N431 Care Plan #1

Lakeview College of Nursing

Joey Runde

Demographics (3 points)

Date of Admission 9/25/2020	**Patient Initials** J.C	**Age** 81 years	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** penicillin's, adhesive bandages, sulfa drugs, sulfones, thimerosol topical
Code Status DNR	**Height** 165 cm	**Weight** 92.5 kg	

Medical History (5 Points)

Past Medical History: Pneumonia, chest pain, arthritis, myofascial pain, emphysema, chronic obstructive pulmonary disease, stage IV adenocarcinoma, shortness of breath, major neurocognitive disorder, obesity, lung cancer, lumbar radiculopathy, impaired gas exchange, impaired mobility, skin integrity, usual interstitial pneumonitis, status lumbar spinal infusion, gastroesophageal reflux disease, hypertension, fall risk, abnormal ECG, bleeding duodenal ulcer, diastolic congestive heart failure, dementia, kidney stones, risk for infection, asthmatic bronchitis, aortic valve sclerosis, altered mental status, alteration in comfort and pain, elevated troponin, episode of unresponsiveness, non-STEMI elevation, & Respiratory distress

Past Surgical History: esophagogastroduodenoscopy, colonoscopy with biopsy, open reduction internal fixation of left hip, spinal stimulator insertion, spinal cord stimulator trial lead place, caudal epidural steroid injection, trigger point injections, cardiac catheterization of left heart, back fusion, port insertion, and operation for bone injury of phalanges of hand

Family History: Father- cardiovascular disease, deep vein thrombosis, heart attack Mother- unknown Brother- kidney disease, kidney dialysis, renal failure syndrome

Social History (tobacco/alcohol/drugs): A past user of alcohol daily for 30 years, he does not use any substances, and he was a past user of tobacco. He used to smoke a pack per day for 50 years.

Assistive Devices: The patient uses a walker and a cane when he is at home.

Living Situation: The patient currently lives at home with his spouse. He feels safe living at his home.

Education Level: The patient's highest level of education is high school.

Admission Assessment

Chief Complaint (2 points): Shortness of breath

History of present Illness (10 points): The patient came to the hospital due to being unresponsive and having significant shortness of breath. The patient's location of pain was at his chest, and it has been going on for about five days. The pain is very sharp and is an off and on pain. The pain hurts worse when he breaths and feels better when he doesn't have to cough. The patient did state that his pain has subsided, and he is currently under no distress.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): N/A

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

J.C. came into the hospital due to infection like symptoms. Later to find out, he was diagnosed with pneumonia. Pneumonia comes from the normal flora in the patient in which the resistance is altered (Hinkle & Cheever, 2018). Pneumonia does affect the way an individual ventilates and diffuses (Hinkle & Cheever, 2018). Along with that, an inflammatory reaction

occurs in the alveoli (Hinkle & Cheever, 2018). The alveoli will then produce secretions that interfere with the oxygen and carbon dioxide diffusion in the lungs (Hinkle & Cheever, 2018). While all of this is happening, white blood cells, predominantly neutrophils, move into the alveoli and fill the air spaces to fight the infection (Hinkle & Cheever, 2018). The secretions make it hard for areas of the lungs to ventilate adequately because of the partial occlusion (Hinkle & Cheever, 2018). Also, venous blood going into the pulmonary circulation passes through the under-ventilated area and travels to the left side of the heart with little to no oxygen (Hinkle & Cheever, 2018). Eventually, this leads to arterial hypoxemia (Hinkle & Cheever, 2018). Pneumonia starts to affect a lot of different body parts and systems. The heart begins to pump harder due to hypoxemia and dyspnea (Hinkle & Cheever, 2018). It is also likely to see cyanosis on the skin and the nail bed due to not enough oxygen delivered from the lungs to the blood circulation (Hinkle & Cheever, 2018).

Pneumonia overall causes a lot of manifestations in a patient. Some of the visible symptoms are a sudden onset of chills, fever, chest pain aggravated by deep breathing, and a lot of coughing (Hinkle & Cheever, 2018). Along with that, tachypnea, dyspnea, tachycardia, headache, sore throat, and nasal congestion can be all seen in a patient that has pneumonia (Hinkle & Cheever, 2018). A patient with pneumonia could also see hypoxemia signs like flushed lips and cheeks and other signs of cyanosis (Hinkle & Cheever, 2018).

A patient with pneumonia is going to show changes in their vital signs and laboratory findings. The likely results consist of increased respiration, temperature, pulse, and decreased oxygen levels (Hinkle & Cheever, 2018). An increase in white blood cells, a low red blood cell count, and reduced hemoglobin are expected findings with pneumonia (Hinkle & Cheever, 2018). Some of the diagnostic testing’s that help diagnose pneumonia consist of a chest x-ray,

blood culture, and a sputum culture (Hinkle & Cheever, 2018). These tests will help diagnose and support the findings of pneumonia. The patient will likely receive antibiotic therapy and oxygenation (Capriotti & Frizzell, 2016). Those two items are the number one priority with pneumonia patients (Capriotti & Frizzell, 2016). Along with that, they can receive intravenous fluids if they are dehydrated. Also, analgesia, antipyretics, and bronchodilators are recommended for the patient if needed (Capriotti & Frizzell, 2016).

The treatment for J.C. consists of receiving antibiotic therapy and supplemental oxygen. Most of the clinical data seen in my patient correspond to an average pneumonia patient. This patient is experiencing elevated white blood cells, decreased red blood cells, and a decrease in hemoglobin. Along with that, this patient had a positive chest x-ray, which is also another sign of pneumonia. His increased respirations again go along with a usual symptom of pneumonia.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives.* F.A. Davis Company.

Hinkle, J.L. & Cheever, K.H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

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	4.20	3.26	The patient has a decrease in red blood cells due to the acute inflammatory response in his body (Mayo Clinic, 2019).

Hgb	11.3-15.2	12.2	9.6	The patient has a decrease in his hemoglobin due to having an illness such as pneumonia (Mayo Clinic, 2020).
Hct	33.2-45.3%	38.4%	29.7	The patient has a decrease in his hematocrit due to the large number of white blood cell from the illness (Mayo Clinic, 2019).
Platelets	149-493	208	210	Lab was normal
WBC	4-11.7	13.5	15.2	The patient has elevated white blood cells due to the infection he is fighting (Hinkle & Cheever, 2018).
Neutrophils	45.3-79	84.7	94.4	The patient has elevated neutrophils due to the infection in his body (Hinkle & Cheever, 2018).
Lymphocytes	11.8-45.9	6.6	4.1	J.C. has lymphocytopenia due to the underlying illness he is experiencing (Healthline, 2018).
Monocytes	4.4-12.0	8.3	1.3	The patient's monocytes are low due to the infection he is dealing with in his body (Healthline, 2016).
Eosinophils	0.0-6.3	0.1	N/A	Lab was normal
Bands	<1.0	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-	135-145	139	143	Lab was normal
K+	3.5-5.1	5.0	4.5	Lab was normal
Cl-	98-107	105	107	Lab was normal
CO2	22-29	26	28	Lab was normal
Glucose	70-99	130	136	The patient has high levels of glucose due to an infection (Mayo Clinic, 2020). Illnesses can trigger hyperglycemia because hormones

				used to combat the illness will raise the blood glucose levels (Mayo Clinic, 2020).
BUN	6-20	22	23	J.C. blood urea nitrogen levels are elevated due to taking antibiotics like vancomycin (Jones & Bartlett Learning, 2019).
Creatinine	0.5-0.9	1.53	1.26	The patient's creatinine levels are elevated due to being on vancomycin and other antibiotics (Jones & Bartlett Learning, 2019).
Albumin	3.5-5.2	3.5	N/A	Lab was normal
Calcium	8.6-10.4	8.9	8.3	The patient has a deficiency of calcium possibly due to his older age. Patient's are more at risk to develop hypocalcemia as they age (Healthline, 2019).
Mag	1.6-2.4	1.9	N/A	Lab was normal
Phosphate	2.5-4.5	N/A	N/A	N/A
Bilirubin	0.0-1.2	0.4	N/A	Lab was normal
Alk Phos	35-105	88	N/A	Lab was normal
AST	0-32	15	N/A	Lab was normal
ALT	0-33	7	N/A	Lab was normal
Amylase	30-110	N/A	N/A	N/A
Lipase	12-70	N/A	N/A	N/A
Lactic Acid	0.5-2.4	1.3	N/A	Lab was normal
Troponin	0-0.4	0.077	0.483	The patient has an elevation in troponin levels due to having inflammation from his diagnosis of diastolic congestive heart failure (Hinkle & Cheever, 2018).
CK-MB	0-4.9	4.2	N/A	Lab was normal

Total CK	22-198	40	N/A	Lab was normal

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	N/A	N/A	N/A
PT	11.9-15	N/A	N/A	N/A
PTT	25-40	N/A	N/A	N/A
D-Dimer	<500	N/A	N/A	N/A
BNP	<125	167	N/A	J.C. brain natriuretic peptide levels are elevated due to having diastolic congestive heart failure (Hinkle & Cheever, 2018).
HDL	40-80	34	N/A	The patient has a low high-density lipoprotein due to having a sedentary lifestyle (Hinkle & Cheever, 2018).
LDL	85-125	109	N/A	Lab was normal
Cholesterol	<170	166	N/A	Lab was normal
Triglycerides	50-150	115	N/A	Lab was normal
Hgb A1c	<6%	N/A	N/A	N/A
TSH	0.5-5	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	Yellow, Clear	Yellow	N/A	Lab was normal
pH	5.0-8.0	5.0	N/A	Lab was normal
Specific Gravity	1.005-1.034	1.021	N/A	Lab was normal

Glucose	Normal	Normal	N/A	Lab was normal
Protein	Negative-Normal	Negative	N/A	Lab was normal
Ketones	Negative	1+	N/A	The patient has positive ketones in his urine due to having high blood sugar or because of the infection he is dealing with (Hinkle & Cheever, 2018).
WBC	<5	3	N/A	Lab was normal
RBC	0-3	1	N/A	Lab was normal
Leukoesterase	Negative	Negative	N/A	Lab was normal

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	7.34	N/A	The patient is having a low pH due to being in respiratory acidosis (Hinkle & Cheever, 2018). Respiratory acidosis can occur from chronic obstructive pulmonary disease (Hinkle & Cheever, 2018).
PaO2	80-100	79.1	N/A	The patient is having a low partial pressure of oxygen due to being in respiratory acidosis (Hinkle & Cheever, 2018).
PaCO2	35-45	46.5	N/A	The patient has an increase in partial pressure of carbon dioxide due to being in respiratory acidosis from his chronic obstructive pulmonary disease (Hinkle & Cheever, 2018).
HCO3	22-26	23.6	N/A	Lab was normal
SaO2	95-100	95.9	N/A	Lab was normal

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	N/A	N/A	N/A
Blood Culture	Negative	Negative	N/A	Lab was normal
Sputum Culture	Negative	Results have not come back yet	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (APA):

ATI (2019). *Content mastery series review module: RN adult medical surgical nursing* (11th ed.). Assessment Technologies Institute, LLC.

Hinkle, J.L. & Cheever, K.H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

Healthline. (2016, December 16). *Absolute monocytes explained in simple terms.* *https://www.healthline.com/health/absolute-monocytes#what-abs-monocyte-counts-mean*

Healthline. (2019, July 31). *Hypocalcemia (calcium deficiency disease).* *https://www.healthline.com/health/calcium-deficiency-disease#causes*

Healthline. (2018, February 14). *What is lymphocytopenia?* *https://www.healthline.com/health/lymphocytopenia*

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

Mayo Clinic. (2019, August 16). *Anemia.* https://www.mayoclinic.org/diseases-conditions/anemia/symptoms-causes/syc-20351360

Mayo Clinic. (2019, February 12). *Hematocrit test.* https://www.mayoclinic.org/tests-procedures/hematocrit/about/pac-20384728

Mayo Clinic. (2020, June 27). *Hyperglycemia in diabetes.* https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631

Mayo Clinic. (2020, September 22). *Low hemoglobin count causes.* https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760

Van Leeuwen, A. M., & Bladh, M. L. (2017). *Davi's comprehensive handbook of laboratory and diagnostic tests with nursing implications* (7 ed.). F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

The patient received a chest x-ray due to having pneumonia.

Diagnostic Test Correlation (5 points):

A chest x-ray helps diagnose such infections like pneumonia. Chest x-ray consists of seeing mostly air and gas, making it easy to visualize foreign bodies (Hinkle & Cheever, 2018). With J.C., they were able to visualize mild air space in the right lower lobe, and they were able to identify a foreign body in his lungs.

Diagnostic Test Reference (APA):

Hinkle, J.L. & Cheever, K.H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

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

Home Medications (5 required)

Brand/Generic	Protonix/ pantoprazole	Lopressor/ metoprolol tartrate	Flomax/ tamsulosin	Plavix/ clopidogrel	Ecotrin/ aspirin
Dose	40 mg	50 mg	0.8 mg	75 mg	81mg
Frequency	1 tablet daily	1 tablet BID	2 capsules daily	1 tablet daily	1 tablet daily
Route	PO	PO	PO	PO	PO
Classification	Proton Pump Inhibitor	Beta-Adrenergic Blocker	Alpha1-Adrenergic Blockers	Antiplatelet	Antiplatelet
Mechanism of Action	Binds irreversibly to the gastric proton pump to prevent the pumping or release of gastric acid from the parietal cells into the stomach lumen.	Inhibits beta two receptors in the bronchial and vascular musculature.	Relaxes the muscles in the prostate and bladder, enhancing the ability to urinate.	Irreversibly block the ADP receptor on platelet cell surface.	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis.
Reason Client Taking	Gastroesophageal reflux disease	Hypertension	Benign prostatic hyperplasia	Reduction of MI and stroke	To reduce excessive clotting that could lead to heart attack or stroke
Contraindications (2)	1.Hypersensitivity to pantoprazole 2.Concurrent therapy with rilpivirine containing products	1.Second- or third-degree heart block 2.Heart failure	1.Hypersensitivty to tamsulosin 2.Glaucoma surgery	1. Active pathological bleeding 2.Peptic ulcer	1.Asthma 2.Hemophilia
Side Effects/Adverse Reactions (2)	1.Nausea 2.Bone fractures	1.Angina 2.Bronchospasm	1.Postural Hypertension 2.Weakness	1.Rash 2.Hemorrhage	1.Confusion 2.Bronchospasm
Nursing Considerations (2)	1.Administer before food intake 2.clarithromycin increases effects of medication	1.Use metoprolol with extreme caution in bronchospastic disease 2.Monitor patient with peripheral vascular disease	1.Prostate cancer should be ruled out before tamsulosin therapy begins 2. Give drug about 30 minutes after the same	1. Monitor patient who takes aspirin with clopidogrel because the increase of bleeding	1.Take aspirin with food or after meals 2.Do not crush or chew coated tablets

		for evidence arterial insufficiency	meal each day	2.Stop before any surgery because of bleeding	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1.Assess for decreased epigastric pain 2. Assess for decreased heart burn	1. Monitor heart rate 2.Monitor blood pressure	1.Monitor blood pressure 2.Assess for improved urinary function	1.Monitor coagulation labs. 2.Monitor for signs of bleeding	1.Monitor platelet levels 2.Monitor for blood in stools and in the patient's urine
Client Teaching needs (2)	1.Take the medication whole 2.Teach the patient signs of ulcers	1. Teach the patient how to count his or her pulse 2.Do not stop the drug abruptly	1. Do not chew or crush tamsulosin 2.Change position slowly due to orthostatic hypotension	1. Caution patient that bleeding might continue longer than normal 2. Discourage NSAID's with clopidogrel because the potential of hemorrhaging	1.Advise the patient to take safety precautions to prevent bleeding 2.Report any signs of bleeding

Hospital Medications (5 required)

Brand/Generic	Lovenox/enoxaparin	Levaquin/ levofloxacin	Vancocin/ vancomycin	Merrem /meropenem	Monoket/ isosorbide mononitrate
Dose	40mg/0.4mL	750mg/150 mL	750 mg	1000 mg	30 mg
Frequency	Once daily	100 mL/hour every 24 hours	250 mL/hour every 12 hours	200mL/hour every 12 hours	1 tablet daily
Route	Subcutaneous Injection	IV piggy back	IV piggy back	IV piggy back	PO
Classification	Low-molecular-weight-heparin	Fluoroquinolones	Tricyclic glycopeptide derivative	Carbapenems	Organic Nitrate
Mechanism of	Enoxaparin bind	Bactericidal	Inhibits bacterial	Inhibit synthesis	Converted to

Action	antithrombin III and inactivates the clotting factors.	agents that cause death by interfering with enzymes required for synthesis of bacterial DNA.	RNA and cell wall synthesis, causing cell wall lysis and death.	of bacterial cell walls by binding with penicillin-binding proteins	nitric oxide, a potent vasodilator which relaxes smooth muscle in blood vessel walls.
Reason Client Taking	Prevention of DVT and PE	To fight infection against gram negative bacteria	To fight an infection	To fight infections, cause by wide range of bacteria	To prevent angina
Contraindications (2)	1.History of heparin induced thrombocytopenia 2.Active major bleeding	1.Myasthenia gravis 2.Hypersensitivity to levofloxacin	1.Hypersensitivity to corn products when given with dextrose solutions 2.Hypersensitivity to vancomycin	1.Severe penicillin allergy 2.Hypersensitivity to meropenem	1.Angle closure glaucoma 2.Head trauma
Side Effects/Adverse Reactions (2)	1.Dyspnea 2.Thrombocytopenia	1.Confusion 2.Tendonitis	1.Abdominal pain 2.Wheezing	1.Diarrhea 2.Apnea	1.Arrhythmias 2.Blurred Vision
Nursing Considerations (2)	1.Use extreme caution in patients with an increased risk for hemorrhage 2.The drug is not recommended for patients with prosthetic heart valves	1.Use levofloxacin cautiously in patients with renal insufficiency 2.Expect to obtain culture and sensitivity tests before levofloxacin treatment begins	1.Monitor the patient closely for diarrhea. 2.Monitor hearing during therapy due to possible ototoxicity	1.Take seizure precautions with this medication 2.Monitor patient closely for clostridium difficile.	1.Use this medication cautiously in patients with mild hypotension 2.Keep medication protected from heat and light
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1.Monitor coagulation studies 2.Monitor for signs of excessive bleeding	1.Monitor the patient's BUN 2.Monitor the patient's creatinine	1.Monitor BUN levels 2.Monitor creatinine levels	1. Assess the patient for any rashes 2.Monitor BUN and Creatinine levels	1. Assess patient's blood pressure 2.Assess and monitor the patient for headaches
Client Teaching needs (2)	1.Advise the patient to notify the provider of any excessive bleeding 2.Teach the patient or family on how to give enoxaparin at	1.Avoid exposure to sunlight during and for several days after taking the medication 2.Drink two to	1.Advise the patient to notify the provider if there is no improvement after a few days 2.Instruct the	1.Instruct the patient to avoid hazardous activities until CNS effects are known 2.Tell the patient	1.Urge the patient to avoid alcohol consumption 2.Instruct the patient to notify the

	home if needed to	three quarts of fluid a day	patient to notify the provider if persistent diarrhea develops	to report difficult with breathing while on this medication.	provider if they have blurred vision

Medications Reference (APA):

Frandsen, Geralyn. (2020). *Abrams clinical drug therapy: Rationales for nursing practice*. S.l.: Wolters Kluwer Medical.

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	J.C. is alert and orient x 1. He was showing no distress and overall, his appearance looks great.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	J.C. skin color is normal for his ethnicity. His skin was warm to touch, intact, and very loose. The patient's turgor returned back when pulled on. Along with that, he did not have any visible rashes, bruises, or wounds on his body. The patients Braden score is an eleven.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	J.C. head was normocephalic and the neck had no deviations. The patient tympanic membranes were pearly grey and PEERLA is noted. The patient did not have any nasal drainage and all of his teeth were intact. .

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:**	The patient S1 and S2 was heard without any murmurs or gallops. The rhythm was normal and all peripheral pulses are palpable. J. C's capillary refill was under three seconds, he did not have neck vein distention, and he did not have any signs of edema.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	The patient's breath sounds had crackles in the bases. He did not have to use any accessory muscles to breath.
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:**	The patient's current diet is a soft standard diet and that is the diet he has at home. His height is 165 centimeters and his weight is 92.5 kilograms. He had active bowel signs heard in all four quadrants and his last bowel movement was on 9/27/2020. The patient did not have any masses, distention, incisions, scars, drains, or wounds on his abdomen. J.C did not have any ostomy bag, nasogastric tube, or a feeding tube.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** **Size:**	The patient urine was yellow and had no odor. Along with that he has been able to void at a normal rate. J.C. does not have any pain with urination and does not do dialysis. The patient does currently use a 16-gauge, indwelling foley catheter.
MUSCULOSKELETAL (2 points): **Neurovascular status:**	J.C. has feeling in all limbs and the pulses were palpated. He has range of motion in all limbs and

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☐**	uses a walker as a supportive device. The patient shows enough strength for his age and does need some help with his activities of daily living. The patient is a fall risk and his score is a 70. He is independent with some tasks and does need assistance with his equipment and to stand.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient is able to move all of his extremities and PERLA is noted. J.C. has equal strength in all extremities. He is alert and orient x 4. The patient is slightly confused and his speech is slurred. He does have sensory on all body parts and he is conscious.
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):**	The patient is slightly confused and his support person is his wife. His wife means a lot to J.C.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0745	81 BPM	116/63 mmHg	28 BPM	36.5℃	96%
1100	67 BPM	110/66 mmHg	26 BPM	36.1℃	95%

Vital Sign Trends:

The patient's vital signs were in the normal ranges at 0745 and 1100 except the respirations. The respirations were a little elevated; at 0745, they were at 28 breaths per minute, and at 1100 they were 26 breaths per minute.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0830	Numeric	The patient was not in any pain	0	N/A	N/A
1100	Numeric	The patient was not in any pain	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV:** Implanted port right upper chest **Date on IV:** 9/25/2020 **Patency of IV:** No signs of infiltration or phlebitis **Signs of erythema, drainage, etc.:** No signs of erythema, drainage, or redness at the IV site **IV dressing assessment:** The IV is dry, intact, and clean	levofloxacin 750mg/150mL given IV piggy back at 100 mL/hour every 24 hours vancomycin 750mg given IV piggy back at 250 mL/hour every 12 hours meropenem 1000mg given IV piggy back 200 mL/hour every 12 hours

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
2,192 mL	2450 mL

Nursing Care

Summary of Care (2 points)

Overview of care: The vital signs at 0745 were typical except the respirations. After that, the patient took his morning medications. He only received the injections and his IV medicines due to being on an NPO diet. I completed a bedside assessment on the patient, and he did have some crackles in the bases of his lungs. J.C did have a swallow exam later in the morning, and he passed the exam, so I could then administer his oral medications. Lastly, at 1100, his vital sign was typical, except his respirations were still slightly elevated.

Procedures/testing done: The patient did not receive any procedures or testing on my shift.

Complaints/Issues: The patient did not have any complaints during my time with him.

Vital signs (stable/unstable): All of the patient's vital signs were in normal range except his respirations. The patient's respirations at 0745 was 28 breaths per a minute and 26 breaths per a minute at 1100.

Tolerating diet, activity, etc.: The patient is tolerating his activity and his recent diet changed from NPO to a soft standard diet.

Physician notifications: The provider did order a head CT scan due to the patient having stroke and seizure like symptoms.

Future plans for patient: The future plans for this patient are to eventually get him back home with his wife.

Discharge Planning (2 points)

Discharge location: The patient will be discharged back to his house.

Home health needs (if applicable): The patient will likely need a speech therapist due to having dysphagia and speech problems.

Equipment needs (if applicable): The patient will likely need a wheelchair due to his immobilization. Along with that he will need some respiratory treatments due to his recovery from pneumonia.

Follow up plan: The patient will likely need a follow up plan with his primary doctor to check over his respiratory system since he has pneumonia.

Education needs: The patient will need some education about using some respiratory treatments. Also, he will need education on how to prevent future infections and what symptoms to recognize if an infection starts to develop.

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

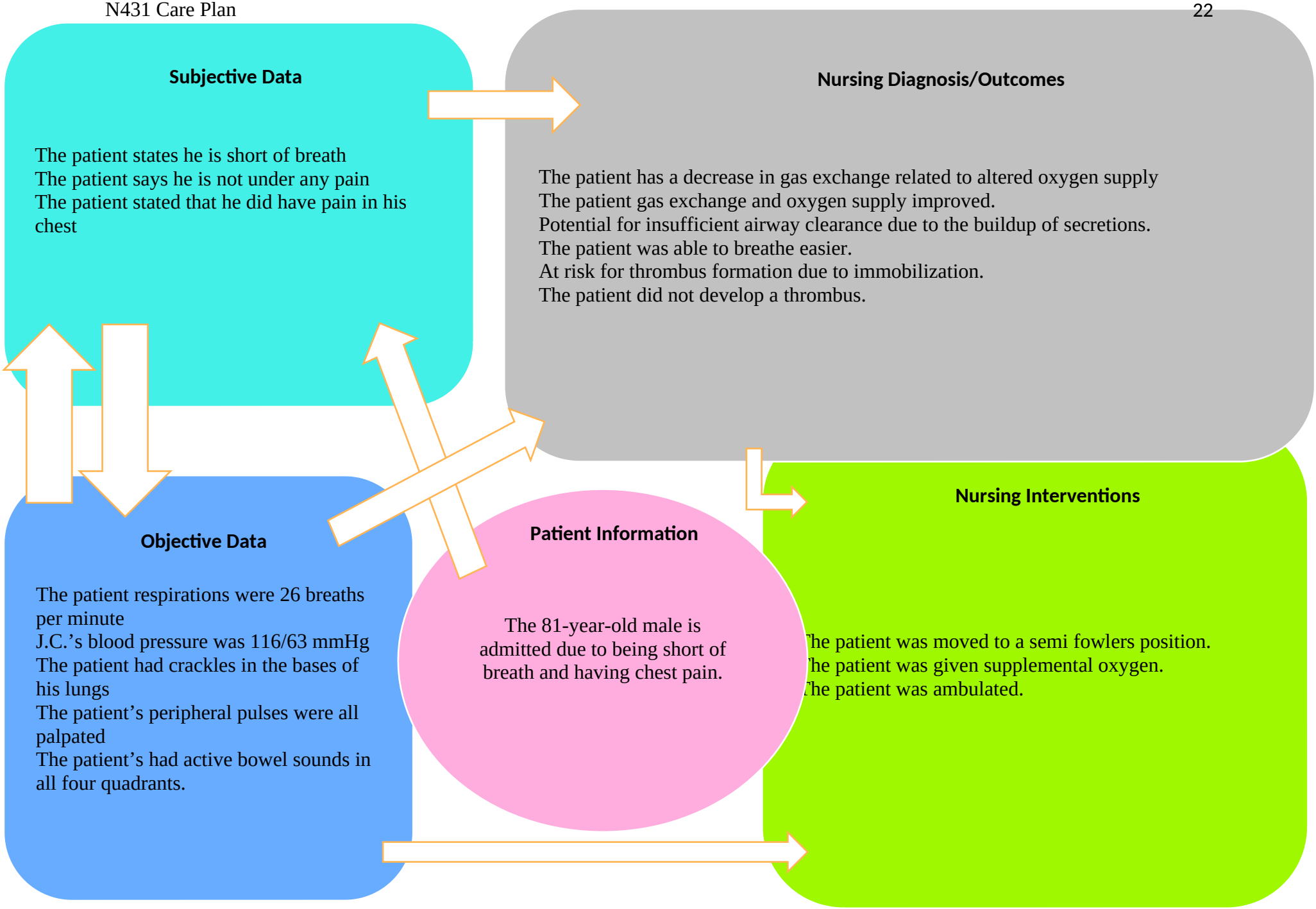
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Decreased gas exchanged related to altered oxygen supply and as evidenced by the client's arterial blood gas labs being out of range.	The abnormal values of blood gases	1.Monitor for signs and symptoms of respiratory distress. 2. Move the patient up to semi fowlers to enhance breathing.	1. The patient did not show any sign of respiratory distress during my shift. 2.The patient was able to breath easier once he moved to semi fowlers.
2. Potential for insufficient airway clearance related to having pneumonia and as evidenced by	This was chosen due to crackles being heard in the lungs	1. Ensure that the patient uses deep breathing techniques every two hours 2.Ausculate breath sounds and report changes in the	1.The patient was able to perform deep breathing exercise at least every two hours. 2.The patient crackles became diminished in sound due to the clearing

crackles being heard in the base of the lungs.		patient's ability to clear his secretions	of secretions.
3. Dyspnea related to ineffective inspiration and expiration and as evidenced by the client breathing at a rapid rate.	Tachypnea	1. Deliver humidified oxygen as prescribed and monitor the patient's response to the oxygen. 2. Monitor pulse oximetry readings and try to maintain the levels at the normal ranges.	1.The patient stated that the oxygen helped him breath better and his respirations decreased. 2. The patient was able to keep his oxygen at 95% or above.
4. At risk for thrombus formation related to immobilization and as evidenced by the patient not getting out of bed very often.	Immobilization	1.Discuss ways to prevent thrombus formation with the patient. 2. Have the patient ambulate as much as possible.	1.The patient had an understanding on ways to prevent a thrombus from forming. 2. The patient did ambulate and agreed to ambulate as much as possible.

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*. St. Louis, MO: Elsevier.

Concept Map (20 Points):


Subjective Data
The patient states he is short of breath
The patient says he is not under any pain
The patient stated that he did have pain in his chest
Nursing Diagnosis/Outcomes
The patient has a decrease in gas exchange related to altered oxygen supply
The patient gas exchange and oxygen supply improved.
Potential for insufficient airway clearance due to the buildup of secretions.
The patient was able to breathe easier.
At risk for thrombus formation due to immobilization.
The patient did not develop a thrombus.
Objective Data
The patient respirations were 26 breaths per minute
J.C.'s blood pressure was 116/63 mmHg
The patient had crackles in the bases of his lungs
The patient's peripheral pulses were all palpated
The patient's had active bowel sounds in all four quadrants.
Patient Information
The 81-year-old male is admitted due to being short of breath and having chest pain.
Nursing Interventions
The patient was moved to a semi fowlers position.
The patient was given supplemental oxygen.
The patient was ambulated.