

N321 Care Plan #2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 10/21/2020	Patient Initials H.D.	Age 67-years-old	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies Darvocet-N, Darvon, Demerol, Propoxyphene
Code Status Full code	Height 5'3"	Weight 190 pounds	

Medical History (5 Points)

Past Medical History: The client has a past medical history of hypothyroidism, hyperlipidemia, chronic anxiety, chronic depression, restless leg, chronic obstructive pulmonary disease, acute exacerbation of chronic obstructive airways disease, chronic constipation, dyspnea, wheezing, nausea, and hypertensive urgency.

Past Surgical History: The client has had an operation on her nose, a right knee surgery, a right shoulder surgery, a right ankle, heal, and foot surgery, and two cataract surgeries.

Family History: The client’s mom had heart disease, her father had heart disease and an abdominal aortic aneurysm, and her brother had heart disease and a neoplasm of the rectum.

Social History (tobacco/alcohol/drugs): The client is a former smoker of 55 years and just recently quit. The client denies any use of alcohol, illicit drugs, or chewing tobacco.

Assistive Devices: The client reports no use of any assistive devices.

Living Situation: The client lives with her husband in a single level home and they care for themselves with no help.

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): The client came into the emergency department with a complaint of nausea, vomiting, and constipation for three days.

History of present Illness (10 points): Onset: On October 21st, a 67 y/o Caucasian, married, female, brought herself into emergency department at Iroquois Memorial Hospital and was later that night admitted for acute exacerbation of her chronic obstructive pulmonary disease, hypertension, and acute constipation. **Location:** The client stated, “I have occasionally had abdominal pain, but it is mostly just a discomfort feeling.” **Duration:** The client stated, “I have had constipation for three days.” **Characteristics:** The client stated, “I have been a little out of breath recently since I’ve been vomiting.” The client also reports occasional pain, but mostly discomfort in her stomach region. **Associated Manifestations:** Laying down seems to make it harder for the client to breathe. **Relieving factors:** Client reports that sitting up or laying down in bed with the head of the bed elevated helps her breathing. She also has an inhaler she can take to help as well. **Treatment:** The client is on 3L of oxygen at home and is prescribed an inhaler to help with her breathing. The client is also on several medications at home but reports that she has not taken her medication for two days because of her vomiting.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Chronic obstructive pulmonary disease

Secondary Diagnosis (if applicable): Acute constipation

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

Chronic obstructive pulmonary disease is a chronic inflammatory disease in your lungs that causes obstructed airflow from your lungs (Mayo Clinic, 2020). The main cause of COPD is from smoking tobacco (Mayo Clinic, 2020). COPD can often happen in people who are exposed

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to fumes from burning fuel for cooking and heating in poorly ventilated homes (Mayo Clinic, 2020). Most smokers will develop reduced lung function but only 20 to 30 percent of chronic smokers develop COPD (Mayo Clinic, 2020). COPD affects your lungs because air travels down your windpipe and into your lungs through two large tubes and inside your lungs, these tubes will divide multiple times into smaller tubes that end in clusters of tiny air sacs (Mayo Clinic, 2020). The air sacs have thin walls full of tiny blood vessels and the oxygen in the air that you inhale goes into these blood vessels and then enters your bloodstream (Mayo Clinic, 2020). During this time carbon dioxide is exhaled (Mayo Clinic, 2020). Your lungs depend on the natural elasticity of the bronchial tubes and air sacs to force air out of your body (Mayo Clinic, 2020). COPD causes your natural elasticity to loosen and over-expand leaving air trapped in your lungs when you exhale (Mayo Clinic, 2020). As for my client she is a former smoker of 55 years and just recently stopped. She used to smoke at least one pack of cigarettes a day. Therefore, smoking tobacco is probably how she developed COPD.

Signs and symptoms do not usually appear until quite a bit of lung damage has occurred, and they usually will worsen over time especially if you continue to smoke (Mayo Clinic, 2020). Common signs and symptoms of COPD could include shortness of breath, wheezing, chest tightness, having to clear your throat when you wake up, chronic cough, cyanosis, frequent respiratory infections, lack of energy, weight loss, and swelling in ankles, feet, or legs (Mayo Clinic, 2020). People with COPD often experience what is known as exacerbations and during this time their symptoms become worse than the usual day-to-day symptoms and it will persist for at least a couple of days (Mayo Clinic, 2020). As for my client she came into the emergency department experiencing acute COPD exacerbation. She was also experiencing shortness of breath, vomiting, nausea, and constipation. With the client having the exacerbations, it made all

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of her symptoms that she would experience on a normal day worse causing her vital signs to be high due to the pain, discomfort, and trauma her body was experiencing. Although she denied having any significant pain when she arrived at the emergency department. Some common risk factors for COPD could include smoking, long term exposure to other lung irritants, age, and genetics (MedlinePlus, 2020). As for my client she was older, had a history of smoking, and her parents had a history of heart disease. Therefore, it most likely put her at an even higher risk for developing chronic obstructive pulmonary disease.

COPD is known to cause many complications such as respiratory infections, heart problems, lung cancer, high blood pressure in lung arteries, and depression (Mayo Clinic, 2020). My client appeared to have a high blood pressure with her systolic in the 190s while in the emergency department. My client also has a history of chronic depression and of an acute exacerbation of chronic obstructive airways disease. These could all very well be linked to her chronic obstructive pulmonary disease. COPD can very well be prevented unlike other diseases (Mayo Clinic, 2020). The best way to prevent it is to not smoke cigarettes and to stop if you are smoking because it is never too late (Mayo Clinic, 2020). COPD is commonly misdiagnosed for other lung conditions and it is likely that if you do get diagnosed with COPD it won't be until the disease has advanced and interventions are less effective (Mayo Clinic, 2020). To be diagnosed for COPD you could have some tests done such as pulmonary function test, a chest X-ray, a CT scan, arterial blood gas analysis, or laboratory tests (Mayo Clinic, 2020). Treatment could include to stop smoking if you are, medications like bronchodilators, inhaled steroids, oral steroids, combination inhalers, oxygen therapy, lung transplant, bullectomy, and many other options are available (Mayo Clinic, 2020). My client could have helped prevented COPD from not smoking and by quitting her smoking when she was first diagnosed. Her treatments include

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many different medications like bronchodilators and inhalers. She is also on 3 liters of oxygen therapy at home. Once discharged she will continue her medications, oxygen therapy, and continue breathing practices to hopefully help ease her signs and symptom.

Pathophysiology References (2) (APA):

Mayo Clinic. (2020, April 15). *COPD - Symptoms and causes*.

[https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679#:~:text=Chronic%20obstructive%20pulmonary%20disease%20\(COPD,\(sputum\)%20production%20and%20wheezing.](https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679#:~:text=Chronic%20obstructive%20pulmonary%20disease%20(COPD,(sputum)%20production%20and%20wheezing.)

MedlinePlus. (2020, October 2). *COPD*. Chronic Obstructive Pulmonary Disease | MedlinePlus.

<https://medlineplus.gov/copd.html>

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	4-5.5 million cells	3.96	N/A	RBC levels being decreased are likely a result of anemia and the client's history of hypothyroidism (Capriotti & Frizzell, 2016).
Hgb	12-15g/dL	12.7	N/A	
Hct	42%-52%	38.3%	N/A	These values are consistent with the client's acute exacerbation of chronic obstructive airways disease (Capriotti & Frizzell, 2016).
Platelets	150,000-400,000 cells/mm ³	241,000	N/A	
WBC	4,500-11,000 cells/mm ³	9.4	N/A	
Neutrophils	45%-75%	75.4%	N/A	Neutrophils are slightly elevated which could indicate an infection and

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				be related to the client's COPD (Capriotti & Frizzell, 2016).
Lymphocytes	20%-40%	16.9%	N/A	These values are consistent with the client's possible infection and COPD (Capriotti & Frizzell, 2016).
Monocytes	4%-6%	5.7%	N/A	
Eosinophils	Less than 7%	1.4%	N/A	
Bands	0.0%-1.0%	0.02%	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 mEq/L	142	N/A	
K+	3.5-5.0 mEq/L	4.1	N/A	
Cl-	98-108 mEq/L	98	N/A	
CO2	22-29 mEq/L	35	N/A	CO2 levels are elevated due to the client's lung disease (Capriotti & Frizzell, 2016).
Glucose	70-100 mg/dL	131	N/A	Blood sugar likely elevated due to trauma (Capriotti & Frizzell, 2016).
BUN	8-25 mg/dL	15	N/A	
Creatinine	0.6-1.3 mg/dL	0.74	N/A	
Albumin	3.5-5.2 gm/dL	4.2	N/A	
Calcium	8.6-10 mg/dL	9.4	N/A	
Mag	1.6-2.6 mg/dL	N/A	N/A	
Phosphate	2.5-4.5 mg/dL	N/A	N/A	
Bilirubin	Less than 1.5 mg/dL	N/A	N/A	

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Alk Phos	20-140 U/L	89	N/A	
AST	10-30 units/L	13	N/A	
ALT	10-40 units/L	6	N/A	A slightly decreased ALT is consistent with the client's COPD and her airway obstruction (Capriotti & Frizzell, 2016).
Amylase	25-125 U/L	27	N/A	
Lipase	8.0-78.0 U/L	10.0	N/A	
Lactic Acid	0.50-2.20 mmol/L	0.86	N/A	

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	1 second	N/A	N/A	
PT	9.5-11.3 seconds	N/A	N/A	
PTT	30-40 seconds	N/A	N/A	
D-Dimer	Less than or equal to 250 ng/mL	N/A	N/A	
BNP	15.00-99.90 pg/mL	N/A	N/A	
HDL	More than 60 mg/dL	N/A	N/A	
LDL	Less than 130 mg/dL	N/A	N/A	
Cholesterol	Less than 200 mg/dL	N/A	N/A	
Triglycerides	Less than 150 mg/dL	N/A	N/A	
Hgb A1c	Less than 7%	N/A	N/A	
TSH	0.4-4.0 mU/L	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	Colorless, yellow, clear	Colorless, yellow, clear, no odor present	N/A	
pH	4.5-8	7.00	N/A	
Specific Gravity	1.005-1.035	1.015	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	Negative	Negative	N/A	
RBC	Negative	Negative	N/A	
Leukoesterase	Negative	Negative	N/A	

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	N/A	N/A	N/A	
Blood Culture	N/A	N/A	N/A	
Sputum Culture	N/A	N/A	N/A	
Stool Culture	N/A	N/A	N/A	

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Human Pathophysiology*. F.A. Davis Company.

Crnp, H. B. M. R., Palm, M. L., & Md, L. B. S. (2016). *Bates' Nursing Guide to Physical Examination and History Taking* (2nd ed.). LWW.

Kee, J.L.F. (2017). *Pearson handbook of laboratory & diagnostic tests with nursing implications*. Pearson.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT abdomen and pelvis with and without contrast: They found that the client's lung bases were notable and found an area of atelectasis or scarring in the lingula just erosion. The client's osseous structures of the lower chest, lumbar spine, and pelvis appeared to be intact. The client's L5-S1 disc space were noted for chronic moderate severe degenerative changes. It was also shown to be consistent with the client's bulging of the annulus of the disc and the loss of disc space height. There was also disc space seen within the vacuum phenomenon. The client's adrenal glands, bowel loops, appendix, and pancreas appeared normal. The client's kidneys showed multiple calcified appearing densities in the lower right and left side which was consistent with the bilateral nephrolithiasis. The kidneys were also noted for multiple hypoattenuating areas of the right and left kidneys suggesting renal cysts. Cholelithiasis of the gallbladder is noted.

CT chest without contrast: The client appeared to be obese. The client's osseous structures appear intact and no fractures or lesions are present. The client's degenerative changes of her

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thoracic spine disc is noted and appears moderately severe at numerous levels. Posterior marginal osteophyte changes at T10-T11 level is noted mildly encroaching upon the thecal sac in the midline. The client's granuloma in the lateral area of the right midlung field is densely calcified and it is in the right upper lobe next to the minor fissure. The left costophrenic angle recess is seen to have an increased density suggesting atelectasis or scarring. No cardiopulmonary abnormalities are noted. The client's also has extensive atherosclerosis calcifications of the arteries and it is mostly notable in the LAD coronary artery distribution.

Diagnostic Test Correlation (5 points):

The client came into the emergency department with a complaint of nausea, vomiting, and constipation for three days. The client was later admitted for COPD, hypertension, and acute constipation. During assessment, the client seemed short of breath and some mild discomfort but reported no pain. Due to the client's exacerbation of COPD and constipation the provider found it necessary to get a good look at the client's chest and abdomen. Findings were mild but shown no indication of a life threatening or serious complication.

Diagnostic Test Reference (APA):

Cnm, R. P. J. H. L., & PhD Rn, K. C. H. (2017). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing (Brunner and Suddarth's Textbook of Medical-Surgical)* (14th ed.). LWW.

Kee, J.L.F. (2017). *Pearson handbook of laboratory & diagnostic tests with nursing implications*. Pearson.

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

Home Medications (5 required)

Brand/ Generic	Furosemide (Lasix)	Levofloxacin (Levaquin)	Prednisone (Apo- Prednisone (CAN))	Budesonide (Entocort EC)	Acetaminophen (Tylenol)
Dose	20mg tablet	500mg tablet	20mg tablet	0.5mg/2mL suspension	650mg tablet
Frequency	q.d.	q.d.	q.d. until prescription is finished	q.i.d.	q.6.h. PRN
Route	Oral	Oral	Oral	Nebulization	Oral
Classification	Loop diuretic, antihypertensive, diuretic	Fluoroquinolone, antibiotic	Immunosuppre ssant	Corticosteroid , Antiasthmatic , anti- inflammatory	Nonsalicylate, para- aminophenol derivative, antipyretic, nonopioid analgesic
Mechanism of Action	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation. As the body's plasma volume decreases, aldosterone production increases, which promotes sodium reabsorption and the loss of potassium and hydrogen ions. Furosemide also increases the excretion of calcium, magnesium, bicarbonate, ammonium, and phosphate. By reducing	Interferes with bacterial cell replication by inhibiting the bacterial enzyme DNA gyrase, which is essential for repair and replication of bacterial DNA.	Binds to intracellular glucocorticoid receptors and suppresses inflammatory and immune responses by inhibiting neutrophil and monocyte accumulation at inflammation site and suppressing their phagocytic and bacterial activity, stabilizing lysosomal membranes, suppressing antigen response of	Inhibits inflammatory cells and mediators, possibly by decreasing influx into nasal passages, bronchial walls, or the intestines. As a result, nasal or airway inflammation decreases. Oral inhalation form also inhibits mucus secretions into airways, decreasing the amount and viscosity of	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2.

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	intracellular and extracellular fluid volume, the drug reduces blood pressure and decreases cardiac output. Over time, cardiac output returns to normal.		macrophages and helper T cells, and inhibiting synthesis of inflammatory response mediators, such as cytokines, interleukins, and prostaglandins.	sputum.	
Reason Client Taking	This medication is being taken to manage client's hypertension.	This medication is being taken for a bacterial infection.	This medication is being taken to suppresses the inflammation of air passages	This medication is being taken to help the client breath better due to her COPD.	This medication is being taken for pain and fever.
Contraindications (2)	Anuria, hypersensitivity to furosemide or its components	Hypersensitivity to levofloxacin, other fluoroquinolones, or their components; myasthenia gravis	Hypersensitivity to prednisolone or its components, idiopathic thrombocytopenic purpura	Hypersensitivity to budesonide or its components, status asthmaticus or other acute asthma episodes (oral inhalation)	Severe hepatic impairment, severe active liver disease
Side Effects/Adverse Reactions (2)	Arrhythmias, thromboembolism	CNS stimulation, confusion	Headache, nervousness	Bronchospasm, anaphylaxis	Agitation, fatigue
Nursing Considerations (2)	1. obtain patient's weight periodically to monitor fluid loss. 2. monitor patient for hypokalemia	1. Medication should be given one hour before or two hours after meals 2. Advise client and wash client's fluid intake as they	1. Administer doses in the morning to match body's normal cortisol secretion schedule. 2. Instruct client to take	1. Instruct client to shake the container before each use 2. Monitor the client for increased adverse	1. Use acetaminophen cautiously in clients with hepatic impairment or active hepatic disease, alcoholism,

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		should increase it during therapy to prevent crystalluria	with food to decrease GI distress	effects because this therapy can make hypertension worse	chronic malnutrition, severe hypovolemia, or severe renal impairment 2. acetaminophen can cause hepatotoxicity, so liver function tests need to be ordered and monitored
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Hospital Medications (5 required)

Brand/ Generic	Morphine sulfate (Arymo ER)	Ondansetron hydrochloride (Zofran)	Pantoprazole sodium (Pantoloc (CAN))	Zolpidem tartrate (Ambien)	Enoxaparin sodium (Lovenox)
Dose	2mg	4mg	40mg	5mg	40mg
Frequency	q.4.h. PRN	q.6.h. PRN	q.d.	q.d. at bedtime	q.d.
Route	Intravenous	Intravenous	Intravenous	Oral	Subcutaneous
Classification	Opioid analgesic	Selective serotonin receptor antagonist, Antiemetic	Proton pump inhibitor, antiulcer	Imidazopyridine, hypnotic	Low-molecular weight heparin, anticoagulant

<p>Mechanism of Action</p>	<p>Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and euphoria</p>	<p>Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine and by blocking signals to the CNS. Ondansetron may also bind to other serotonin receptors and to mu-opioid receptors.</p>	<p>Interferes with gastric acid secretions by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system, or proton pump, in gastric parietal cells.</p>	<p>May potentiate the effects of GABA and other inhibitory neurotransmitters. By binding to specific benzodiazepine receptors in the limbic and cortical areas of the CNS, zolpidem increases GABA's inhibitory effects, blocks cortical and limbic arousal, and preserves deep sleep.</p>	<p>Potentiates the action of antithrombin II, a coagulation inhibitor. By binding with antithrombin II, enoxaparin rapidly binds with and inactivates clotting factors (primarily factor Xa and thrombin). Without thrombin, fibrinogen can't convert to fibrin and clots can't form</p>
<p>Reason Client Taking</p>	<p>This medication is taken to relieve the client's pain as needed</p>	<p>This medication is being taken for nausea and vomiting.</p>	<p>This medication is being taken to treat GERD</p>	<p>This medication is being taken for insomnia.</p>	<p>This medication is being taken to prevent the formation of clots.</p>
<p>Contraindications (2)</p>	<p>Respiratory depression, upper airway obstruction</p>	<p>Concomitant use of apomorphine, hypersensitivity to ondansetron or its components</p>	<p>Concurrent therapy with rilpivirine containing products, hypersensitivity to pantoprazole</p>	<p>Hypersensitivity to zolpidem or its components, ritonavir therapy</p>	<p>Active major bleeding, history of heparin induced thrombocytopenia or immune-mediated HIT within the past 100 days or in the presence of circulating antibodies which may persist for several years</p>

Side Effects/Adverse Reactions (2)	Agitation, Drowsiness	Hypotension, serotonin syndrome	Hepatic failure, pancreatitis	Suicidal ideation, throat tightness	Hemorrhage, pulmonary edema
Nursing Considerations (2)	1. Be aware that morphine can lead to abuse, addiction, and misuse. 2. Monitor respiratory and circulatory status carefully and frequently during morphine therapy	1. monitor client closely for serotonin syndrome 2. monitor client closely for hypersensitivity to ondansetron because hypersensitivity reactions, including anaphylaxis and bronchospasms may occur.	1. when giving IV over 2 minutes, reconstitute with 10mL of normal saline injection. 2. Flush I.V. line with D5W, normal saline solution, or lactated ringer's injection before and after giving drug.	1. Administer before bedtime because drug has rapid onset of action. 2. Monitor client for suicidal tendencies	1. watch for client taking NSAIDS as it can increase the risk of bleeding 2. do not rub the site after injection to minimize bruising

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	Pt appears pleasant A&O x3 Oriented to person, time, place, and current events. Very talkative and cooperative Pt appears to have mild distress Pt appears well groomed.
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score:	Tan/pink normal for race Appears slightly dehydrated, clean. Warm Normal turgor 2+ None noted None noted None noted 18

<p>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck symmetrical, no bumps or lesions noted. Trachea is midline. Lymph nodes are nonpalpable Ears are free of discharge, no bumps or lesions noted, healthy cerumen, and tympanic membrane is a pearly grey Eyes normal. Upon inspection sclera was white, cornea was clear, conjunctiva was white with no lesions or discharge noted. Normal EOM. Septum midline. No drainage or bleeding noted. No deviation or abnormalities and sinuses are not tender Patient has natural teeth on top and bottom. Good dentition overall. No lesions or bumps noted. Mouth is pink and moist.</p>
<p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>S1 and S2 heart sounds normal, no murmurs or rubs present Pulse is 116 bpm radial Capillary refill is between 3 and 4 seconds</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Client has normal lung sounds with no rales/crackles, rhonchi, or wheezes present. Client presents with mild dyspnea. Respirations are nonlabored.</p>
<p>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:</p>	<p>Normal eating at home Clear liquid diet 5'3" 190 lbs, Bowel sounds are diminished 3 days ago No pain or masses noted on palpation No abnormalities found upon inspection for distention, incision, scars, drains, or wounds.</p>

<p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Colorless, yellow, and no odor present. Patient voided once while I was there. Output was 300mL but was inaccurate due to toilet paper. Genitals and bottom showed no signs of lesions or skin breakdown</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>. Pt has no neurovascular deficits noted. ROM is good. No supportive devices are needed Good, equal bilaterally. 18</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>. Moves both arms and legs well bilaterally. Oriented to person, time, place, and current events. Good Good No glasses or contacts present. Vision seems normal. Alert and oriented x3</p>
<p>PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): Developmental level: Religion & what it means to pt.:</p>	<p>. No deficits were noted. Patient does not specify a religion. Patient did not note any coping methods. Patient lives with husband, but mostly takes care of herself. Patient has a brother, and they have a</p>

Personal/Family Data (Think about home environment, family structure, and available family support):	daughter and son that visits and helps them out when needed.
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Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	116bpm radial	148/67	18	98.3 oral	96% with 2L nasal cannula
0900	103bpm radial	156/81	18	98.4 oral	94% with 2L nasal cannula

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	1-10	N/A	Client reports no pain	N/A	N/A
0900	1-10	N/A	Client reports no pain	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge Location of IV: left wrist Date on IV: 10/21/2020 Patency of IV: patent Signs of erythema, drainage, etc.: no signs of erythema or drainage noted. IV dressing assessment: IV site looks clean and dry with no redness or irritation noted.	Sodium chloride IV 0.9% 100mL/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
2056.0mL	300mL but was inaccurate due to toilet paper

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Nursing Care

Summary of Care (2 points)

Overview of care: The client is on 2L of oxygen nasal cannula to keep oxygen levels above 90%. The client has COPD, hypertension, and acute constipation. The client reported no pain and mild discomfort while I was there. The client is prescribed 2mg morphine for pain and 4mg ondansetron for nausea and vomiting. The client is also prescribed 650mg of acetaminophen for pain at home. The client was on continuous intravenous therapy while I was there which included sodium chloride 0.9% at 100ml/hr. The client is completely independent of care and does not use any assistive devices. The main concern while she was there was to get her blood pressure under control and for her to have a bowel movement. She did report that she was not taking her medication for the past two days due to her vomiting so that was why her blood pressure was as high as it was in the emergency department. The client is also taking healthyLax everyday to help soften her stools, so she can have a bowel movement.

Procedures/testing done: The client had a CT scan with contrast and a CT scan of the abdomen and pelvis with and without contrast.

Complaints/Issues: The client did not report any issues or complaints.

Vital signs (stable/unstable): The client's vital signs were stable. The client did show some signs of being tachycardic and hypertensive.

Tolerating diet, activity, etc.: The client is on a clear liquid diet. The client will move to a full liquid diet and then back to her regular diet before going home. The client can participate in normal activities as tolerated.

Physician notifications: No notifications were presented at this time.

Future plans for patient: The client will continue oxygen therapy with nasal cannula.

The client is on 2L while at the hospital but will go back to 3L once she is discharged. The client's blood pressure and heart rate will continue to be monitored.

Discharge Planning (2 points)

Discharge location: The client will be discharged to her home.

Home health needs (if applicable): The client denied wanting any services for at home at this time.

Equipment needs (if applicable): N/A

Follow up plan: The client will follow-up with her primary care provider within 10 days of being discharged. The client may need to continue taking a daily laxative if she continues to have constipation.

Education needs: The client should be educated on eating a heart healthy diet with a lot of fiber diet to help prevent and decrease her risk of developing constipation in the future. The client should also be educated on regularly exercising. It is important for the client to understand what benefits a healthy diet and exercise has on her body. It could decrease the risk of her developing constipation again, help lower her blood pressure, and overall improve her health and wellbeing.

Nursing Diagnosis (15 points)

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none">• Include full nursing diagnosis with "related to" and	<ul style="list-style-type: none">• Explain why the nursing diagnosis was chosen		<ul style="list-style-type: none">• How did the patient/family respond to the nurse's actions?

N321 Care Plan

“as evidenced by” components			<ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
<p>1. Impaired gas exchange related to altered oxygen supply as evidenced by dyspnea</p>	<p>This client has an altered oxygen supply as evidenced by her acute exacerbations of chronic obstructive airways disease. The client is also on continuous oxygen therapy to keep her oxygen levels above 90%.</p>	<p>1. Client should stay in high fowlers position with her O2 saturation being checked every 4 hours. 2. Client needs to use an incentive spirometer at least every 8 hours or more as tolerated.</p>	<p>The client was able to maintain being in the high fowlers position. Her O2 saturation was checked every 4 hours and stayed above 90% with 2L of nasal cannula oxygen. By the time I left she was maintaining an O2 saturation of 96% with 2 liters of O2. The client was able to adequately use the incentive spirometer. Overall goals were met.</p>
<p>2. Low-fiber diet related to infrequent passage of stool as evidenced by constipation</p>	<p>This client reported not being able to have a bowel movement for at least three days.</p>	<p>1. Assist the client to take at least 20 grams of dietary fiber every day. 2. Encourage the client to do some physical activity such as isometric abdominal and gluteal exercises.</p>	<p>The client was currently on a clear liquid diet while I was there. The plan was to move her to a full liquid diet and then to a regular diet before being discharged. The physical therapist had not made her way to the client before I left. Therefore, I am unsure if the goals were met.</p>
<p>3. Risk for infection related to compromised immune system as evidenced by COPD</p>	<p>This client has a chronic disease known as chronic obstructive pulmonary disease making her immune system compromised. This weakens her immune system making it easier and more likely for her to catch an infection.</p>	<p>1. Make sure the client is washing her hands frequently. Also make sure everyone that is coming into contact with the client performs hand hygiene. 2. Encourage coughing and deep breathing exercises; frequent position changes</p>	<p>The client had hand sanitizer next to her and was educated on how important proper hand hygiene was. Everyone that came into contact with her also performed proper hand hygiene before and afterwards. The client knew how to perform deep breathing and coughing exercises. She often used the pursed lips method. Overall goals were met.</p>

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource:*

medical-surgical, pediatric, maternity, and psychiatric-mental health. St. Louis, MO:

Elsevier.

Vera, M. B. (2019, September 28). *7 Chronic Obstructive Pulmonary Disease (COPD) Nursing*

Care Plans. Nurseslabs. <https://nurseslabs.com/chronic-obstructive-pulmonary-disease-copd-nursing-care-plans/>

Vera, M. B. (2020, September 6). *Risk for Infection Nursing Care Plan*. Nurseslabs.

<https://nurseslabs.com/risk-for-infection/>

Wayne, G. B. (2017, September 23). *Impaired Gas Exchange Nursing Care Plan*. Nurseslabs.

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Concept Map (20 Points)

Subjective Data

Client said that she had been nauseas, vomiting, and had not had a bowel movement in three days. Client reported no pain but mild discomfort

Objective Data

Diagnosis: COPD, hypertensive urgency, and acute constipation
Most recent vital signs: B/P - 156/81
Pulse – 103bpm radial
RR – 18 bpm
Temp – 98.4 oral
O2 saturation – 96% with 2L nasal cannula
Urinalysis was normal and showed no signs of infection.
RBC, HCT, and ALT levels were all slightly decreased.
Neutrophils, lymphocytes, CO2, and glucose levels were all slightly elevated.

Patient Information
A 67-year-old female with a prior medical history of hypothyroidism, hyperlipidemia, chronic anxiety, chronic depression, restless leg, chronic obstructive pulmonary disease, acute exacerbation of chronic obstructive airways disease, chronic constipation, dyspnea, wheezing, nausea, and hypertensive urgency came into the ER with a chief complaint of nausea, vomiting, and constipation for three days. The client was later admitted for COPD, hypertension, and acute constipation. The client is taking multiple medications including acetaminophen, furosemide, and budesonide nebulizer treatments.

Nursing Diagnosis/Outcomes

1. Impaired gas exchange related to altered oxygen supply as evidenced by dyspnea
 - The client was able to maintain being in the high fowlers position. Her O2 saturation was checked every 4 hours and stayed above 90% with 2L of nasal cannula oxygen. By the time I left she was maintaining an O2 saturation of 96% with 2 liters of O2. The client was able to adequately use the incentive spirometer. Overall goals were met.
2. Low-fiber diet related to infrequent passage of stool as evidenced by constipation
 - The client was currently on a clear liquid diet while I was there. The plan was to move her to a full liquid diet and then to a regular diet before being discharged. The physical therapist had not made her way to the client before I left. Therefore, I am unsure if the goals were met.
3. Risk for infection related to compromised immune system as evidenced by COPD
 - The client had hand sanitizer next to her and was educated on how important proper hand hygiene was. Everyone that came into contact with her also performed proper hand hygiene before and afterwards. The client knew how to perform deep breathing and coughing exercises. She often used the pursed lips method. Overall goals were met.

Nursing Interventions

1. Client should stay in high fowlers position with her O2 saturation being checked every 4 hours.
 2. Client needs to use an incentive spirometer at least every 8 hours or more as tolerated.
-
1. Assist the client to take at least 20 grams of dietary fiber every day.
 2. Encourage the client to do some physical activity such as isometric abdominal and gluteal exercises.
-
1. Make sure the client is washing her hands frequently. Also make sure everyone that is coming into contact with the client performs hand hygiene.
 2. Encourage coughing and deep breathing exercises; frequent position changes

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