N311 Care Plan # 3

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
10/24/2020	**P.T.**	**05/26/1956 (64)**	**Female**
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	**Unemployed**	**Married**	**No known allergies**
Code Status	**Height**	**Weight**	
Full Code	**5'3"**	**130 lb.**	

Medical History (5 Points)

Past Medical History: Anxiety, Chronic obstructive pulmonary disease, Depression, splenic artery aneurism, Arthritis

Past Surgical History: Hysterectomy, Neck surgery (she did not specify what kind)

Family History: Mother: Skin Cancer, Alzheimer's **Father:** diabetes mellitus, Heart disease, Myocardial Infarction, Hyperlipidemia, Hypertension, Renal Failure

Social History (tobacco/alcohol/drugs): Pt states never smoked, drank alcohol, or any elicit drug use.

Admission Assessment

Chief Complaint (2 points): Shortness of breath and fatigue

History of present Illness (10 points): Onset: 10/24/2020 64-year-old female reported to Emergency Department with shortness of breath, severe fatigue, and cough. Pt has B/P that's 100-80s/50s and is tachypneic upon arrival at ED. Pt also complained of some nausea and vomiting alongside decreased appetite. **Location:** Chest. **Duration**: 4-5 days, pt's states that she always waits too long before she seeks medical attention. **Characteristics:** Pt states "I was so tired that I couldn't even move". **Aggravating:** Any stress or anxiety seems to exacerbate symptoms. **Relieving:** None. **Treatments:** None according to pt.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Community Acquired Pneumonia

Secondary Diagnosis (if applicable): Hypotension

Pathophysiology of the Disease, APA format (20 points): Pneumonia is the inflammation of lung tissue, where the air spaces in the alveolar fill with purulent fluid. The most common cause of Community Acquired Pneumonia is *Streptococcus Pneumoniae*. The patients Chronic Obstructive Pulmonary Disease (COPD) makes her more susceptible to pneumonia infections. Pathogens are usually inhaled in droplet form which enter the upper respiratory system and then the tissues of the lungs. When the pathogens adhere to the respiratory epithelium, they initiate an inflammatory reaction which spreads to the lower respiratory tract. Excessive stimulation of goblet cells, which increase the secretion of mucous. Mucous and edema in the lungs impairs the gas exchange in the alveoli, which can lead to the patient becoming hypoxic (Capriotti, 2020). The buildup of fluids also gives the lungs the crackling sounds that are heard with auscultation. Patient was diagnosed with pneumonia with the aid of a chest x-ray which shows edema and fluid present in lung tissues. Bloodwork seems to imply that the pneumonia was bacteria based as apposed to viral. Patient also presented with hypotension. As the patient claims she was sick for several days prior to seeking medical help, the cause of hypotension was more then likely dehydration. As she was vomiting causing her to lose fluids and nausea probably discourage her to consume more fluids that she would have desperately needed to fight off her infection.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*.

Low blood pressure (hypotension) - Symptoms and causes. (2020, April 21). Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/low-blood-pressure/symptoms-causes/syc-20355465

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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	**4.28-5.56**	**4.55**	**4.34**	
Hgb	**11.3-15.2**	**11.8**	**11.2**	**High Hgb may be caused by COPD**
Hct	**35.5-44.9**	**36.2**	**35.1**	**Low value may be result of anemia or malnutrition.**
Platelets	**149-393**	**182**	**154**	
WBC	**4.0-11.7**	**12.7**	**6.8**	**Signs of body fighting infection.**
Neutrophils	**45.3-79.0**	**89.7**	**85.5**	**Primary WBC to fight infection.**
Lymphocytes	**11.8-45.9**	**4.7**	**6.8**	**Low value could indicate suppression of immune system. Lessons likelihood of infection being viral.**
Monocytes	**4.4-12.0**	**5.2**	**6.8**	
Eosinophils	**0.0-6.3**	**0.3**	**0.4**	
Bands		*****	*****	**Not taken**

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-	**136-145**	**130**	*****	
K+	**3.5-5.1**	**4.2**	*****	

Cl-	**98-107**	**99**	*****	
CO2	**21-31**	**20**	*****	**Could be brought on by pt's anxiety and hyperventilation.**
Glucose	**74-109**	**91**	**74**	
BUN	**7-25**	**16**	**6**	**Malnutrition**
Creatinine	**0.70-1.30**	**0.82**	**0.50**	**Debilitation, likely brought on from fighting off pneumonia.**
Albumin	**3.5-5.2**	**3.4**	**3.2**	
Calcium	**8.6-10.3**	**9.1**	**8.6**	
Mag		*****	*****	
Phosphate		*****	*****	
Bilirubin	**0.3-1.0**	**0.5**	**0.3**	
Alk Phos	**34-104**	**65**	**71**	

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**	**Light yellow**	*****	
pH	**5.0-8.0**	**5.5**	*****	
Specific Gravity	**1.005-1.034**	**1.040**	*****	**Indication of degydration.**
Glucose	**Normal**	**Normal**	*****	
Protein	**Neg-**	**Negative**	*****	
Ketones	**Neg-**	**Negative**	*****	
WBC	**0.0-5.0**	*****	*****	
RBC	**0-3**	*****	*****	

Leukoesterase	**Neg-**	*	*	

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	**No growth**	*		**No cultures obtained**
Blood Culture	**No growth**	*		
Sputum Culture	**No growth**	*		
Stool Culture	**No growth**	*		

Lab Correlations Reference (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*.

Normal laboratory values for nurses: A guide for nurses. (2020, May 14). Nurseslabs. https://nurseslabs.com/normal-lab-values-nclex-nursing/

Diagnostic Imaging

All Other Diagnostic Tests (10 points): 10/24/2020- Pt obtained chest X-ray, no pulmonary embolism detected, Atypical pneumonia evidenced by edema, small pericardial effusions.

Covid 19 test (negative)

10/27/2020 EKG, normal sinus rhythm

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	**Celexa/ Citalopram**	**ProAir/ Albuterol Sulfate HFA**	**Ultram/ Tramadol**	**Ativan/ Lorazepam**	**Protonix/ Pantoprazole**
Dose	**10mg**	**90mcg**	**50mg**	**2mg**	**30mg**
Frequency	**QD (once daily)**	**Q4H (every 4 hours)**	**1 tab every 4-6 hr PRN pain**	**1 tablet 1 hr before appointment for anxiety**	**QD**
Route	**PO**	**2 puffs**	**PO**	**PO**	**PO**
Classification	**SSRI, antidepressant**	**Bronchodilator**	**Opioid analgesic**	**Benzodiazepine**	**Proton pump inhibitor**
Mechanism of Action	**Blocks serotonin reuptake by adrenergic nerves, increasing the serotonin levels at nerve synapses, elevating mood and reduce depression**	**Attaches to beta2 receptors on bronchial cell membranes, relaxing bronchial smooth muscle cells and inhibit histamine release**	**Binds with mu receptors and inhibits reuptake of norepinephrine and serotonin.**	**Potentiates the effects of GABA by binding to specific benzodiazepine receptors, inhibiting exciting stimulation and controlling emotional behavior**	**Interferes with gastric acid secretion, by inhibiting the proton pump in gastric parietal cells.**
Reason Client Taking	**To treat depression**	**Prevent exercise-induced bronchospasm**	**Relieve severe pain requiring opioid like treatment**	**To treat anxiety**	**To treat GERD**
Contraindications (2)	**Hypersensitivity to citalopram, pimozide therapy**	**Hypersensitivity to albuterol, hypertension**	**Acute or severe bronchial asthma, alcohol intoxication**	**Acute angle-closure glaucoma, psychosis**	**substituted benzimidazoles (ie omeprazole), concurrent therapy with**

					rilpivirine containing products
Side Effects/ Adverse Reactions (2)	**Suicidal ideation, acute renal failure**	**Angina, Bronchospasm**	**Severe respiratory depression, serotonin syndrome**	**Coma, respiratory depression**	**Pancreatitis, hypomagnesemia**

Medications Reference (APA):

Learning, J. &. (2019). *2020 nurse's drug handbook*. Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert and oriented to time, place, and person X4** **No distress, but client is anxious and easily agitated.** **Patient is well kept/clean**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Pink/pale** **Dry** **Warm** **2+** **None** **None** **No wounds present** **22**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Head and neck are symmetrical** **Nose is symmetrical, no deviation** **Teeth are well taken care of.**
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):**	**Audible S1 and S2 "lub-dub" no murmurs are audible.**

Peripheral Pulses: **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	**Good dorsal and radial pulses both sides.** **Capillary refill is less than 2 seconds.** **No jugular vein distension. No signs of edema.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Auscultation of anterior and posterior lungs, lung sounds are diminished with slight crackles heard in the lower lungs.**
GASTROINTESTINAL: **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:**	 **Regular diet/no dairy** **Regular Diet** **5'3"** **130 lb. (BMI 23)** **Hyperactive** **10/27/2020 (diarrhea)** **Soft, no pain to palpation** **No tenderness noted.** **No distention, incisions, scars, drains, wounds**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Yellow** **Clear** **No abnormalities** **N/A**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒**	 **Nervous system is good, ambulatory. No barriers to movement or ROM.** **No support devices.** **Equal strength bilaterally.**

Fall Risk: Y ☐ N☒ **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**2** **Pt can stand and move around independently.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Pt has full control and sensations in all four extremities.** **Pupils equal round reactive light accommodation.** **Pt is cognizant, and A&O x4. Pt is easily agitated. Does not want to be in hospital any longer.**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Pt is visibly anxious and disinterested in sharing personal information.** **Pt attends Christian church with husband.** **Pt lives with husband, gets checked on regularly by her oldest daughter.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0820	76	135/69	20	36.8	99%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0820	Numeric	N/A	0/10	N/A	NA

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

240 mL of water	**Unknown (4 occurrences of diarrhea)**

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. Risk for fluid volume deficiency	**Patient shows an inadequate intake of waters, and her body is losing fluids with diarrhea.**	**1. Encourage pt to increase water intake to achieve fluid balance.** **2. Educate pt on importance of fluid deficiency prevention**	**1. Goals have been met as pt has increased the amount of fluids she has intake.** **2. Acknowledges that she has been deficient on staying hydrated in the past and pledges to do better going forward.**
2. Anxiety	**Evidenced by pt's visible anxiousness.**	**1. Encourage pt to follow up with regular provider to seek further medical interventions to alleviate anxiety.** **2. Verify pt has a strong support system at home.**	**1. Goal not met, pt is on prescription for anxiety/ mood not interested in discussing it any more.** **2. Goal is met, pt has a good support system including her husband and children.**

Other References (APA):

Concept Map (20 Points)

Subjective Data

Pt states "Shortness of breath, so tired that she cannot move, decreased appetite" along with general anxiety.

Nursing Diagnosis/Outcomes

1.Risk for fluid volume deficiency, related to inadequate fluid intake and diarrhea.
Goal met: pt increased fluid intake
Goal met: acknowledges importance of achieving fluid balance
2. Anxiety, evidenced by general anxiousness and discomfort.
Goal not met: pt does not want to talk about her anxiety issues
Goal met: pt has a strong support system at home

Objective Data

Vomiting, diarrhea. Chest Xray showing fluid and edema in the lungs. Lab values implying bacterial infection and possible dehydration/malnutrition.
Vital Signs
HR:76
BP:135/69
Respirations: 20
Temperature:36.8 C (98.2 F)
Pulse Oximetry: 99%

Patient Information

64 yr old female arrives at emergency department on 10/24/2020 with shortness of breath and severe fatigue.

Nursing Interventions

Encourage pt to increase water intake to achieve fluid balance.
Educate pt on importance of fluid deficiency prevention
Encourage pt to follow up with regular provider to seek further medical interventions to alleviate anxiety
Verify pt has a strong support system at home.