N431 Care Plan #1

Lakeview College of Nursing

Kelsey Reed

Demographics (3 points)

Date of Admission 9/29/20	**Patient Initials** S.C.L.	**Age** 61	**Gender** F
Race/Ethnicity African American	**Occupation** Retired	**Marital Status** Separated	**Allergies** Codeine (hives), Flagyl (pharyngeal swelling), Zofran (“makes me feel weird”), Tape (hives), Sulfadiazene (hives), Betadine (hives), Promethazine (“makes me feel weird”), Penicillin (hives), eggs (unknown), iodine (unknown), Levaquin (unknown)
Code Status FULL	**Height** 170.2 cm	**Weight** 68.6 kg	

Medical History (5 Points)

Past Medical History: hyperlipidemia, COPD, hypertension, diabetes mellitus II, depression, mass in right breast, small cell carcinoma, emphysema, adenocarcinoma of right lung, cancer of upper lobe or right lung

Past Surgical History: Right lung biopsy (9/29/2020), partial lung removal (11/2018), bilateral tube ligation, excision of tonsils

Family History: Mother has history of breast cancer. Father has history of cirrhosis related to alcoholism.

Social History (tobacco/alcohol/drugs): Smokes 12 cigarettes daily since 12, drinks alcohol 1-2x per month

Assistive Devices: Glasses, dentures

Living Situation: Lives alone with her cat

Education Level: Not assessed

Admission Assessment

Chief Complaint (2 points): Chest pain and soreness

History of present Illness (10 points): Following a lung biopsy on 9/29/20, the client developed a pneumothorax. A chest tube was placed later the same day. She reported some "chest pain and soreness" on her right side. A series of chest x-rays has been performed to monitor the status of the pneumothorax. Her pain is well managed with medication.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumothorax

Secondary Diagnosis (if applicable): Biopsy

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

A pneumothorax occurs when air enters the pleural cavity causing the lung to collapse (Capriotti & Frizzell, 2016). In this situation, the iatrogenic pneumothorax was caused by the pleural cavity's perforation during the lung biopsy. As air enters the pleural space vacuum, the lung is compressed and collapses (Capriotti & Frizzell, 2016). This causes difficulty breathing, chest pain, and tachypnea (Capriotti & Frizzell, 2016). If oxygenation is poor, hypoxemia can develop, impacting every body system (Sarkar et al., 2017). Additional signs associated with pneumothorax include chest asymmetry, intercostal muscle retractions, and chest hyperresonance with percussion (Capriotti & Frizzell, 2016). This client reported chest pain and tenderness but did not display chest asymmetry or intercostal muscle retractions.

Most lab results should be within normal limits for a client with a pneumothorax except ABG results, often displaying acidosis, hypercapnia, and hypoxemia (Capriotti & Frizzell, 2016). The pulse oximeter may also indicate hypoxemia, and tachypnea may be observed (Capriotti &

Frizzell, 2016). This patient did not display increased respirations or significantly decreased oxygen saturation. No ABG was obtained.

A pneumothorax is diagnosed by a chest X-ray or CT scan (Capriotti & Frizzell, 2016). This client had a series of chest X-rays done following the lung biopsy to monitor the pneumothorax development. No signs of pneumothorax were seen on the initial X-ray following lung biopsy, but the subsequent images indicated the development of a pneumothorax. Treatment for a pneumothorax involves the insertion of a chest tube (Capriotti & Frizzell, 2016). Applying suction to the chest tube removes the air from the pleural cavity allowing re-expansion of the collapsed lung. This client had a chest tube inserted following the pneumothorax diagnosis and suction applied at -20mmHg.

The development of pneumothorax following needle biopsy is relatively common and occurs on average in 20% of cases (Boskovic et al., 2014). Some factors increase this risk, including COPD, emphysema, small lesion size, a long needle path, and repeated pleural punctures (Boskovic et al., 2014). This client has a history of COPD and emphysema. The nodule involved in biopsy was also relatively small at 1cm x 0.7 cm, which causes increased risk.

Pathophysiology References (2) (APA):

Boskovic, T., Stanic, J., Pena-Karan, S., Zarogoulidis, P., Drevelegas, K., Katsikogiannis, N., Machairiotis, N., Mpakas, A., Tsakiridis, K., Kesisis, G., Tsiouda, T., Kougioumtzi, I., Arikas, S., & Zarogoulidis, K. (2014). Pneumothorax after transthoracic needle biopsy of lumng lesions under CT guidance. *Journal of Thoracic Disease, 6*(Suppl 1), S99-S107. https://dx.doi.org/10.3978%2Fj.issn.2072-1439.2013.12.08

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

Sarkar, M., Niranjan, N., & Banyal, P.K. (2017). Mechanisms of hypoxemia. *Lung India*, *34*(1), 47-60. https://dx.doi.org/10.4103%2F0970-2113.197116

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	4.0-6.6	4.65		
Hgb	14-18	12.8		This client has a low hemoglobin due to lung cancer (Shafiq & Venkateshiah, 2011).
Hct	42-54	39.7		This client has a low hematocrit due to lung cancer (Shafiq & Venkateshiah, 2011).
Platelets	150-450	312		
WBC	4.5-10.8	6.8		
Neutrophils	1.5-7.6	Unavailable		
Lymphocytes	1-6	Unavailable		
Monocytes	0.1-1.1	Unavailable		
Eosinophils	0.2-0.8	Unavailable		
Bands	Unavailable	Unavailable		

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-	134-144	135		
K+	3.4-5.2	4.52		

Cl-	96-106	99		
CO2	20-29	25.7		
Glucose	65-99	111		This client's elevated glucose is related to her diabetes mellitus (Capriotti & Frizzell, 2016).
BUN	8-27	8		
Creatinine	0.76-1.27	0.7		This client may have low creatinine due to decreased muscle mass related to cancer (Capriotti & Frizzell, 2016).
Albumin	Unavailable	Unavailable		
Calcium	8.6-10.2	9.2		
Mag	1.62.3	Unavailable		
Phosphate	Unavailable	Unavailable		
Bilirubin	Unavailable	Unavailable		
Alk Phos	Unavailable	Unavailable		
AST	Unavailable	Unavailable		
ALT	Unavailable	Unavailable		
Amylase	Unavailable	Unavailable		
Lipase	Unavailable	Unavailable		
Lactic Acid	Unavailable	Unavailable		
Troponin	Unavailable	Unavailable		
CK-MB	Unavailable	Unavailable		
Total CK	Unavailable	Unavailable		

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	Unavailable	Unavailable		
PT	Unavailable	Unavailable		
PTT	Unavailable	Unavailable		
D-Dimer	Unavailable	Unavailable		
BNP	Unavailable	Unavailable		
HDL	Unavailable	Unavailable		
LDL	Unavailable	Unavailable		
Cholesterol	Unavailable	Unavailable		
Triglycerides	Unavailable	Unavailable		
Hgb A1c	Unavailable	Unavailable		
TSH	Unavailable	Unavailable		

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	Unavailable		
pH	5-9	Unavailable		
Specific Gravity	1.001-1.030	Unavailable		
Glucose	Negative	Unavailable		
Protein	Negative	Unavailable		
Ketones	Negative	Unavailable		
WBC	0-5	Unavailable		

RBC	0-2	Unavailable		
Leukoesterase	Negative	Unavailable		

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	Unavailable	Unavailable		
PaO2	Unavailable	Unavailable		
PaCO2	Unavailable	Unavailable		
HCO3	Unavailable	Unavailable		
SaO2	Unavailable	Unavailable		

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	Unavailable	Unavailable		
Blood Culture	Unavailable	Unavailable		
Sputum Culture	Unavailable	Unavailable		
Stool Culture	Unavailable	Unavailable		

Lab Correlations Reference (APA):

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

Shafiq, M., & Venkateshiah, S. (2011). Hematologic abnormalities associated with lung carcinoma. *Respiratory Care, 56*(4), 523-526. https://doi.org/10.4187/respcare.00944

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-rays were performed periodically following the client's CT guided needle biopsy. The initial X-ray indicated no signs of pneumothorax. The following X-ray was done three hours later and indicated a small-moderate pneumothorax. One hour later, another X-ray showed an increase in size of the pneumothorax. About 90 minutes later, a CT guided pleural drain/chest tube was inserted. Additional X-rays continue to be performed.

Diagnostic Test Correlation (5 points): Chest X-rays are performed to detect a pneumothorax and monitor its progression (Capriotti & Frizzell, 2016).

Diagnostic Test Reference (APA):

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

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

Home Medications (5 required)

Brand/Generic	Tylenol/ acetaminophen	Mucinex XR/ guaifensein	Glucophage XR/ metformin	Urocit-K/ potassium citrate	Prilosec/ omeprazole

Dose	650 mg	600 mg	500 mg	10 mEq	20 mg
Frequency	PRN 4 hours for pain	Once daily	Once daily	Once daily	Once daily
Route	PO	PO	PO	PO	PO
Classification	Non-opioid analgesic	Expectorant	Antidiabetic	Electrolyte replacement	Antiulcer
Mechanism of Action	Blocks prostaglandin production and interferes with pain impulse generation	Increases fluid and mucus removal from upper respiratory tract	Promotes storage of excess glucose in the liver reducing glucose production	Major cation in intracellular fluid, helps maintain electroneutrality, normal renal function, and acid-base balance.	Interferes with gastric acid secretion by inhibition of the proton pump
Reason Client Taking	Treat pain	To promote productive cough	Manage diabetes	To prevent hypokalemia	To prevent ulcers
Contraindications (2)	Severe hepatic impairment; hypersensitivity to acetaminophen	Hypersensitivity to guaifenesin or its components	Advanced renal disease; hypersensitivity to metformin	Acute dehydration; hyperkalemia	Concurrent therapy with rilpivirine-containg product; hypersensitivity to omeprazole
Side Effects/Adverse Reactions (2)	Hypoglycemic coma; pulmonary edema	Dizziness; headache	Hypoglycemia; aplastic anemia	Arrhythmias; dyspnea	Hypoglycemia; bronchospasms
Nursing Considerations (2)	Use cautiously in patients with alcoholism; do not exceed 4g/day	Watch for evidence of more serious condition such as cough lasting longer than 1 week, fever,	Give metformin tablets with evening meal; Monitor client's blood glucose to	Administer with or immediately after meals; monitor for abdominal pain or distention	Give before meals; long term use can increase risk of gastric carcinoma

		rash, or persistent headache; don't give for more than 1 week	assess effectiveness		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor renal and liver function labs	n/a	Monitor renal labs and blood glucose	Monitor renal function and assess potassium levels	n/a
Client Teaching needs (2)	Do not take other medications containing acetaminophen at the same time; call provider if signs of hepatotoxicity are seen	Take each dose with a full glass of water; do not break, chew, or crush XR tablets	Take every evening with meal; avoid alcohol	Educate about potassium-rich foods; Take with food or immediately after eating	Avoid alcohol, aspirin products, ibuprofen, and foods that may increase gastric secretion; notify provider about abdominal pain

Hospital Medications (5 required)

Brand/Generic	Lipitor/ atoravastatin	Microzide/ hydrochlorothiazide	Prozac/ fluoxetine	Norco/ hydrocodone/ acetaminophen	Atrovent/ ipratropium bromide (0.02%)
Dose	40 mg	25 mg	40 mg	5/325 mg	0.5 mg
Frequency	Once daily	Once daily	Once daily	PRN 4 hours for pain	4x daily
Route	PO	PO	PO	PO	Via neb inhaler
Classification	Antihyperlipidemic	Diuretic	Antidepressant	Opioid/ Non-opioid analgesic	Bronchodilator
Mechanism of	Inhibits HMG-	Promotes	Selectively	Binds to	Prevents

Action	CoA reductase and formation of cholesterol and increases number of LDL receptors	excretion of Na^+, Cl^-, and water decreasing cardiac output and ECF or plasma volume	inhibits serotonin reuptake increasing the available amount of serotonin available	and activates opioid receptors producing pain relief/ Blocks prostaglandin production and interferes with pain impulse generation	acetylcholine from binding to receptors relaxing smooth muscles and causing bronchodilation
Reason Client Taking	Control hyperlipidemia	Control hypertension	Treat depression	Treat pain	Treat COPD
Contraindications (2)	Active hepatic disease, hypersensitivity to atorvastatin or its components	Anuria, hypersensitivity to HCTZ, other thiazides, sulfonamide derivatives, or their components	Concurrent therapy with pimozide; hypersensitivity to fluoxetine	Acute or severe bronchial asthma; significant respiratory depression	Hypersensitivity to atropine, ipratropium bromide, or their components; hypersensitivity to peanuts, soybeans, or related products
Side Effects/Adverse Reactions (2)	Arrhythmias, thrombocytopenia	Thrombocytopenia, pulmonary edema	Dyspnea; hypoglycemia	Respiratory depression; hypokalemia	Bronchospasm; atrial fibrillation
Nursing Considerations (2)	Monitor diabetic client's blood glucose levels as control can be affected, take the drug at the same time each day	Assess for signs of hypokalemia, Check blood glucose often and expect to increase dosage of antidiabetic	Monitor client with diabetes for altered blood glucose; monitor for depression and suicidal	Do not give to client with impaired consciousness; monitor for respiratory depression	Apply a mouthpiece with nebulizer to prevent drug from leaking out around mask;

		medication	tendencies		monitor for life-threatening hypersensitivity
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Assess blood glucose and CMP	Monitor electrolytes and blood glucose	Screen for bipolar disorder	Assess respirations, pain level, and consciousness	Assess for allergies
Client Teaching needs (2)	Eat low cholesterol diet; take medication at same time each day	Take with food or milk if GI signs are experienced; eat a potassium rich diet	Call provider if signs of serotonin syndrome are seen; do not stop taking drug abruptly	Avoid ingesting alcohol; Consume plenty of fluids and high fiber foods	Avoid contact with eyes as product is irritating; rinse mouth after each nebulizer treatment

Medications Reference (APA):

Jones & Bartlett Learning. (2020). *2020 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** Alert **Orientation:** Oriented x 3 **Distress:** No apparent distress **Overall appearance:** Well-groomed and friendly	

INTEGUMENTARY (2 points): **Skin color:** Brown, normal for race; hair is short, greying, and clean **Character:** dry **Temperature:** warm **Turgor:** fast recoil **Rashes:** right elbow appears dry, red, and irritated **Bruises:** none noted **Wounds:** did not explore under bandage covering biopsy site **Braden Score:** 20 **Drains present: Y☒ N ☐** **Type:** Chest tube in upper right chest wall	
HEENT (1 point): **Head/Neck:** Head and neck symmetrical **Ears:** Auricle is brown, moist, no lesions noted **Eyes:** Sclera was white, cornea was clear, conjunctiva was pink with no discharge **Nose:** Septum is midline with no drainage or bleeding noted **Teeth:** Pt wears full dentures	.
CARDIOVASCULAR (2 points): **Heart sounds:** S1 and S2 present with no murmurs, gallops, or rubs **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** NSR **Peripheral Pulses:** 2+ bilaterally **Capillary refill:** <3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds:** Even breathing with no wheezes, rales, or crackles	.
GASTROINTESTINAL (2 points): **Diet at home:** Unrestricted **Current Diet:** 225 grams of carbs/daily **Height:** 170.2 cm	.

Weight: 68.6 kg **Auscultation Bowel sounds:** Present in all four quadrants **Last BM:** 9/29 AM **Palpation: Pain, Mass etc.:** No tenderness reported or abnormalities noted **Inspection:** No lesions or rashes noted **Distention:** No distention noted **Incisions:** No incisions noted **Scars:** No scars noted **Drains:** No drains **Wounds:**No wounds noted **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY (2 Points): **Color:** Yellow **Character:** Clear **Quantity of urine:** 350 mL **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** not performed **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** No obvious deficits **ROM:** No obvious deficits **Supportive devices:** None used **Strength:** Fatigues easily **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** 60 **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐**	.

Orientation: Oriented to person, place, and time **Mental Status:** fatigued, but friendly and agreeable **Speech:** Good **Sensory:** No obvious deficits **LOC:** Alert	
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** Trust in God **Developmental level:** No deficits noted **Religion & what it means to pt.:** Patient is Pentecostal and strongly religious **Personal/Family Data (Think about home environment, family structure, and available family support):** Patient is separated from husband, has no children, and lives alone with her cat	.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1200	71	110/76	17	36.5 C	95% on room air
1600	68	119/80	17	36.5 C	98% on 5.5L O2 via nasal cannula

Vital Sign Trends: This client's oxygen saturation increased following administration of oxygen. Her other vitals remained within normal limits.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

1600	**1-10**	**Right side of chest**	**8**	**Sore and aching**	**Gave Norco as indicated**
1745	**1-10**	**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:** Left AC **Date on IV:** 9/29 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** none **IV dressing assessment:** clean, dry, intact	Saline lock

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
440 mL ingested liquids	500 mL urine

Nursing Care

Summary of Care (2 points)

Overview of care: Client was awake and alert in the afternoon. She ate her full lunch. She used the restroom without incident and passed 350 mL of clear urine. She had two chest x-rays earlier in the day (0820 and 1100) with the most recent indicating re-accumulation of a moderate to large right side pneumothorax. She is scheduled to have an additional chest x-ray this evening.

Procedures/testing done: This client had a series of chest x-rays throughout the day to assess the status of her pneumothorax.

Complaints/Issues: Patient verbalized no complaints.

Vital signs (stable/unstable): This client's vitals remained stable through the afternoon.

Tolerating diet, activity, etc.: Patient ate her full lunch. She fatigues easily with activity.

Physician notifications: No notifications.

Future plans for patient: Follow-up with physician to discuss biopsy results.

Discharge Planning (2 points)

Discharge location: Client's home

Home health needs (if applicable): Client does not require additional assistance at this time.

Equipment needs (if applicable): Patient already uses home oxygen and has no additional equipment needs.

Follow up plan: Follow up with physician to discuss biopsy results.

Education needs: Smoking cessation information, fall prevention information, and education regarding treating current skin conditions and preventing risk for new skin injury.

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. Acute pain related to chest tube placement and pneumothorax as evidenced by patient's reported 8/10 pain level.	Positive pressure in the pleural space as well as the presence of a chest tube can cause acute pain.	1. Assess pain every four hours and administer pain medication as appropriate. 2. Assess pain level following administration of	1. Goal met: Client reported a pain level of 8 at 1600 and Norco was administered as ordered. 2. Goal met: Pain was re-assessed following medication administration and patient reported pain

		medication. Goal is to reduce pain level below 3.	level of 0.
2. Ineffective peripheral tissue perfusion related to hypoxemia as evidenced by O2 sat of 95% and patient's easy fatigue with activity.	This client was already at risk for ineffective tissue perfusion related to history of COPD and emphysema; pneumothorax increases this risk.	1. Monitor O2 sat and increase oxygen as appropriate. Goal is to maintain O2 sat above 92%. 2. Position client in high-Fowlers to facilitate deeper breathing.	1. Goal met: Client's O2 sat was monitored and remained above 92%. Other than trips to the bathroom, 5.5L oxygen via nasal cannula was provided. 2. Goal met: Client tolerated high-Fowlers position well.
3. Risk for infection related to presence of chest tube as evidenced by impaired skin integrity at insertion site.	The presence of a chest tube increases this client's risk of s serious infection.	1. Monitor site for signs of infection and report to provider if seen. 2. Use aseptic technique when accessing chest tube site.	1. Goal met: Site was monitored, and no signs of infection were noted. 2. Goal met: Chest tube site was not accessed, so no need for aseptic technique.
4. Fatigue related to hypoxemia as evidenced by patient-reported tiredness after making a restroom trip and chronic use of oxygen.	Easy fatigue can impact ADLs resulting in self-care deficits and contribute to falls.	1. Identify methods to conserve energy such as dividing ADLs into easier segments. 2. Implement use of assistive devices to make ADLs easier such as a long-handled sponge for bathing.	1. Goal not met: Time with client was limited and did not allow for this discussion. 2. Goal not met: Time with client was limited and we did not progress to this discussion.

Other References (APA):

Nurseslabs. (2020). *Nursing Diagnosis.* https://nurseslabs.com/category/nursing-care-plans/nursing-diagnosis/

Concept Map (20 Points):

Subjective Data

Client reported initial pain of 8/10 at 1600.

Client reported pain of 0/10 following Norco dose.

Client reported fatigue after going to the restroom.

Client reports pain and soreness at chest tube site.

Nursing Diagnosis/Outcomes

1. Acute pain related to chest tube placement and pneumothorax as evidenced by patient's reported 8/10 pain level.
1. Goal met: Client reported a pain level of 8 at 1600 and Norco was administered as ordered.
2. Goal met: Pain was re-assessed following medication administration and patient reported pain level of 0.
2. Ineffective peripheral tissue perfusion related to hypoxemia as evidenced by O2 sat of 95% and patient's easy fatigue with activity.
1. Goal met: Client's O2 sat was monitored and remained above 92%. Other than trips to the bathroom, 5.5L oxygen via nasal cannula was provided.
2. Goal met: Client tolerated high-Fowlers position well.
3. Risk for infection related to presence of chest tube as evidenced by impaired skin integrity at insertion site.
1. Goal met: Site was monitored, and no signs of infection were noted.
2. Goal met: Chest tube site was not accessed, so no need for aseptic technique.
4. Fatigue related to hypoxemia as evidenced by patient-reported tiredness after making a restroom trip and chronic use of oxygen.
1. Goal not met: Time with client was limited and did not allow for this discussion.
2. Goal not met: Time with client was limited and we did not progress to this discussion.

Objective Data

Client has a chest tube inserted on her right side.

Client's O2 sat was at 95% on room air after a bathroom trip.

Client's O2 sat was at 98% on 5.5L oxygen via nasal cannula.

Patient Information

61 year old African-American female with history of lung cancer, emphysema, COPD, DM2, hypertension, hyperlipidemia, depression, partial lung removal who is a chronic smoker.

Nursing Interventions

1. Assess pain every four hours and administer pain medication as appropriate.
2. Assess pain level following administration of medication. Goal is to reduce pain level below 3.

1. Monitor O2 sat and increase oxygen as appropriate. Goal is to maintain O2 sat above 92%.
2. Position client in high-Fowlers to facilitate deeper breathing.

1. Monitor site for signs of infection and report to provider if seen.
2. Use aseptic technique when accessing chest tube site.

1. Identify methods to conserve energy such as dividing ADLs into easier segments.
2. Implement use of assistive devices to make ADLs easier such as a long-handled sponge for bathing.