

N311 Care Plan # 4

Lakeview College of Nursing

Mallorie Mason

**Demographics (5 points)**

<b>Date of Admission</b> 8/1/XX	<b>Patient Initials</b> HG	<b>Age</b> 68	<b>Gender</b> Male
<b>Race/Ethnicity</b> Latino	<b>Occupation</b> Scenario did not state	<b>Marital Status</b> Widowed	<b>Allergies</b> Ampicillin
<b>Code Status</b> Scenario did not state	<b>Height</b> 173cm	<b>Weight</b> 71kg	

**Medical History (5 Points)**

**Past Medical History:** N/A. Normally any of the pt medical problems would be listed here.

**Past Surgical History:** N/A. Normally the pt past surgeries would go here

**Family History:** N/A Normally any medical complication on the pt father or mothers side would go here

**Social History (tobacco/alcohol/drugs):** Pt does smoke tobacco products and does drink alcohol as well.

**Admission Assessment**

**Chief Complaint (2 points):**Exacerbations of COPD and Pneumonia

**History of present Illness (10 points):**A 68 year old male was admitted to the hospital on 8/1/XX. Pt was admitted due to exacerbations of COPD and Pneumonia. Pt daughter found him on the floor where the pt was unconscious. Pt denies any pain. Pt does respond to the asking of questions with, "I am just too tired".

**Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Chronic obstructive pulmonary disease

**Secondary Diagnosis (if applicable):** Pleural Effusion

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

Chronic obstructive pulmonary disease (COPD) “is characterized by poorly reversible airflow limitation caused by a combination of chronic bronchitis, emphysema, and hyperreactive airway disease” (Capriotti, 2020, p.504). There are certain things that cause the airflow restriction like narrowing and excessive mucus secretions in the bronchioles. Inflammation of the lungs and bronchi can result in permanent remodeling of pulmonary structure (Capriotti, 2020). The alveoli are majorly affected in chronic obstructive pulmonary disease patients. The alveoli shrink due to lack of ventilation, caused by chronic bronchitis (Capriotti, 2020). Other alveoli may be large due to excessive air flow caused by emphysema. “The alveolar walls are weakened, distended, and cannot recoil” (Capriotti, 2020, p. 505).

There are many signs and symptoms that go along with chronic obstructive pulmonary disease. “Dyspnea is usually the first symptom, initially occurring with heaving exertion” (Capriotti, 2020, p. 506). A cough may come next with retained sputum. Look for the use of accessory muscle and clubbing of the fingers (Capriotti, 2020). Weight loss and fatigue is common to look for in a COPD patient too. Hypoxia and cyanosis are common signs that go along with chronic bronchitis. The major risk factor for chronic obstructive pulmonary disease is smoking.

“ When common symptoms associated with chronic COPD are present, spirometry confirms the diagnosis of COPD” (Swearingen & Wright, 2019, p.119). Use a pulse oximetry to measure the patient’s SpO<sub>2</sub>. Normal range for COPD patient is between 88% and 92% (Swearingen & Wright, 2019). A major lab to conduct is the ABG values. This will help monitor exacerbation of COPD. A chest x-ray can help confirm COPD. “ The chest x-ray may show characteristics consistent with emphysema: flattened low diaphragm borders, hyperinflation of both lung fields caused by retained air” (Capriotti, 2020, p.506). A COPD assessment test can be used to ask patients about their breathing. The higher the score the more likely the disease of COPD.

The big treatment to COPD is continuous oxygen therapy. The goal is to keep saturation of oxygen equal to 88% (Capriotti, 2020). Bronchodilator agents are given. An example is Beta-2 adrenergic agonist

inhalers (Capriotti, 2020). They lead to dilation of the bronchi. Nonpharmacological interventions can be used to help stop a smoking cessation.

**Pathophysiology References (2) (APA):** Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis.

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.

### 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	4.8	Didn't Test	
Hgb	13.0-17.0	9.3	Didn't Test	Anemia, Nutritional deficiency
Hct	38.1-48.9	29%	Didn't Test	Anemia, Nutritional deficiency, malnutrition
Platelets	149-393	162,000	Didn't Test	
WBC	4.0-11.7	13,000	Didn't Test	Increased d/t inflammation of the lungs and infection caused by pneumonia
Neutrophils	45.3-79.0	Didn't Test	Didn't Test	
Lymphocytes	11.8-45.9	Didn't Test	Didn't Test	

<b>Monocytes</b>	4.4-12.0	Didn't Test	Didn't Test	
<b>Eosinophils</b>	0.0-6.3	Didn't Test	Didn't Test	
<b>Bands</b>	0-700	Didn't Test	Didn't Test	

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

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na-</b>	136-145	135	Didn't Test	
<b>K+</b>	3.5-5.1	4.4	Didn't Test	
<b>Cl-</b>	98-107	100	Didn't Test	
<b>CO2</b>	21-31	Didn't Test	Didn't Test	
<b>Glucose</b>	74-109	180	Didn't Test	May have been checked right after pt ate causing glucose levels to be high
<b>BUN</b>	7-25	22	Didn't Test	
<b>Creatinine</b>	0.70-1.30	1.0	Didn't Test	
<b>Albumin</b>	3.5-5.2	3.0	Didn't Test	Protein deficiencies, this was found in the scenario and low albumin was how it was indicated
<b>Calcium</b>	8.6-10.3	Didn't Test	Didn't Test	
<b>Mag</b>	1.6-2.6	Didn't Test	Didn't Test	
<b>Phosphate</b>		Didn't Test	Didn't Test	
<b>Bilirubin</b>	0.3-1.0	Didn't Test	Didn't Test	
<b>Alk Phos</b>	34-107	Didn't Test	Didn't Test	

**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	Clear, yellow	Didn't Test	
pH	5.0-8.0	5.8	Didn't Test	
Specific Gravity	1.005-1.034	1.002	Didn't Test	
Glucose	Normal	Negative	Didn't Test	
Protein	Negative	Negative	Didn't Test	
Ketones	Negative	Negative	Didn't Test	
WBC	< = 5	Negative	Didn't Test	
RBC	0-3	Negative	Didn't Test	
Leukoesterase	Negative	Negative	Didn't Test	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative Growth	Didn't Test	Didn't Test	
Blood Culture	Negative Growth	Positive for Streptococci and Staphylococci	Didn't Test	Indicating the bacteria's streptococci and staphylococci were found present in the pt blood
Sputum Culture	Negative Growth	Negative	Didn't Test	
Stool Culture	Negative Growth	Didn't Test	Didn't Test	

**Lab Correlations Reference (APA):** Normal Lab values are from Sarah Bush

Normal Laboratory Values for Nurses: A Guide for Nurses. Retrieved from <https://nurseslabs.com/normal-lab-values-nclex-nursing/>

### **Diagnostic Imaging**

#### **All Other Diagnostic Tests (10 points):**

Chest X-Ray 1: Findings hyperinflation of bilateral lung fields and flattened diaphragm. Changes characteristics of atelectasis in bilateral bases, Abnormal area of density present in the left lung base suspicious of pneumonia. Chest x-ray results in not normal findings. Indicates pneumonia and possible atelectasis. Also indicates emphysema characteristics.

Chest X-Ray 2: Extensive left sided pleural effusion noted in the lower lung field. Atelectasis of right lung base persists. This is not a normal finding. This indicates the client has a pleural effusion and will need a thoracentesis done.

ABG's: Ph-7.30, PaO<sub>2</sub>-80, PaCO<sub>2</sub>-54. This is abnormal finding indicates Respiratory acidosis

**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

<b>Brand/Generic</b>	Generic: Levofloxacin Brand: Levaquin	Generic: Prednisone Brand: Deltasone	Generic: Albuterol Brand: Proventil	Generic: Nicotine Brand: Nicoderm	Generic: Acetaminophen Brand: Tylenol
<b>Dose</b>	750mg	10mg	1.25mg/3mL 0.9% sodium chloride	21mg	650 mg
<b>Frequency</b>	Daily	Every 12hrs	Every 4 hrs	Daily	Every 4 hrs PRN
<b>Route</b>	IV	IV	Nebulizer	Transdermal	PO
<b>Classification</b>	Pharmacologic: Fluoroquinolone Therapeutic: Antibiotic	Pharmacologic: Glucocorticoid Therapeutic: Immunosuppressant	Pharmacologic: Adrenergic Therapeutic: Bronchodilator	Pharmacologic: Nicotinic agonist Therapeutic: Smoking cessation adjunct	Pharmacologic: Nonsalicylate, para-aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic
<b>Mechanism of Action</b>	“Interferes with bacterial cell replication by inhibiting the bacterial enzyme DNA gyrase, which is essential for repair and replication of bacterial DNA” (Drug Handbook, 2020, p. 692).	“Binds to intracellular glucocorticoid receptors and suppresses inflammatory and immune response by inhibiting neutrophil and monocyte accumulation at inflammation site and suppressing phagocytic and bacterial activity, stabilizing lysosomal membranes, suppressing antigen response of macrophages and helper T cells, and inhibiting synthesis of inflammatory response mediators” (Drug Handbook, 2020, p. 1027).	“Albuterol attaches to beta2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert ATP to cAMP. This decreases intracellular calcium levels and also increases intracellular levels of cAMP. Together these effects relax bronchial smooth muscle cells and inhibit histamine release” (Drug Handbook, 2020, p. 31)	“ Binds selectively to nicotinic-cholinergic receptors at autonomic ganglia, in the adrenal medulla. By providing lower dose of nicotine than cigarettes, this drug reduces nicotine craving and withdrawal symptoms” (Drug Handbook, 2020, p. 875).	“Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation into the peripheral nervous system. Also acts directly on temperature-regulating center in hypothalamus by inhibiting synthesis of prostaglandin E2” (Drug Handbook, 2020, p. 10).
<b>Reason Client</b>	Exacerbations	COPD	Bronchospasm	Nicotine	Pain

<b>Taking</b>	of COPD			Craving Pt is a smoker	
<b>Contraindications (2)</b>	Hypersensitivity to levofloxacin; Myasthenia Gravis (Drug Handbook, 2020).	Hypersensitivity to prednisone ; systemic fungal infection (Drug Handbook, 2020).	Hypersensitivity to albuterol or its components (Drug Handbook, 2020)	Hypersensitivity to nicotine; nonsmoker (Drug Handbook, 2020)	Hypersensitivity to acetaminophen, severe hepatic impairment, severe active liver disease (Drug Handbook, 2020)
<b>Side Effects/Adverse Reactions (2)</b>	Increased intracranial pressure; Acute renal failure	GI bleeding; seizures	Pulmonary edema, Angina	Dream disturbance; Dry mouth	Thrombocytopenia ; Leukopenia

**Medications Reference (APA):** 2020 Nurses drug handbook. (2020). Burlington, MA: Jones & Bartlett Learning.

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>Pt was awake and alert                  Pt was A+O x 2 (pt knew name, DOB, didn't know the hospital they were at) Pt states they were just to tired to answer questions                  Pt wasn't in any distress                  Pt was well groomed and dressed appropriately</p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Type:</b></p>	<p>Pt skin color was more on the daker tone                  Pt skin was dry and itchy d/t medicine allergic reaction                  N/A normal skin temperature is warm                  N/A normal skin turgor is supposed to return back to its normal state less than 2 seconds                  No rashes                  Looked like there was bruises on his right arm, but pt did have tattoos on his arm. It was hard to see in the video                  Pt did injury/cut his right arm half way through the video                  Chest tube 20cm, water sea drain                  IV in left wrist, flushes well</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>Head and Neck looked symmetrical in video                  N/A normal ears= no discharge, pearly grey tympanic membrane, ears symmetrical                  N/A. Pt did wear glasses Normal eyes= no discharge, conjunctiva isn't red or swollen, sclera is white                  N/A normal nose= looking for polyyps, turbinate's, nasal deviated septum, symmetry, swelling, redness                  N/A normal teeth= good hygiene, no cavities, mucous membrane, missing teeth?</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p>Nurse did not assess the heart sounds in the video but normal heart sounds are S1 and S2. You are listening for Lub and Dub. You do not want to hear S3 and S4 gallops or murmurs.                  N/A check carotid, radial, brachial, femoral, dorsalis pedis, and posterior tibial pulses. Pulses should be strong and steady                  N/A Capillary refill blanched nail should return back to normal in less than 2 seconds                  No neck vein distention or edema that I saw in the video. It was also not states</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Pt was in the tripod position leaning over the table                  Pt breath sounds were diminished in the base of the lungs. Occasionally hear bronchi with wheezing in anterior and posterior upper lobes. Nurse heard crackles in the lungs when she first assessed the pt</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b></p>	<p>Scenario did not state pt diet at home                  Pt was NPO at the beginning of the video. During the video pt diet changed to soft</p>

<p><b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>          <b>Distention:</b>          <b>Incisions:</b>          <b>Scars:</b>          <b>Drains:</b>          <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Type:</b></p>	<p>173cm          71kg          Nurse did not asses the bowel sounds. Normal= you should be able to hear bowel sounds that means they are active. You listen for gurgling sounds for at least five minutes until sound is heard          Video did not state pt last BM          N/A Normal Palpation= pt should feel no pain, belly should be soft and not tender, and no mass          No distention          No incisions          No scars          No drains          No wounds          No ostomy          No Nasogastric          No feeding tubes</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Type:</b>          <b>Size:</b></p>	<p>Pt urine is yellow          Pt urine is clear          Voiding a normal amount          Video did not say but there should be no pain with urination            Did not inspect genitals should not see any redness, swelling, masses, excessive discharge          No catheter</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>In the video the pt had good range of motion in the upper body. I did not see the pt get out of bed to see lower ROM. To test ROM we can ask pt to preform abduction and adduction of body parts.          Pt does have glasses, scenario did not state any supporting devices nor did I see any in pt room.          To test strength, ask pt to grab both of your hand, see if the grip and strength is equal in both hands          Pt may need assistance with the equipment because the pt does have an IV pole          I did not see the pt get out of bed during the scenario. This does not mean the pt isn't independent, he could be. Since the pt does have an IV pole I would say needs assistance with equipment.</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/></p>	<p>MAEW means moves all extremities well did not assess in video. I did not see pt get out of bed so I cannot determine MAWE          PERLA stands for Pupils Equal and Reactive to Light and Accommodation. Nurse did not asses for this in video. Use pen light to determine if pupils reactive to</p>

<b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	light they will constrict. A+Ox2 Mental status would be adult Speech is clear N/A normal sensory is where the pt can feel your touch. See if there is numbness
<b>PSYCHOSOCIAL/CULTURAL:</b> <b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	Pt is not coping well with the death of his wife Pt is mature N/A video did not state religion preferences Pt lives alone after his wife died. Pt lives in a house. Daughter does help out a lot.

**Vital Signs, 1 set (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1220	96	144/92	24	37.3 (C)	93%

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
1220	0	Chest	No pain	N/A	N/A

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
480 mL	250 mL
125 mL	300 mL

325 mL	320 mL
460 mL	350 mL
180 mL	Total: 1,220mL
Total: 1,570 mL	

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

<b>Nursing Diagnosis</b> <ul style="list-style-type: none"> <li>Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<b>Rational</b> <ul style="list-style-type: none"> <li>Explain why the nursing diagnosis was chosen</li> </ul>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b> <ul style="list-style-type: none"> <li>How did the patient/family respond to the nurse’s actions?</li> <li>Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<b>1.</b> Ineffective airway clearance related to bronchospasm as evidence by difficulty breathing	Bronchospasm and secretion in which the pt both have make the airway a lot smaller and not clear for air to move through.	<b>1.</b> Place pt in tripod position lean forward over a table supporting weight with elbows  <b>2.</b> Encourage pursed lip breathing	Pt was in tripods position in the video. This helped the pt with their labored breathing.
<b>2.</b> Ineffective breathing pattern related to ineffective inspiration and expiration as evidence by pt respiration rate being 24 and lungs sounds	Pt has been coughing up thick greenish yellow sputum. Breath sounds are becoming diminished and wheezing and crackles were heard. These are effecting the pt respirations.	<b>1.</b> Asses respiration rate and breath sounds every 2 hours to notice any changes  <b>2.</b> Place pillow over chest wall for comfort when coughing	The nurse in the video was assessing the lung sounds and respirations rate quite often.

were heard as wheezing and crackles.			
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**Other References (APA):**

**Concept Map (20 Points):**

### Subjective Data

### Nursing Diagnosis/Outcomes

- 1. Ineffective airway clearance related to bronchospasm as evidenced by difficulty breathing
  - a. Pt was in tripod position in the video; This helped the pt with their labored breathing
- 2. Ineffective breathing pattern related to ineffective inspiration and expiration as evidenced by pt respiration rate being 24 and lungs sounds were heard as wheezing and crackles.
  - a. The nurse in the video was assessing the lung sounds and respirations rate quite often.

Pt states, "I have no pain"  
 Pt states, "I have pain on my side. It is hard to take a deep breath in."  
 Daughter states, "My father is complaining of itchy skin and it is dry"  
 Pt states, "I am just too tired"

### Objective Data

### Patient Information

### Nursing Interventions

- 1. Place pt in tripod position lean forward over a table supporting weight with elbows
- 2. Encourage pursed lip breathing
- 3. Assess respiratory rate and breath sounds every 2 hours to note any changes
- 4. Place pillow over the chest wall for comfort when coughing

BP: 141/92  
 RR: 24  
 T: 37.3 (C)  
 Pt is a 66 year old male. Admitted to the hospital by the daughter. The daughter found him unconscious on the floor where he lives alone. Pt has exacerbations of COPD and pneumonia.  
 O2: 93%  
 Output: 220ml  
 Sputum yellow greenish  
 Urine clear and yellow





