N433 Care Plan

Lakeview College of Nursing

Maddi Mullvain

Demographics (3 points)

Date of Admission 10-15-2020	Patient Initials DT	Age (in years & months) 17 years old 206 months	Gender Female
Code Status Full code	Weight (in kg) 58kg	BMI 21.3 Health BMI	Allergies/Sensitivities (include reactions) Eggs Reaction: throat swells when consumed. (Dad was unaware of this allergiy.)

Medical History (5 Points)

Past Medical History: No significant PMH.

Illnesses: No significant past illnesses.

Hospitalizations: No significant past hospitalizations.

Past Surgical History: No significant PSH.

Immunizations: No immunizations on record at this hospital. However when completing her assessment, dad said she is up to date on immunizations.

Birth History: Not on record at this hospital.

Complications (if any): NA

Assistive Devices: No use of assistive devices.

Living Situation: Patient lives with her adoptive parents but does stay with her biological mother.

Admission Assessment

Chief Complaint (2 points): Motor vehicle accident. DT was a passenger in a care driven by her sister when they collided with a semi. She was thrown from the vehicle.

Other Co-Existing Conditions (if any): Not existing conditions

Pertinent Events during this admission/hospitalization (1 points):

History of present Illness (10 points):.

On 10-15-2020, DT was in a vehicle with her sister going to visit family when their vehicle collided with a semi. DT was then thrown from the passenger seat of the vehicle. When EMS arrived on the scene, DT was face down on the ground. She was then transported to the ED for treatment. DT stated that she remembers the MVA. The parents gave information on HPI.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):. Right pneumothorax from MVA.

Secondary Diagnosis (if applicable):. There was not secondary diagnosis made.

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

A pneumothorax occurs when air or other gas is present in the pleural cavity. This can occur as a result of a disease, injury of lung tissue, rupture of air-filled pulmonary cysts, spontaneously, puncture of the chest wall, or is induced as a therapeutic measure of a collapsed lung (Zarogoulidis et al., 2014). In this case, this patient was thrown from a vehicle. The blunt force trauma played a role in a pneumothorax occurring. A thoracic wound causes typically a fracture of the ribs that punctures the pleural membrane. The puncture then causes an opening between the pleural cavity and the outside. The pleural cavity is usually a vacuum; however, with the puncture, it allows air into the opening and builds up in the pleura space. The added air piles up and compresses the lung tissue and

causes a lung collapse (Capriotti & Frizzell, 2016). Chest pain, dyspnea, and increased respiratory rate are clinical signs and symptoms of a pneumothorax (Zarogoulidis et al., 2014). When assessing someone with a pneumothorax, there may be intercostal muscle retractions.

While auscultation of the lungs, it may reveal a lack of or inconsistent breath sounds (Zarogoulidis et al., 2014). To diagnosis, a pneumothorax a chest x-ray and CT scan needs to be completed. An x-ray will show a linear shadow at the visceral pleura (Capriotti & Frizzell, 2016). An ABG can also be ordered to show a degree of acidosis, hypoxemia and hypercapnia (Capriotti & Frizzell, 2016). This patient had a CT completed of the chest and found a right apical pneumothorax and injury to the right upper lobe. An x-ray was also performed with no abnormal results noted. Treatment for a pneumothorax, there needs to be a chest tube with suction placed. The chest tube will pull the air out of the pleura cavity and allows for the lung to re-expand. However, there was no treatment being done for a right pneumothorax for this patient. Complications of a pneumothorax include respiratory failure, arrhythmias, and haemorrhage (Zarogoulidis et al., 2014). If the patient experiences difficulty breathing, we can give oxygen.

Pathophysiology References (2) (APA):

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

Zarogoulidis, P., Kioumis, I., Pitsiou, G., Porpodis, K., Lampaki, S., Papaiwannou, A., . . . Zarogoulidis, K. (2014, October). ***Pneumothorax: From definition to diagnosis and treatment*****. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4203989/**

Active Orders (2 points)

Order(s)	**Comments/Results/Completion**
Activity: Bedrest	Patient has remained in bed. Using a bedpan when needed.
Diet/Nutrition: Clear liquid diet	Patient has tolerated clear liquids well.
Frequent Assessments: Q4 with neuro	Neuro surgical team completed 1 neuro assessment during our clinical time.
Labs/Diagnostic Tests: Noting new today	No new labs/test to be completed today.
Treatments: Pain control	Pain seems to be manageable.
Other:	
New Order(s) for Clinical Day **No new orders on Clinical day**	
Order(s)	**Comments/Results/Completion**

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 (specific to the age of the child)	Admission or Prior Value	Today's Value	Reason for Abnormal Value
RBC	3.93-4.90	5.08		Elevation of RBC is a result from trauma such as a MVA.
Hgb	10.8-13.3	14.1		Elevation of RBC is a result from trauma such as a MVA.
Hct	33.4-40.4	42.8		Elevation of RBC is a result from trauma such as a MVA.
Platelets	194-345	231		
WBC	4.19-9.43	5.40		
Neutrophils	1.60-7.70	3.45		
Lymphocytes		27.5		
Monocytes		5.7		
Eosinophils		1.9		
Basophils		0.6		
Bands		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 or Prior Value	Today's Value	Reason For Abnormal

Na-	**136-145**	**139**	**NA**	
K+	**3.5-5.1**	**4.4**	**NA**	
Cl-	**98-107**	**112**	**NA**	**Elevation of RBC is a result from trauma such as a MVA.**
Glucose	**60-99**	**84**	**NA**	
BUN	**7-18**	**10**	**NA**	
Creatinine	**0.70-1.30**	**0.94**	**NA**	
Albumin	**3.4-5.0**	**4.1**	**NA**	
Total Protein	**6.4-8.2**	**7.3**	**NA**	
Calcium	**8.5-10.1**	**8.7**	**NA**	
Bilirubin	**0.2-1.0**	**0.4**	**NA**	
Alk Phos	**45-117**	**68**	**NA**	
AST	**15-37**	**23**	**NA**	
ALT	**12-78**	**27**	**NA**	
Amylase		**NA**	**NA**	
Lipase		**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	Admission or Prior Value	Today's Value	Reason for Abnormal
ESR	**0-15**	**NA**	**NA**	
CRP	**150-350**	**NA**	**NA**	
Hgb A1c	**Less than**	**NA**	**NA**	

	5.7%			
TSH	**0.45-4.12**	**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	Admission or Prior Value	Today's Value	Reason for Abnormal
Color & Clarity	**Clear/colorless**	**Yellow and clear**	**NA**	
pH	**5.0-7.0**	**6.0**	**NA**	
Specific Gravity	**1.003-1.035**	**1.050**	**NA**	**Elevation of RBC is a result from trauma such as a MVA.**
Glucose	**-/+**	**-**	**NA**	
Protein	**-/+**	**-**	**NA**	
Ketones	**-/+**	+20	**NA**	
WBC	**0-25**	**41**	**NA**	**Elevation of RBC is a result from trauma such as a MVA.**
RBC	**0-20**	**37**	**NA**	**Elevation of RBC is a result from trauma such as a MVA.**
Leukoesterase	**-/+**	**+ TRACE**	**NA**	**Elevation of RBC is a result from trauma such as a MVA.**
Amphetamine	**-/+**	**-**	**NA**	
Barbitnrate	**-/+**	**-**	**NA**	
Benzodiazepine	**-/+**	**-**	**NA**	
Cannabinoids	**-/+**	**+**	**NA**	**Positive for cannabinoids indicates the use of cannabinoid metabolites.**
cocaine	**-/+**	**-**	**NA**	
Methadrone	**-/+**	**-**	**NA**	
Opiate	**-/+**	**-**	**NA**	
Phencyclidine	**-/+**	**-**	**NA**	

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

Test	Normal Range	Admission or Prior Value	Today's Value	Explanation of Findings
Urine Culture	**-/+**	**NA**	**NA**	
Blood Culture	**-/+**	**NA**	**NA**	
Sputum Culture	**-/+**	**NA**	**NA**	
Stool Culture	**-/+**	**NA**	**NA**	
Respiratory ID Panel	**-/+**	**NA**	**NA**	

Lab Correlations Reference (APA):

Kathleen Deska Pagana, Timothy James Pagana, & Theresa Noel Pagana. (2019). *Mosby's diagnostic and laboratory test reference*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): A CT scan and a MRI were completed.

Diagnostic Test Correlation (5 points): A CT was completed of the facial bones and found no evidence of a fracture. CT of the brain was within defined limits. CT of the chest found a right apical pneumothorax and injury to the right upper lobe. There was thickening of the bowel on the CT. Surgery was performed and nothing was found. CT of the spine was within defined limits. MRI came back with normal findings. In order to diagnosis a pneumothorax, a CT scan needs to be completed (Zarogoulidis et al., 2014). An XRAY way was also performed with no abnormal results noted.

Diagnostic Test Reference (APA):

Zarogoulidis, P., Kioumis, I., Pitsiou, G., Porpodis, K., Lampaki, S., Papaiwannou, A., . . . Zarogoulidis, K. (2014, October). *Pneumothorax: From definition to diagnosis and treatment*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4203989/

Current Medications (8 points)
****Complete *ALL* of your patient's medications****

Brand/Generic	**Gabapentin/ neurontin**	**Famotidine/ pepcide**	**Acetaminophen/ Tylenol**	**Enoxaparin/ Lovenox**	**Colace/docusate sodium**
Dose	**400 mg**	**20mg**	**650mg**	**50mg**	**100 MG capsule**
Frequency	**TID**	**BID**	**BID**	**BID**	**Take one every day**
Route	**Oral**	**Oral**	**Oral tablet/ oral liquid**	**SQ**	**Oral tablet/ oral liquid**
Classification	**Anticonvulsant**	**H2 antagonist**	**Nonopioid Analgesic**	**Antithrombotic**	**Therapeutic: laxatives**
Mechanism of Action	**Prevents firing of neurons associated with seizures and painful stimuli**	**Inhibits histamines by decreasing gastric secretion**	**Activates inhibitory pathways in the central nervous system**	**Inactivates clotting factors**	**It is a surfactant that lowers the surface tension at the oil-water interface of the feces, allowing water and lipids to penetrate the stool. This helps to hydrate and soften the fecal material, facilitating natural defecation.**
Reason Client Taking	**Painful stimuli and muscle spasms**	**Heartburn relief/ prevention of heartburn**	**Mild pain**	**To prevent clots**	**To assist with having a BM.**
Concentration Available	**200mg capsules**	**20mg capsules**	**300mg tablets Or oral solution**	**0.8 mL syringe**	**Oral liquid or oral tablet**

Safe Dose Range Calculation	**300mg-600mg**	**20mg per dose**	**650mg per dose**	**46.4mg-92.8mg**	**100mg (no range listed in med book)**
Maximum 24-hour Dose	**1800mg**	**40 mg**	**3900mg**	**92.8mg**	**100mg**
Contraindications (2)	**Hypersensitivity to gabapentin**	**Hypersensitivity Stomach ulcer**	**Do not use with other medications containing acetaminophen. Do not use with severe hepatic impairment.**	**Hx of heparin-induced thrombocytopenia ; active major bleeding**	**acute abdominal pain, fecal impaction. Nausea or vomiting.**
Side Effects/Adverse Reactions (2)	**Muscle twitching; rash**	**Headache Constipation**	**Skin rash and anemia**	**A-fib; dyspnea**	**Stomach pain Diarrhea cramping**
Nursing Considerations (3)	**Monitor renal function tests; various brands of gabapentin are not interchangeable; give gabapentin at least two hours after antacid is given**	**Assess for bloody stool. Evaluate the therapeutic response of a decrease of heartburn.**	**Should be used with caution in patients with low hemoglobin. Do not give if Pt has a stomach ache.**	**Don't give drug by IM injection; use caution in patients with increased risk for hemorrhage; keep protamine sulfate in MAR in case of accidental overdose**	**Assess for abdominal distention, presence of bowel sounds, and usual pattern of bowel function. Assess color, consistency, and amount of stool produced**
Client Teaching needs (2)	**Encourage good oral hygiene; explain to the patient that adverse effects decline in severity over time.**	**Educate Pt to avoid smoking of any kind. Avoid irritating foods such as, spicey foods, greasy, alcohol.**	**Do not take with alcohol. Educate the client not to chew the tablet.**	**Teach patient or family how to give enoxaparin at home; Teach patient and family about the proper disposal of sharps**	**Advise patients that laxatives should be used only for short-term therapy. Long-term therapy may cause electrolyte imbalance and dependence. Encourage patients to use other forms of bowel regulation, such as**

					increasing bulk in the diet, increasing fluid intake (6–8 full glasses/day), and increasing mobility.

Medication 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:**	**Patient is alert and orientated, appears to be in distress, and is very cooperative.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Pt is skin color is normal for ethnicity, warm and dry. Temperature is 98.6F. Turgor less than 3 seconds. No rashes, Bruises on abdomen. Scattered abrasions over the body. Scrapes on the Pt's shins. Braden score of 19. No drains present. 18-gauge IV present left AC, currently is capped. Flushes well.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	**Head and neck are symmetrical. Abrasions on the forehead above the left and right eye. Sclera is white, cornea is clear, conjunctive is pink, no drainage. PERRLA** **Septum is midline. Oral mucosa is pink and moist. Thyroid is not enlarged.** .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:**	**S1 and S2 heard. Capillary refill less than 3 seconds. Pulses present throughout. No neck vein distention and edema on the lower extremities.**

Capillary refill: **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:**	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Respirations are regular even and nonlabored, on the left side. Respirations of the right lung were slightly irregular.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current diet:** **Height (in cm):** **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:**	**.Pt's diet at home is normal. Current diet is clear liquid. Height is 170.9cm. Weight is 58kg. BMI of 21.3. Last BM was morning of 10-15-2020, no BM since admission. Bowel sounds are active in all 4 quadrants. No masses, distention, scars, drains. Incision from laparoscopy of bowel noted. Bruises are present on the abdomen. No drains or tubes 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:**	**Patient verbalized no pain with urination. Patient is on bedrest and asked to use a bed pan. Color and character of urine is within defined limits. No urinary catheter present.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:**	**.ROM is present in all extremities except left leg. Pt is on bedrest. Strength is equal throughout. At this time no supportive devices used. Assistance for ADL. Patient is not fall risk due to being on bedrest.**

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:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**.MAEW is not present. Difficulty moving the left leg. PERLA is present. Strength is equal in all 4 extremities. Pt is orientated to date, time and location. Mental status, speech, sensory is good.**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s) of caregiver(s):** **Social needs (transportation, food, medication assistance, home equipment/care):** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**.Pt and caregivers are Baptist. They cope by praying. Currently there is not EDD so it is to early to know what social needs are going to need attention. Patient lives with adoptive parents, but does spend time with biological mother.**

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1120	69	120/60	16	98.6 ORAL	98 RA

Normal Vital Sign Ranges (2.5 points)
****Need to be specific to the age of the child****

Pulse Rate	**50-90 bpm**
Blood Pressure	**102/64 mmHg-121/79 mmHg**
Respiratory Rate	**12-20 breaths per minute**
Temperature	**97.6°F-99.4°F**
Oxygen Saturation	**95%-100%**

Normal Vital Sign Range Reference (APA):

University of Iowa Heath Care. (2020). *Pediatric Vital Signs Normal Ranges*.

https://medicine.uiowa.edu/iowaprotocols/pediatric-vital-signs-normal-ranges

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1120	**Wong-Baker Pain Scale 1-10**	**Back**	**4**	**Pt stated, "Feels like I am laying on rocks"**	**Informed the nurse, but it was not time for another dose of pain meds. We repositioned the patient.**
Evaluation of pain status *after* intervention	**Wong-Baker pain scale.**	**Back**	**4**	**Patient said that it still felt the same.**	**The dad turned the tv on as a distraction.**
Precipitating factors: **Physiological/behavioral signs: Pt was complaining that she was laying on rocks.**					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
480mL (apple juice)	**120mL (void)**

Developmental Assessment (6 points)
Be sure to highlight the achievements of any milestone if noted in y our child. Be sure to highlight any use of diversional activity if utilized during clinical. There should be a minimum of 3 descriptors under each heading

Age Appropriate Growth & Development Milestones

1. **Have more interest in romantic relationships**

2. **Show more independence from parents**
3. **Learn more defined work habits**

Age Appropriate Diversional Activities

1. **Turn the TV on.**
2. **Ask about their hobbies.**
3. **Play their favorite music.**

Psychosocial Development:

Which of Erikson's stages does this child fit?

Identity vs. Role Confusion

What behaviors would you expect?

Patient should be developing their own personality and ego. The patient should also be becoming more independent from their parents.

What did you observe?

During my clinical I observed that this patient is very independent. She does not like needing help to change positions.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference?

Formal operatins

What behaviors would you expect?

It is expected that the patient at this stage in their life is able to grasp abstract concepts and think outside the box.

What did you observe?

The patient has a good thought process. She knows what she wants and how to achieve her goals.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

This patients development of vocabular and vocalization is appropriate for their age.

Any concerns regarding growth and development?

At this time I have no concern regarding growth and development for this particular patient.

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 pain from MVA as evidenced by a pain level of 4 when asked about pain.	**This patient vocalized they were experiencing pain. .**	**1. Teach the patient relaxation techniques such as guided imagery, deep breathing and meditation. This helps promote sleep.** **2. Assess where patient voiced complaints of pain.**	**Patient will be able to rate pain on a scale 1-10.** **Carry out different relaxation techniques when experiencing pain.**
2. Absence of falls related to bedrest resulting from a MVA.	**This ND was chosen because the patient is on bedrest.**	**1. Educate the patient on the importance of pressing the call light.** **2. Make sure that the bed alarms are on**	**Parents/caregivers will understand the purpose of bedrest.** **Patient/caregiver will know when to press the call light for**

		before leaving the patients room.	**assistance.**
3. Risk for infection related to MVA as evidence by several breaks in the skin.	**Having breaks in the skin increases the chance of an infection occurring.**	**1.Monitor and record temp and WBC.** **2. Educate patient/caregiver on the S/S of a possible infection. As nurses we also want to pay great attention to the openings during the assessment.**	**Patient will continue to have a normal temperature and no increase in WBC. Patient/caregiver will be able to acknowledge the S/S of an infection.**
4. Risk prone health behaviors related to excessive alcohol and drug use as evidenced by a positive drug test and patient admitted to the use of alcohol.	**Urinalysis came back for a positive trace of cannabinoids and Pt admitted to the use of alcohol.**	**1. Provide emotional support and encouragement by listening to the patient and their feelings.** **2. Involve the patient in their planning and decision making. This makes the PT feels involved and somewhat in control.**	**Patient will express understanding of illness.** **Patient will show the ability to accept or adapt to the new outcome.**

Other References (APA):

Ralph, S. S., & Taylor, C. M. (2014). *Sparks & Taylor's nursing diagnosis pocket guide*. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins Health.

Concept Map (20 Points):

Subjective Data

On 10-15-2020, DT was in a vehicle with her sister going to visit family when their vehicle collided with a semi. DT was then thrown from the passenger seat of the vehicle. When EMS arrived on the scene, DT was face down on the ground. She was then transported to the ED for treatment. DT stated that she remembers the MVA. The parents gave information on HPI. Pt admitted to having consumed alcohol.

Nursing Diagnosis/Outcomes

Acute Pain related to pain from MVA as evidenced by a pain level of 4 when asked about pain.
Patient will be able to rate pain on a scale 1-10.
Carry out different relaxation techniques when experiencing pain.

Absence of falls related to bedrest resulting from a MVA
Parents/caregivers will understand the purpose of bedrest.
Patient/caregiver will know when to press the call light for assistance.
Risk for infection related to MVA as evidence by several breaks in the skin.
Patient will continue to have a normal temperature and no increase in WBC.
Patient/caregiver will be able to acknowledge the S/S of an infection.
Risk prone health behaviors related to excessive alcohol and drug use as evidenced by a positive drug test and patient admitted to the use of alcohol.
Patient will express understanding of illness.
Patient will show the ability to accept or adapt to the new outcome.

Objective Data

All vitals are in range. Abnormal labs are RBC, Hgb, Hct, Cl, specific gravity, ketones, WBC, leukoesterase, positive for cannabinoids. Abnormal assessment findings Pt struggled lifting her left leg and right lung sound were slightly irregular.

Patient Information

17-year-old female came in from a MVA. No medical history on file. CT scan confirmed a right apical pneumothorax.

Nursing Interventions

Teach the patient relaxation techniques such as guided imagery, deep breathing and meditation. This helps promote sleep.
Assess where patient voiced complaints of pain.
Educate the patient on the importance of pressing the call light.
Make sure that the bed alarms are on before leaving the patients' oom.
Monitor and record temp and WBC.
ducate patient/caregiver on the S/S of a possible infection. As urses we also want to pay great attention to the openings during the ssessment.
Provide emotional support and encouragement by listening to the patient and their feelings.
Involve the patient in their planning and decision making. This makes the PT feels involved and somewhat in control.