

N321 Care Plan # 1

Lakeview College of Nursing

Name:

Princess Anne Hernandez

**Demographics (3 points)**

<b>Date of Admission</b> 01/19/2021	<b>Patient Initials</b> G.S.	<b>Age</b> 65 years old	<b>Gender</b> Female
<b>Race/Ethnicity</b> White/Caucasian	<b>Occupation</b> Unemployed	<b>Marital Status</b> Single	<b>Allergies</b> Penicillin- hives/ rashes (mild)
<b>Code Status</b> Full code	<b>Height</b> 5'10"	<b>Weight</b> 463 lbs.	

**Medical History (5 Points)**

**Past Medical History:** Patient has history of chronic persistent atrial fibrillation, chronic congestive heart failure, hypertension, hyperlipidemia, hypothyroidism, and chronic lymphedema.

**Past Surgical History:** Patient stated she had cesarian section and hysterectomy. The date was not noted.

**Family History:** Patient stated her mother had hypertension and father does not have any known disease.

**Social History (tobacco/alcohol/drugs):** Patient denies any past or current tobacco and smokeless tobacco use. Patient denies current alcohol consumption. Patient denies any use recreational drug or substance use.

**Assistive Devices:** Patient have a rolling walker used for ambulation and wheelchair for community mobility.

**Living Situation:** Patient lives alone with her dog

**Education Level:** Patient has high-school diploma.

### **Admission Assessment**

**Chief Complaint (2 points):** Shortness of breath

**History of present Illness (10 points):** The patient went to ER on January 19, 2021, to have her lower leg wrap because of chronic lymphedema. In the ER, she stated she has shortness of breath and a cough that has been ongoing for 2 days. She gets shortness of breath when lying flat on the bed, requires more pillow when laying down and notice she easily gets exhausted. She is not experiencing any chest pain, nausea, and vomiting. Upon examining, her oxygen saturation was 88% or less in room air, and a chest x-ray showed opacity resulting in her being admitted to the ward.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Pneumonia

**Secondary Diagnosis (if applicable):** Acute respiratory failure

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

Pneumonia is defined as infection that inflames air sacs in one or both lungs, which may fill with fluid. It is most commonly caused by the inhalation of droplets containing bacteria or other pathogens. The droplet enters the upper airway, then the lung tissue, which the pathogen sticks to the respiratory epithelium and causes inflammation of the lung (Capriotti, 2020). With the lungs inflamed, lung tissue becomes edematous, and air space fills with exudate, gas exchange cannot occur, and nonoxygenated blood is pushed into the vascular system (Swearingen & Wright, 2019). With that happening, the patient can become hypoxic and hypercapnic with an obstructed exchange of oxygen and carbon dioxide at the pulmonary capillaries (Capriotti, 2020). Some general signs and symptoms of pneumonia are productive or nonproductive cough, increased sputum production, fever, pleuritic chest pain, dyspnea, chills,

headache, and myalgia. Some of the general physical assessment findings are dullness on percussion, use of accessory muscle for respiration, tachypnea, tachycardia, and decreased breath sounds (Swearingen & Wright, 2019).

To diagnose pneumonia, a chest x-ray is the most important tool in diagnosing pneumonia. CBC with differential will suggest either bacterial or viral infection. Pulse oximetry can demonstrate the oxygenation. Sputum culture and sensitivity can exhibit organism and antibiotic susceptibility (Capriotti, 2020)

The patient present to the ER with experiencing shortness of breath and cough for 2 days. Vital signs were checked, and her oxygen saturation was 88 and less in room air. Chest x-ray, rapid COVID-19 test, and labs for CBC, CMP, and many more were ordered. Chest x-ray results showed increased density and ground-glass opacity in the lung fields, which might relate to pneumonia. The rapid COVID-19 test was negative. The lab showed BNP was 346, INR was 2.48. She was given Decadron 10 mg for her shortness of breath, oxygen 3 L/min nasal cannula in ED, which increased her saturation to 90%, and was admitted to the ward for observation.

### **Pathophysiology References (2) (APA):**

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

**Laboratory Data (15 points)**

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.0-5.5 10 <sup>6</sup> /uL	4.36	3.83	Low RBC is associated with people who are taking blood-thinners medication (Cleveland Clinic, 2018) Patient is taking warfarin.
Hgb	12.0-18.0 g/dL	11.8	10.5	Low Hgb is associated with the body producing fewer red blood cells than usual (Mayo Clinic, 2020) The patient RBC lab value shows a low value of 3.83.
Hct	37.0-52.0%	40.5	36.5	Low Hct means there is an insufficient supply of healthy red blood cells (Mayo Clinic, 2020). The patient RBC lab value show a low value of 2.83
Platelets	150-400 10 <sup>3</sup> /uL	196	188	
WBC	4.1-10.9 10 <sup>3</sup> /uL	5.2	6.2	
Neutrophils	45.3-79	68.6	63	
Lymphocytes	11.8-45.9	19.2	25.9	
Monocytes	4.4-12.0	10.2	10.1	
Eosinophils	0.0-6.3	0.8	0.2	
Bands	0	N/A	N/A	

N/A: not done at all

**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 mEq/L	143	143	
K+	3.5-5.0 mEq/L	3.8	3.9	
Cl-	98-106 mEq/L	103	98	
CO2	23-30 mEq/	28	36	Elevated carbon dioxide is

	L			associated with lung disease and difficulty breathing (MedlinePlus, 2020). This patient presented with shortness of breath and was diagnosed with pneumonia
<b>Glucose</b>	<b>70-110 mg/dL</b>	<b>114</b>	101	Elevated glucose is can be associated with acute stress response (Pagana et al., 2020) This patient is having shortness of breath, which can cause her to have anxiety and stress.
<b>BUN</b>	<b>6-20 mg/dL</b>	16	14	
<b>Creatinine</b>	<b>0.5-1.1 mg/dL</b>	0.77	0.80	
<b>Albumin</b>	<b>3.5-5 g/dL</b>	4.2	-	
<b>Calcium</b>	<b>8.6-10 mg/dL</b>	8.8	-	
<b>Mag</b>	<b>1.3-2.1 mg/dL</b>	N/A	N/A	
<b>Phosphate</b>	<b>2.5-4.5 mdg/dL</b>	N/A	N/A	
<b>Bilirubin</b>	<b>0.1-1.4 mg/dL</b>	1.1	-	
<b>Alk Phos</b>	<b>30-120 U/L</b>	81	-	
<b>AST</b>	<b>10-30 U/L</b>	15	-	
<b>ALT</b>	<b>10-40 U/L</b>	11	-	
<b>Amylase</b>	<b>60-120 U/L</b>	N/A	N/A	
<b>Lipase</b>	<b>0-160 U/L</b>	N/A	N/A	
<b>Lactic Acid</b>	<b>0.6-2.2 mmol/L</b>	1.39	-	

- Labs were not taken again

N/A: not done at all

**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	2-3	2.49	3.11	Elevated INR can happen on patient taking warfarin (MedlinePlus, 2020) Patient is taking warfarin daily.
PT	9.5-11.3	27.9	33.3	Elevated PT can happen on patient taking warfarin (MedlinePlus, 2020) Patient is taking warfarin daily.
PTT	30-40	40	-	
D-Dimer	<250 ng/mL	<100	-	
BNP	<100 pg/mL	368.40	179.10	Elevated BNP are also associated noncardiac condition including lung problems (MedlinePlus, 2018). The patient was diagnosed with pneumonia and acute respiratory failure.
HDL	>55 mg/dL	N/A	N/A	
LDL	<130 mg/dL	N/A	N/A	
Cholesterol	<200 mg/dL	N/A	N/A	
Triglycerides	40-180 mg/dL	N/A	N/A	
Hgb A1c	<7%	N/A	N/A	
TSH	0.5-43 ng/mL	1.56	-	

- Labs were not taken again

N/A: not done at all

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	-	-	
pH	4.6 - 8.0	-	-	
Specific Gravity	1.0005-1.03	-	-	
Glucose	Negative	-	-	
Protein	0-8 mg/dL	-	-	

<b>Ketones</b>	<b>Negative</b>	-	-	
<b>WBC</b>	<b>0-4</b>	-	-	
<b>RBC</b>	<b>0-2</b>	-	-	
<b>Leukoesterase</b>	<b>Negative</b>	-	-	

- No urinalysis was done for the patient.

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

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	<b>Negative</b>	-	-	
<b>Blood Culture</b>	<b>Negative</b>	-	-	
<b>Sputum Culture</b>	<b>Negative</b>	-	-	
<b>Stool Culture</b>	<b>Negative</b>	-	-	

- No culture was done

**Lab Correlations Reference (1) (APA):**

Mayo Foundation for Medical Education and Research (2020). Mayo Clinic.

<https://www.mayoclinic.org/>.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (15th ed.). Elsevier.

U.S. National Library of Medicine. (2020). *Health Information from the National Library of Medicine*. MedlinePlus. <https://medlineplus.gov/>.

### Diagnostic Imaging

**All Other Diagnostic Tests (5 points):** Chest X-ray

**Diagnostic Test Correlation (5 points):**

- **Chest X-Ray: 01/19/2021**

**Indication:** The patient reported having shortness of breath for the last 2 days. Due to this, a chest X-ray was ordered to determine whether the patient has heart problems, a collapsed lung, pneumonia, broken ribs, emphysema, or any of several other conditions.

**Result:** Heart size appears mildly enlarged. In the lung area, there is an increased cloudy appearance in the medial aspect of the right lung base, suprahilar region of the lungs, and possibly the left lung base's retrocardiac aspect. There is also a ground-glass density in the lung noted.

- **Chest X-ray: 01/21/21**

**Indication:** Patient increase shortness of breath and was diagnose with pneumonia.

**Result:** Heart size appears mildly enlarged. Lung fields show mild prominence of the vascular marking indicates possible mild congestion. The cloudy appearance in the right medial aspect of the base of the lungs appears to be improving. Scattered ground-glass densities were seen in the lung fields that relate to pneumonia.

**Diagnostic Test Reference (1) (APA):**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (15th ed.). Elsevier.

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

**Home Medications (5 required)**

<b>Brand/ Generic</b>	atorvastatin	digoxin	gabapentin	warfarin	metoprolol tartrate
<b>Dose</b>	10 mg	250 mcg	300 mg	4 mg	100 mg
<b>Frequency</b>	1x night	1x daily	3x daily	1x daily	1x night
<b>Route</b>	PO	PO	PO	PO	PO
<b>Classification</b>	Antihyperlipidemic	antiarrhythmic	anticonvulsant	Anticoagulant	antihypertensive
<b>Mechanism of Action</b>	Reduce plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver.	Increase the force and velocity of myocardial contraction, resulting in positive inotropic effect.	It prevents exaggerated response to painful stimuli and pain-related response to normally innocuous stimulus.	Interferes with liver's ability to synthesize vitamin K-dependent clotting factors, depleting clotting factor II, VII, IX and X. This interferes with clotting cascade.	Inhibits stimulation of beta <sub>1</sub> -receptor sites, located mainly in the heart resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand.
<b>Reason Client Taking</b>	To control lipid level	To control ventricular response rate in chronic atrial fibrillation	For pain	To prevent pulmonary embolism	To manage hypertension
<b>Contraindications (2)</b>	Active hepatic disease; Hypersensitivity to atorvastatin or its component	Hypersensitivity to digoxin or its component; History or presence of digitalis toxicity	Hypersensitivity to gabapentin or its components; Chronic kidney disease	Bleeding or bleeding tendencies' Hypersensitivity to warfarin or its components	Acute heart failure; Hypersensitivity to metoprolol or its components
<b>Side Effects/Adverse</b>	Headaches Weakness	Confusion syncope	Agitation Chills	Weakness Loss of	Confusion Headache

<b>se Reactions (2)</b>				consciousness	
<b>Nursing Considerations (2)</b>	Use atorvastatin cautiously in people who consume substantial quantities of alcohol or has history of liver disease because it can increase risk of liver dysfunction. It should not be used in people taking cyclosporine, gemfibrozil, tipranavir plus ritonavir because of high risk for rhabdomyolysis with acute renal failure.	Monitor patient closely for sign of digitalis toxicity such as altered mental status, nausea, vision disturbance. Monitor serum potassium level regularly because hypokalemia predisposes to digitalis toxicity and serious arrhythmias.	Gabapentin capsule may be opened and mixed with applesauce, fruit juice, pudding, or water before administration. Do not exceed 12 hours between doses on a three-times-a-day schedule.	Monitor INR and assess for therapeutic effect as prescribed. Monitor patient for persistent, severe, sudden, or unusual sign and symptoms as warfarin therapy may cause many adverse reactions including calciphylaxis, calcification of blood vessel and skin necrosis	Use cautiously in patient with angina or hypertension who congestive heart failure because beta blocker such as metoprolol can further depress myocardial contractility worsening heart failure. Before starting therapy for heart failure, expect to give an ACE inhibitors, digoxin, and a diuretic to stabilize patient.

**Hospital Medications (5 required)**

<b>Brand/ Generic</b>	levothyroxine	sertraline	Acetaminophen	Furosemide	ondansetron
<b>Dose</b>	175 mcg	25 mg	650 mg	40 mg	4 mg
<b>Frequency</b>	1 x daily	1x daily	PRN every 8 hours	Every 12 hours	PRN every 6 hours
<b>Route</b>	PO	PO	PO	IV	IV

<b>Classification</b>	Thyroid hormone replacement	antidepressant	Non opioid analgesic, antipyretic	Antihypertensive, diuretic	Antiemetic
<b>Mechanism of Action</b>	Replace endogenous thyroid hormone then work by binding to thyroid receptor proteins contained within the cell nucleus.	Inhibit reuptake of the neurotransmitter serotonin by CNS neuron which increase the amount of serotonin available in nerve synapses	Block prostaglandin production and interfere with pain impulses in PNS	Inhibits sodium and water reabsorption in the loop of Henle and increase urine formation	Reduce nausea and vomiting by preventing serotonin in the small intestine.
<b>Reason Client Taking</b>	Hypothyroidism	anxiety	Pain or fever	To reduce edema	Nausea and vomiting
<b>Contraindications (2)</b>	Acute MI Untreated thyrotoxicosis	Hypersensitivity to sertraline or its components; concurrent use of disulfiram or pimozone	Hepatic impairment Liver disease	Anuria Hypersensitivity to furosemide or its components	Hypersensitivity to ondansetron and its component; Congenital long QT syndrome
<b>Side Effects/Adverse Reactions (2)</b>	Anxiety Headache	Confusion Drowsiness	Nausea Hepatotoxicity	Fever vertigo	Agitation anxiety
<b>Nursing Considerations (2)</b>	It is not used for treatment of obesity or for weight loss. Monitor PT of patient who is receiving anticoagulant, might require dosage adjustment	Monitor level enzyme and BUN and serum creatinine level in patient with hepatic dysfunction. Monitor for hypo-osmolality of serum and urine and for hyponatremia	Use cautiously in patient with hepatic impairment, alcoholism, or severe renal impairment. Be aware that Pediapren is a concentrated form of	Be aware that patient who are allergic to sulfonamide may be also allergic to furosemide. Obtain patient weight before and periodically during furosemide therapy to monitor fluid	Monitor closely for sign and symptoms of hypersensitivity to ondansetron including anaphylaxis. Dilute drug in 50 ml of D5W or normal saline solution when

		a.	acetaminophen containing 80mg/0.8ml	loss.	indicated.
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**Medications Reference (1) (APA):**

Jones & Bartlett Learning. (2020). *2020 Nurse’s drug handbook* (19<sup>th</sup> ed.). Burlington, MA.

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL (1 point):</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	Patient is aware alert and oriented X4 person, place, time, and situation. No acute distress. Well-groomed, well-developed, well-nourished
<b>INTEGUMENTARY (2 points):</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> 17 <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	Normal for race Dry/Normal Warm Normal Turgor No noted rashes No noted bruises No noted wounds
<b>HEENT (1 point):</b> <b>Head/Neck:</b>  <b>Ears:</b> <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b>	Head and Neck symmetrical. No lesions or rashes noted. No lesion or rashes. Sclera was white, cornea was clear, conjunctiva was pink with no lesions or discharge noted. Septum midline. No drainage or bleeding noted. Good dentition overall
<b>CARDIOVASCULAR (2 points):</b> <b>Heart sounds:</b>	S1, S2 Clear with no murmur. No friction rubs or

<p><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 checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Location of Edema:</b> Bilateral lower extremities.</p>	<p>gallop.                  Normal rate and rhythm                  Pulses are palpable and 2+ bilaterally.                  &lt;3 second</p>
<p><b>RESPIRATORY (2 points):</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Decreased breath sounds bilateral. Respiratory rate ranges between 15-22. No wheeze or crackle. Reports shortness of breath and cough. The patient was on oxygen 2 L/min nasal cannula when being assessed (01/21/2021).</p>
<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home:</b>  <b>Current Diet</b>   <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>Normal diet at home                  Cardiac diet (2 grams of sodium). Fluid restriction of 1200 mL                  5'10''                  463 lbs.                  Bowel sound normal                  Today (01/21/2021)                  No tenderness, mass, or pain, and guarding. Soft and non-distended                   No noted distention                  No noted incision                  No noted scars                  No noted drains                  No noted wounds</p>
<p><b>GENITOURINARY (2 Points):</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 checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>Yellow                  Clear                  1000 mL (output: foley)                   No genital abnormalities noted.</p>

<p><b>Type:</b> Foley <b>Size:</b> 16</p>	<p>Catheter was inserted on 01/19/2021</p>
<p><b>MUSCULOSKELETAL (2 points):</b> <b>Neurovascular status:</b> <b>ROM:</b> <b>Supportive devices:</b> <b>Strength:</b>  <b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Fall Score:</b> 50  <b>Activity/Mobility Status:</b> <b>Independent (up ad lib)</b> <b>Needs assistance with equipment</b> <b>Needs support to stand and walk</b></p>	<p>The patient is alert and oriented. The range of motion bilaterally is within the functional limit. The patient used a rolling walker for ambulation and a wheelchair for community mobility. The patient has generalized weakness on the bilateral legs and some weakness on the left arm.  The patient is having a hard time wearing and removing socks. She cannot lift her legs, so she cannot shower because she cannot get over the tub wall. She does complete sponge every day.  Needs 1-2 assistance. She needs a walker when walking.</p>
<p><b>NEUROLOGICAL (2 points):</b> <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Strength Equal:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input checked="" type="checkbox"/> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b></p>	<p>The patient has generalized weakness on bilateral legs and left arm. Oriented to person, time, place, and situation. Negative for altered mental status. Normal speech Normal sensory Alert</p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</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></p>	<p>While at the facility, she likes watching tv and talking to people. She enjoys cooking and caring for her dog. Appropriate for her age. No deficit noted. Patients identify her religion as Catholic. She believes in God and has faith. The patient just moved into the area 3 months ago. She lives alone with her dog. Her son lives across her house. Patient report her son comes over to her home 2-3 times week to help her with more complicated housekeeping task.</p>

**Vital Signs, 2 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1300	75	124/60 Semi-Fowler Left forearm	22	97.0 F Oral	90% 2 L/min nasal cannula
1700	67	137/72 Semi-Fowler Left forearm	15	97.7 Oral	95% 2 L/min nasal cannula

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
1300	Numeric scale 0/10	Patient denies any pain	Patient denies any pain	Patient denies any pain	No intervention implemented
1700	Numeric scale 0/10	Patient denies any pain	Patient denies any pain	Patient denies any pain	No intervention implemented

**IV Assessment (2 Points)**

IV Assessment	Fluid Type/Rate or Saline Lock
<b>Size of IV:</b> 22 gauge <b>Location of IV:</b> Right forearm <b>Date on IV:</b> 01/21/2021 <b>Patency of IV:</b> Patent Signs of erythema, drainage, etc.: No sign of erythema, drainage, swelling or tenderness. <b>IV dressing assessment:</b> Dry and intact	N/a

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
Water- 210 mL  Lunched: Consumed 100%	Urine (foley)- 1000 mL

## Nursing Care

### Summary of Care (2 points)

**Overview of care:** Patient was admitted on 01/19/2021 due to shortness of breath. Chest x-ray was done on ER. Patient oxygen saturation of 88 and less on room air. She was placed in oxygen 3 L/min nasal cannula which raise her oxygen saturation to 90%

**Procedures/testing done:** Patient had chest x-ray, rapid covid test, several labs including CMP, CBC, INR, D-dimer

**Complaints/Issues:** She was having shortness of breath for the last 2 days before admission.

**Vital signs (stable/unstable):** Blood pressure, pulse, respiration, temperature are stable. Patient oxygen saturation is between 90-95% in oxygen of 2 L/min nasal cannula.

**Tolerating diet, activity, etc.:** Patient can perform activities as tolerated. Patient requires 1-2 assistance when standing up and needs walker when ambulating. The patient should follow a heart healthy diet.

**Physician notifications:** Notify primary care provider of diagnosis.

**Future plans for patient:** Patient will be discharge home with son and receive follow-up care from her primary care provider. She will need weekly wrapping up for her chronic lymphedema.

### Discharge Planning (2 points)

**Discharge location:** Patient will discharge home with son.

**Home health needs (if applicable):** No home health needs necessary at this time

**Equipment needs (if applicable):** Patient will have an evaluation for home oxygen therapy before discharge.

**Follow up plan:** Patient will have follow-up appointment with their primary care provider.

**Education needs:** Patient might need education on home oxygen therapy.

- How to effectively use oxygen.
- When to use it.
- Safety and precautions needed to know.

**Nursing Diagnosis (15 points)**

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

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<p><b>Rational</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Intervention (2 per dx)</b></p>	<p><b>Evaluation</b></p> <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>
<p>1. Ineffective airway clearance related to pneumonia as evidence by infiltrates seen on chest x-ray.</p>	<p>Patient reports having cough and shortness of breath for the last 2 days before admission.</p>	<ol style="list-style-type: none"> <li>1. Elevate head of bed and change position frequently.</li> <li>2. Monitor pulse oximetry reading and report O2 saturation of 90 or less.</li> </ol>	<p>During the stay in the hospital, the patient is usually in a semi-Fowler position. The goal is to provide her comfort and promote better lung expansion and gas exchange. Patients understand the importance of monitoring pulse oximetry hourly. The goal is to maintain oxygen saturation 90% or greater. If below, may initiate oxygen therapy.</p>
<p>2. Impaired Gas exchange related to congestion of lung fields evidence by O2 saturation of 86 and less on room air.</p>	<p>Patient presented to the ER with shortness of breath and diminished breath sounds.</p>	<ol style="list-style-type: none"> <li>1. Assess mental status, restlessness, and changes in the level of consciousness.</li> <li>2. Administer oxygen therapy when necessary.</li> </ol>	<p>The patient's mental status is stable. Always check for confusion, restlessness, and irritation that may reflect in hypoxemia. The goal is to monitor optimal gas exchange and avoid hypoxemia. The patient uses oxygen therapy when necessary and or below 90% oxygen saturation. The</p>

			goals are to improved oxygenation and maintain optimal gas exchange.
3. Activity intolerance secondary to pneumonia related to exhaustion associated with an interruption in usual sleep pattern, because of dyspnea evidence by a verbal report of exhaustion.	Patient cannot lay on the bed flat and requires more pillow because of shortness of breath. She reports being easily exhausted.	<ol style="list-style-type: none"> <li>1. Assist patient to assume comfortable position for rest and sleep.</li> <li>2. Allow at least 90 minutes between activities for undisturbed rest.</li> </ol>	<p>The patient asks for help in getting a comfortable position when resting or getting ready to sleep.                      Goal: Patient will demonstrate an increase in activity tolerance without exhaustion and shortness of breath before discharge                      Patients understand to take 90 minutes to rest between activities.                      The goal is to minimize patient exhaustion and helps balance oxygen supply and demand before discharge.</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*. Elsevier.

Vera, M., (2020, May 13). *1,000+ Nursing Care Plans: The Ultimate Guide and Database for Free*. Nurselabs. from <https://nurseslabs.com/nursing-care-plans/>

**Concept Map (20 Points):**

**Subjective Data**

Patient report having shortness of breath and cough for the last 2 days.  
She cannot lay flat on the bed because she experiences shortness of breath and requires more pillow when sleeping for the last 2 days.  
Reports being easily exhausted.

Ineffective airway clearance related to pneumonia as evidence by infiltrates seen on chest x-ray.  
Outcome: During the stay in the hospital, the patient is usually in a semi-Fowler position. The goal is to provides her comfort and promote better lung expansion and gas exchange.  
Patients understand the importance of monitoring pulse oximetry hourly. The goal is to maintain oxygen saturation 90% or greater. If below, may initiate oxygen therapy.  
Impaired Gas Exchange related to congestion of lung fields evidence by O2 saturation of 86 and less on room air.  
Outcome: The patient's mental status is stable. Always check for confusion, restlessness, and irritation that may reflect in hypoxemia. The goal is to monitor optimal gas exchange and avoid hypoxemia.  
The patient uses oxygen therapy when necessary and or below 90% oxygen saturation. The goals are to improved oxygenation and maintain optimal gas exchange.  
Activity intolerance secondary to pneumonia related to exhaustion associated with an interruption in usual sleep pattern because of dyspnea evidence by a verbal report of exhaustion.  
Outcome: Patients ask for help in getting a comfortable position when resting or getting ready to sleep.  
Goal: Patient will demonstrate an increase in activity tolerance without exhaustion and shortness of breath before discharge  
Patients understand to take 90 minutes to rest between activities.  
The goal is to minimize patient exhaustion and helps balance oxygen supply and demand before discharge.

**Objective Data**

Pulse oximetry: 88 and less in room air (ER)  
Chest x-ray showed scattered ground-glass opacity.  
Increased CO2 on 01/21/2021: 36  
BNP: 364

**Patient Information**

Patient is 65 years old morbidly obese admitted for shortness of breath. She has prior history of chronic persistent atrial fibrillation, chronic congestive heart failure, hypertension, and chronic lymphedema.

**Nursing Interventions**

1. Elevate head of bed and change position frequently.
2. Monitor pulse oximetry reading and report O2 saturation of 90 or less.
3. Assess mental status, restlessness, and changes in the level of consciousness.
4. Administer oxygen therapy when necessary.
5. Assist the patient to assume a comfortable position for rest and sleep.
6. Allow at least 90 minutes between activities for undisturbed rest.





