles present</b></p>
<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home:</b></p>	<p><b>Regular Diet</b></p>

<p><b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>              <b>Incisions:</b>              <b>Scars:</b>              <b>Drains:</b>              <b>Wounds:</b>  <b>Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/></b>              <b>Size:</b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/></b>              <b>Type:</b></p>	<p><b>Regular Diet</b>  <b>5'9</b>  <b>311</b>  <b>Active bowel sounds in all 4 quadrants</b>  <b>09/24/2020</b>  <b>No pain or masses detected upon palpation</b>  <b>Abdomen intact without incisions or scars</b>  <b>No distention</b>  <b>No Incision</b>  <b>No Scars</b>  <b>No Drains</b>  <b>No Wound</b>  <b>No Ostomy</b>  <b>No Nasogastric</b>    <b>No Feeding tubes</b></p>
<p><b>GENITOURINARY (2 Points):</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></b>              <b>Type:</b>              <b>Size:</b></p>	<p><b>Yellow</b>  <b>Clear and free of particles</b>  <b>400ml</b>  <b>No pain with urination</b>  <b>No dialysis</b>  <b>N/A</b>  <b>No catheter</b></p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib) <input type="checkbox"/></b>  <b>Needs assistance with equipment <input type="checkbox"/></b>  <b>Needs support to stand and walk <input type="checkbox"/></b></p>	<p><b>Intact</b>  <b>Full active ROM</b>  <b>No use for supportive devices</b>  <b>Equal strength on all extremities</b>  <b>No ADL assistance needed</b>  <b>No</b>  <b>30</b>    <b>Independent</b></p>
<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>PERLA: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no -</b>  <b>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></b></p>	<p><b>Yes</b>  <b>Yes</b>  <b>Yes</b>  <b>Both</b></p>

<b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	<b>Oriented X4</b> <b>Competent</b> <b>Clear</b> <b>No sensory deficits</b> <b>Alert</b>
<b>PSYCHOSOCIAL/CULTURAL (2 points):</b> <b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	<b>Effective</b> <b>Appropriate for age</b> <b>Catholic</b> <b>Patient has significant family support system</b>

**Vital Signs, 2 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
10:00 am	51	137 / 67  Right arm laying down	18	99.2	100% on Nasal cannula
11:30am	50	147 / 73  Right arm laying down.	18	97.8	95% on Nasal cannula

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
7:03am	0 - 10	Back	2	Dull, intermittently	Relaxation techniques
11:30 am	0 - 10	Flank	5	Stabbing, intermittently	Morphine

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV: 20 gauge</b> <b>Location of IV: Left Forearm</b>	<b>Sodium Chloride IV 0.9%</b>

<b>Date on IV: 09/24/2020</b> <b>Patency of IV: IV still ongoing</b> <b>Signs of erythema, drainage, etc; No signs of erythema, drainage</b> <b>IV dressing assessment: Dry and intact</b>	<b>80ml / hr</b>
---	------------------

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>240</b>	<b>400</b>

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care: Patient is on a 3L nasal cannula to keep her O2 levels above 95 percent.**

**The patient last rated her pain a 6 on a 0-10 scale and is prescribed 4mg of Morphine, IV push every 3 hours PRN, for pain. Patient is on a 0.9 Sodium Chloride IV, for Continuous maintenance fluids. Patient is independent, alert, and oriented to place, time, day, and person.**

**Procedures/testing done: When hospitalized, the patient received a chest x-ray, and a CT scan.**

**Complaints/Issues: Patient complains of pain, and she rates her pain a 5, on a scale of 0 - 10.**

**Vital signs (stable/unstable): Stable**

**Tolerating diet, activity, etc; Patient will continue with his regular diet. Patients may participate in normal activities as tolerated.**

**Physician notifications: No notifications**

**Future plans for patient; Patient will continue treatment with nasal cannula oxygen to keep O2 above 95%. Patients would continue to receive IV maintenance fluids.**

**Discharge Planning (2 points)**

**Discharge location: Home**

**Home health needs (if applicable): N/A**

**Equipment needs (if applicable):N/A**

**Follow up plan: The patient would**

**Education needs: Patient got, and would need more education on the effects of smoking on the body, and how to prevent a recurrence of pneumonia.**

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

<b>Nursing Diagnosis</b> ● Include full nursing diagnosis with “related to” and “as evidenced by” components	<b>Rational</b> ● Explain why the nursing diagnosis was chosen	<b>Intervention (2 per dx)</b>	<b>Evaluation</b> ● How did the patient/family respond to the nurse’s actions? ● Client response, status of goals and outcomes, modifications to plan.
<b>1. Potential for insufficient airway clearance due to the presence of excessive</b>	<b>Patients presented to the ER with O2 levels of 85%. The patient also has diminished lung sounds and audible wheezes.</b>	<b>1.Ensure the patient performs deep breathing exercises at least every two hours.  2.Assist the patient into a position of comfort, usually semi</b>	<b>Patient demonstrates an effective cough  Goals; patient airway is free of excessive secretions and adventitious breath sound.</b>

<p><b>tracheobronchial secretion occurring with infection .</b></p>		<p><b>- fowler position.</b></p>	
<p><b>2. Decreased gas exchange due to altered oxygen supply and alveolar - capillary membrane changes occurring with the inflammatory process and exudate in the lungs.</b></p>	<p><b>Patient presented to the ER with shortness of breath. upon assessment her O2 levels was at 85%.</b></p>	<p><b>1. Assess the breath sounds at least every two to four hours.</b></p> <p><b>2. Monitor for and promptly report signs and symptoms of respiratory distress.</b></p>	<p><b>Patient verbalized accurate understanding the disease process</b></p> <p><b>Goals; At discharge the patient oxygen levels should be more than 92%</b></p>
<p><b>3. Potential for nosocomial pneumonia due to inadequate primary defenses.</b></p>	<p><b>Patient was admitted to the ER due to inadequate primary defense against pneumonia.</b></p>	<p><b>1. Perform thorough hand and hygiene before and after contact with the patient.</b></p> <p><b>2. Identify patients who are at increased risk for aspiration.</b></p>	<p><b>Patient verbalized knowledge of these activities.</b></p> <p><b>Goal; Patient is free of nosocomial pneumonia.</b></p>

**Other References (APA):**

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and psychiatric-mental health*. Elsevier.

**Concept Map (20 Points):**

Subjective Data

Nursing Diagnosis/Outcomes

Patient is a 45 year old female that presented to the ER on 09/20/2020, with shortness of breath and flank pain

Height; 5'2  
Weight; 220

Vital sign  
Pulse; 51 / 50  
B/P; 137/67 / 147/73  
Resp: 18 / 18  
Temp; 99.2 / 97.8  
O2: 100% on NC / 95% on NC  
Pain: 2 / 5

45 year old caucasian female  
Admitted on 09/20/2020  
Diagnosis; Pneumonia  
Full code  
No known allergies

Potential for insufficient airway clearance due to the presence of excessive tracheobronchial secretion occurring with infection .  
Nursing Interventions

Patient Information  
Decreased gas exchange due to altered oxygen supply and alveolar - capillary membrane changes occurring with the inflammatory process and exudate in the lungs.

Potential for nosocomial pneumonia due to inadequate primary defenses.

- Assist the patient into a position of comfort, usually semi - fowler position.
- 2. Assess the breath sounds at least every two to four hours.  
- Monitor for and promptly report signs and symptoms of respiratory distress.
- 3. Perform thorough hand and hygiene before and after contact with the patient.  
- Identify patient who are at increased risk for aspiration.

## N321 Care Plan

## N321 Care Plan