N321 Care Plan #2

Lakeview College of Nursing

Bryson Cutts

Demographics (3 points)

Date of Admission 02/08/2021	Patient Initials BN	Age 74	Gender F
Race/Ethnicity White	Occupation Retired	Marital Status Divorced	Allergies Linzess (reaction N/A)
Code Status DNR	Height 167.6 cm	Weight 96.3 kg	

Medical History (5 Points)

Past Medical History: Tremors, anxiety, depression, BD, schizoaffective disorder, CAD, Atrial Fibrillation, HLD, GERD, HTN, morbid obesity, OSA

Past Surgical History: Pacemaker implantation

Family History: Mother (CVA), Father (MI)

Social History (tobacco/alcohol/drugs): Smoked ½ ppd for two days around the age of 18, drank 1400 mL of beer in one night; denies further use

Assistive Devices: Walker, glasses

Living Situation: Nursing home

Education Level: 12th grade, CNA certification

Admission Assessment

Chief Complaint (2 points): Chest pain related to nosocomial pneumonia

History of present Illness (10 points):

A 74-year-old female patient was admitted to the hospital on 02/08/2021 with complaints of chest pain. She became dyspneic with the episode. The chest pain was localized to right side of her thoracic cavity. She described the pain as persistently sharp and rated it as a 10/10 only lasting for one hour. She attempted to lie on her left side to relieve the pain, but there was no success. Nothing appeared to exacerbate the pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Nosocomial Pneumonia

Secondary Diagnosis (if applicable): N/A

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

The patient acquired pneumonia from the long-term care facility in which she resides. The primary diagnosis was pneumonia; however, there was no sputum culture done at the hospital. Perhaps, the provider at the nursing home diagnosed pneumonia. Then, the patient was admitted to the hospital with angina-like pain from the diagnosis due to a right-sided infection. Although, the pain was not from ischemia as typical anginal pain is. Pneumonia is most prevalent in cooler climates, as evidenced by the patient stating she acquired pneumonia from an opened window (Capriotti, 2020). Pneumonia is a droplet disease contracted via inhalation. The disease-causing agent's antigenic properties induce an inflammatory response within the alveoli, which involves neutrophilic circulation and excessive mucous secretion. The alveoli develop fluid within themselves, and they often cannot open properly (Capriotti, 2020). The gaseous exchange becomes insufficient, and a patient can become hypoxia and hypercapnic due to the inability to inspire and expire effectively.

Patients with pneumonia typically present with the most prominent symptom of a cough. The cough could be dry or productive, and in this patient's case, dry coughing was observed. Dyspnea, chest pain related to pleuritis, fever, tachycardia, tachypnea, and crackles upon auscultation are common findings. The patient's vital signs were stable outside of a slightly elevated systolic blood pressure. The gold standard for diagnosing pneumonia is a chest radiograph. However, a chest x-ray was not on record after the admission date. A complete blood

count (CBC) with differential will determine a bacterial or viral origin by revealing an elevation in corresponding granulocytes. The CBC with differential should be followed up with a sputum culture to figure out the exact organism (Capriotti, 2020). The patient's admission total white blood cell count was elevated. Ironically enough, a sputum culture was not on record for after the admission date. A computerized tomography angiogram was used to find a source for the chest pain experienced; mild infiltrates were found in the lower lobes of each lung.

It is imperative to figure out the organism causing pneumonia, so antibiotics or antiviral medications can be used depending on the source. The patient was given azithromycin to treat the disease. Azithromycin is frequently administered to patients with thoracic infections (Jones & Bartlett Learning, 2020). It is also essential to promote smoother respiratory functioning by elevating the head of the bed and administering oxygen if necessary. The patient did not appear distressed while lying supine and her oxygen saturation was close to 100%, so the former interventions did not play an important role in care. Antipyretics and analgesics like acetaminophen can be administered to break a potential fever while reducing pleuritic chest pain (Jones & Bartlett, 2020).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (2nd ed.). F.A. Davis Company.

Jones & Bartlett Learning. (2020). *2020 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett Learning.

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 (10^6/mcL)	3.80-5.41	4.42	4.17	N/A
Hgb (g/dL)	11.3-15.2	11.5	10.9	The patient's PMH, latest vitals at the time, and other laboratory values do not indicate hemoglobinemia.
Hct (%)	33.3-45.3	35.5	33.4	N/A
Platelets (K/mcL)	149-393	418	347	Platelet elevation can be associated with infection (Tirumala et al., 2021).
WBC (K/mcL)	4.0-11.7	14.5	7.8	The patient has an pneumonia infection (Sarah, 2020).
Neutrophils (%)	45.3-79.0	64.2	50.5	N/A
Lymphocytes (%)	11.8-45.9	23.7	34	N/A
Monocytes (%)	4.4-12.0	10.3	10.8	N/A
Eosinophils (%)	0-6.3	1	3	N/A
Bands (%)	0-5.1	N/A	N/A	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 Value
Na- (mmol/L)	136-145	141	N/A	N/A
K+ (mmol/L)	3.5-5.1	4	N/A	N/A
Cl- (mmol/L)	98-107	102	N/A	N/A
CO2 (mmol/L)	21-31	24	N/A	N/A

Glucose (mg/dL)	**74-109**	**103**	**N/A**	**N/A**
BUN (mg/dL)	**7-25**	**19**	**N/A**	**N/A**
Creatinine (mg/dL)	**0.70-1.30**	**0.88**	**N/A**	**N/A**
Albumin (g/dL)	**3.5-5.3**	**3.6**	**N/A**	**N/A**
Calcium (mg/dL)	**8.6-10.3**	**8.8**	**N/A**	**N/A**
Magnesium (mg/dL)	**1.6-2.5**	**1.6**	**N/A**	**N/A**
Phosphate (mg/dL)	**2.5-4.5**	**N/A**	**N/A**	**N/A**
Bilirubin (mg/dL)	**0.3-1.0**	**0.4**	**N/A**	**N/A**
Alk Phos (unit/L)	**34-104**	**102**	**N/A**	**N/A**
AST (U/L)	**10-30**	**19**	**N/A**	**N/A**
ALT (U/L)	**10-40**	**15**	**N/A**	**N/A**
Amylase (U/L)	**30-110**	**N/A**	**N/A**	**N/A**
Lipase (U/L)	**0-160**	**N/A**	**N/A**	**N/A**
Lactic Acid (mEq/L)	**0.5-2.2**	**N/A**	**N/A**	**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 (2-3 therapeutic)**	**N/A**	**N/A**	**N/A**
PT (seconds)	**9.5-11.8 (1.5-2.5 times therapeutic)**	**N/A**	**N/A**	**N/A**
PTT (seconds)	**30-40 (1.5-2.5 times therapeutic)**	**N/A**	**N/A**	**N/A**

D-Dimer (ng/mL)	**</= 250**	**N/A**	**N/A**	**N/A**
BNP (pg/mL)	**<100**	**N/A**	**N/A**	**N/A**
HDL (mg/dL)	**>60**	**N/A**	**N/A**	**N/A**
LDL (mg/dL)	**<130**	**N/A**	**N/A**	**N/A**
Cholesterol (mg/dL)	**<200**	**N/A**	**N/A**	**N/A**
Triglycerides (mg/dL)	**<150**	**N/A**	**N/A**	**N/A**
Hgb A1c (%)	**4-5.6**	**N/A**	**N/A**	**N/A**
TSH (mU/L)	**0.4-4**	**N/A**	**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	**Pale yellow-deep amber/ clear**	**N/A**	**Deep amber, clear (Observed in catheter container)**	**N/A**
pH	**5-8**	**N/A**	**N/A**	**N/A**
Specific Gravity	**1.005-1.034**	**N/A**	**N/A**	**N/A**
Glucose	**Normal**	**N/A**	**N/A**	**N/A**
Protein	**Negative**	**N/A**	**N/A**	**N/A**
Ketones	**Negative**	**N/A**	**N/A**	**N/A**
WBC	**Negative**	**N/A**	**N/A**	**N/A**
RBC	**0-5**	**N/A**	**N/A**	**N/A**
Leukoesterase	**0-5**	**N/A**	**N/A**	**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	**Negative**	**N/A**	**N/A**	**N/A**
Blood Culture	**Negative**	**N/A**	**N/A**	**N/A**
Sputum Culture	**Negative**	**N/A**	**N/A**	**The patient's primary diagnosis was pneumonia; however, there was no sputum culture applicable to this situation.**
Stool Culture	**Negative**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (APA):

Sarah Bush Lincoln Health Reference Guide. (2020). Sarah Bush Lincoln: Cerner. https://www.sarahbush.org/

Tirumala, V., Klemt, C., Xiong, L., Chen, W., Van den Kieboom, J., & Kwon, Y. (2021). Diagnostic utility of platelet count/Lymphocyte count ratio and platelet count/Mean platelet volume ratio in Periprosthetic joint infection following total knee arthroplasty. *The Journal of Arthroplasty*, *36*(1), 291-297. https://doi.org/10.1016/j.arth.2020.07.038

Diagnostic Imaging

All Other Diagnostic Tests (5 points): EKG, CTA Chest w/ contrast

Diagnostic Test Correlation (5 points):

EKG: NSR w/ 1st degree AVB, prolonged QT interval, anterolateral infarction

CTA Chest w/ contrast: mild infiltrates in lower lobes of lungs

Diagnostic Test Reference (APA):

Sarah Bush Lincoln Health Reference Guide. (2020). Sarah Bush Lincoln: Cerner.

https://www.sarahbush.org/

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/ Generic	**Irenka/ duloxetine**	**Ventalin HFA/albuterol**	**Melatonin/ melatonin**	**Aleve/ naproxen**	**Prep-Hem/ phenylephrine**
Dose	**90 mg/3 cap**	**90 mcg/inh (2 puffs)**	**10 mg/cap**	**500 mg**	**1 appl. as directed**
Frequency	**Daily**	**Q12H**	**HS**	**BID**	**1 application**
Route	**PO**	**INH**	**PO**	**PO**	**Topical**
Classification	**SSRI**	**Beta-2-adrenergic agonist**	**Sedative/hypnotic/ anxiolytic**	**NSAID**	**Vasopressor**
Mechanism of Action	**The exact mechanism of action in the treatment of anxiety, central pain inhibition, and depression**	**Activation of beta2-adrenergic receptors leads to the activation of adenylcyclase and to an increase in the intracellular**	**Melatonin regulates circadian rhythms such as the sleep-wake rhythm, neuroendocrine rhythms or body temperature cycles through its action on MT1 and MT2**	**The pharmacologic activity of this drug includes anti-inflammatory, analgesic, and**	**Directly stimulates alpha-adrenergic receptors and inhibits the intracellular enzyme adenyl cyclase,**

	are unknown; however, it is believed to be related to SNRI potentiation in the central nervous system (CNS). Treatment of incontinence in women is believed to be related to enhanced pudendal nerve stimulation via SNRI potentiation in the spinal cord, resulting in increased urethral closure during the storage phase of micturition.	**concentration of cyclic-3',5'-adenosine monophosphate (cyclic AMP). Increased cyclic AMP concentrations are also associated with the inhibition of release of mediators from mast cells in the airway. This drug relaxes the smooth muscle of all airways, from the trachea to the terminal bronchioles and acts as a functional antagonist to relax the airway irrespective of the spasmogen involved, thus protecting against all bronchoconstrictor challenges.**	**receptors. Ingestion of melatonin induces fatigue, sleepiness and a diminution of sleep latency.**	**antipyretic effects. The mechanism of action is not fully understood, but probably involves the inhibition of cyclooxygenase, thereby inhibiting prostaglandin synthesis.**	**which then inhibits cAMP causing arterial and venous constriction, increased PVR, and systolic BP.**
Reason Client Taking	**Anxiety, depression**	**OSA**	**OSA**	**Arthritis**	**Hemorrhoids**

Contraindications (2)	**Chronic liver disease, glaucoma**	**DM, HTN**	**Patients taking acetaminophen, patients taking clopidogrel**	**Asthma, rhinitis**	**CAD, VT**
Side Effects/Adverse Reactions (2)	**Seizures, aggression**	**Angina, muscle cramps**	**HA, dizziness**	**CVA, hepatitis**	**Bradycardia, dyspnea**
Nursing Considerations (2)	**Do not give with renal impairment, give cautiously with manic history**	**Use cautiously with cardiac disorders, monitor potassium levels**	**Instruct to take a bedtime, instruct to avoid driving**	**HF risk increases, may worsen HTN**	**Monitor for angina, monitor for HTN**

Hospital Medications (5 required)

Brand/ Generic	**Zithromax/ azithromycin**	**Xarelto/ rivaroxaban**	**Zocor/ simvastatin**	**primidone**	**Zetia/ ezetimibe**
Dose	**500 mg**	**20 mg/tab**	**20 mg/tab**	**50 mg/tab**	**10 mg/tab**
Frequency	**Daily**	**QPM**	**HS**	**HS**	**Daily**
Route	**IV**	**PO**	**PO**	**PO**	**PO**
Classification	**Macrolide antibiotic**	**Direct Factor Xa Inhibitor**	**HMG-CoA Reductase Inhibitor**	**Anticonvulsant**	**Cholesterol Absorption Inhibitor**

Mechanism of Action	**This drug binds to the 23S rRNA of the bacterial 50S ribosomal subunit to inhibit the transpeptidation/translocation step of protein synthesis and assembly of the 50S ribosomal subunit.**	**Through highly selective inhibition of direct factor Xa, rivaroxaban interrupts the intrinsic and extrinsic pathway of the blood coagulation cascade. This inhibits both thrombin formation and development of thrombi. Rivaroxaban does not inhibit thrombin (activated Factor II) and no effects on platelets have been demonstrated.**	**This 3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase inhibitor inhibits endogenous cholesterol production by competitive inhibition of HMG-CoA reductase. The HMG-CoA enzyme is responsible for catalyzing the conversion of HMG-CoA to mevalonate, an early rate limiting step in the pathway for cholesterol. Additiona**	**Both primidone and its two active metabolites, phenobarbital and phenylethylmalonamide (PEMA), have anticonvulsant activity. The specific mechanism of the antiepileptic activity has not been reported. Animal studies have reported that the drug raises electroshock or chemoshock seizure thresholds. Primidone has also been reported to have sedative properties. The specific mechanism of the sedative activity has also not been reported.**	**The mechanism of action of this drug is selective inhibition of intestinal absorption of cholesterol and related plant sterols. This drug localizes at the brush border of the small intestine and inhibits the absorption of cholesterol, leading to a decrease in the delivery of intestinal cholesterol to the liver. As a result of this, there is a reduction of hepatic cholesterol stores and an increase in the clearance of cholesterol from the blood.**

			lly, this drug reduces VLDL and TG (triglycerides) and increases HDL-C.		
Reason Client Taking	**Pneumonia**	**DVT, PE prevention w/ AFib**	**HLD**	**Tremors**	**HLD**
Contraindications (2)	**Hepatitis, cholecystitis**	**PUD, hemorrhage**	**Active hepatic disease,**	**Phenobarbital hypersensitivity, porphyria**	**Hepatic disease, pregnancy**
Side Effects/Adverse Reactions (2)	**Seizures, paresthesia**	**Hemorrhage, angioedema**	**AFib, rhabdomyolysis**	**Anorexia, dyspnea**	**Thrombocytopenia, angina**
Nursing Considerations (2)	**Should not be used with hypomagnesemia, monitor for arrhythmias**	**Should not be used with hepatic damage, should not be used with prosthetic heart valves**	**Take a night, monitor lipid panel**	**Monitor for folic acid deficiency, monitor for confusion or mood changes**	**Monitor liver enzymes, monitor for myalgia**

Medications Reference (APA):

Sarah Bush Lincoln Health Reference Guide. (2020). Sarah Bush Lincoln: Cerner.

https://www.sarahbush.org

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness: Y** **Orientation: Y** **Distress: Y** **Overall appearance: Y**	**AVPU: Alert and responsive** **Orientation: A&Ox4** **Distress: Arthralgia: wincing and verbally "ow" with movement** **Appearance: Appropriately dressed**
INTEGUMENTARY (2 points): **Skin color: Y** **Character: Y** **Temperature: Y** **Turgor: Y** **Rashes: N** **Bruises: N** **Wounds: N** **Braden Score: 14** **Drains present: Y☐ N ☒** **Type: N/A**	**Skin color: Usual for ethnicity** **Character: Dry, intact** **Temperature: Warm** **Turgor: Tight**
HEENT (1 point): **Head/Neck: Y** **Ears: Y** **Eyes: Y** **Nose: Y** **Teeth: Y**	**Head: Symmetrical skull and facial features** **Neck: Palpable thyroid, no tracheal deviation, nonpalpable lymph nodes, 3+ carotid pulse** **Eyes: PERRLA, white sclera, normal EOM** **Ears: Gray TMs** **Oral cavity:** **No teeth** **Pink, moist, firm gingiva** **Pink, moist buccal mucosa,** **Uvular symmetry, soft palate rise and fall** **Nose: Bilateral patency, no discharge, no frontal or maxillary sinus pain**
CARDIOVASCULAR (2 points): **Heart sounds: Y** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable): N/A** **Peripheral Pulses: Y** **Capillary refill: Y**	**Hearth rhythm: Regular** **Heart sounds: S1, S2** **Pulses: Radial 3+, tibial 2+** **Cap refill: <2 seconds** **Edema: 0**

Neck Vein Distention: Y ☐ N ☒ **Edema Y ☐ N ☒** **Location of Edema: N/A**	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Y**	**<u>Respirations:</u> Regular** **<u>Respiratory pattern:</u> Regular** **<u>Respiratory sounds:</u> Regular** **<u>Lung aeration:</u> Equal**
GASTROINTESTINAL (2 points): **Diet at home: Y** **Current Diet: Pureed nectar** **Height: 167.6 cm** **Weight: 96.3 kg** **Auscultation Bowel sounds: Active** **Last BM: 02/09/2021** **Palpation: Pain, Mass etc.: N** **Inspection: Y** **Distention: N** **Incisions: N** **Scars: N** **Drains: N** **Wounds: N** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size: N/A** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	**<u>Bowel sounds:</u> Active** **<u>Diet at Home:</u> Pureed nectar** **<u>Pain:</u> RLQ and LLQ tenderness upon palpation, no distention, rash below panniculus, 6/10 pain assessment**
GENITOURINARY (2 Points): **Color: Y** **Character: Y** **Quantity of urine: 470 mL** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: Y** **Catheter: Y ☒ N ☐** **Type: Purewick** **Size: N/A**	**<u>Color:</u> Deep amber** **<u>Clarity:</u> Clear**
MUSCULOSKELETAL (2 points): **Neurovascular status: Y** **ROM: Y** **Supportive devices: Walker** **Strength: Y** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 50**	**<u>Neurovascular:</u> Pink nailbeds, blanchable, cap refill <2 seconds** **<u>ROM:</u> active, somewhat painful** **<u>Strength:</u> 4**

Activity/Mobility Status: Stand by w/ 1 **Independent (up ad lib): N** **Needs assistance with equipment: Y** **Needs support to stand and walk: Y**	
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐** **Orientation: Y** **Mental Status: Y** **Speech: Y** **Sensory: Y** **LOC: Y**	**Orientation: A&Ox4** **Cognition: Normal** **Speech: Clear** **Sensory: Vague sensory loss, cannot identify soft stimuli to feet** **LOC: Alert**
PSYCHOSOCIAL/CULTURA (2 points): **Coping method(s): Y** **Developmental level: Y** **Religion & what it means to pt.: Y** **Personal/Family Data (Think about home environment, family structure, and available family support): Y**	**Developmental level: 12th grade, CNA certification** **Religious/Spiritual: Lutheran, prays often** **Personal/Family: Frequent contact w/ children and grandchildren** **Coping: Reading, crying**

Vital Signs, 2 sets (5 points)

Time	Pulse (bpm)	B/P (mm Hg)	Resp Rate	Temp (Celsius)	Oxygen (%)
0824	**77 bpm**	**135/80 mm Hg**	**20**	**36 C**	**98 %**
1122	**74 bpm**	**129/79 mm Hg**	**19**	**36.3 C**	**99 %**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0922	**Numerical**	**Head, right side of chest**	**6/10**	**Dull aching head, throbbing chest**	**Acetaminophen**
1115	**Numerical**	**N/A**	**0/10**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gg **Location of IV: L AC** **Date on IV: 02/08/2021** **Patency of IV: Patent** **IV dressing assessment: Scant amount of blood at insertion site beneath the dressing, no erythema, no signs of infiltration, color and temperature consistent with total body**	**NS 75 mL/hr**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
450 mL IV NS	**470 mL voided**

Nursing Care

Summary of Care (2 points)

Overview of care: Administered medication, assessed vitals, head-to-toe assessment, perineal care and urinary purewick catheter replacement, IV dressing change

Procedures/testing done: VS twice

Complaints/Issues: N/A

Vital signs (stable/unstable): Systolic BP slightly elevated

Tolerating diet, activity, etc.: Pureed Nectar, stand by w/ 1 and walker

Physician notifications: N/A

Future plans for patient: Same-day discharge to nursing home

Discharge Planning (2 points)

Discharge location: Nursing home

Home health needs (if applicable): N/A

Equipment needs (if applicable): Walker

Follow up plan: Nursing home provider within a week of discharge

Education needs: Maintain pureed nectar diet, drink 2 L of fluids daily to thin secretions, deep breathing exercises, adhere to prescription medications (specifically azithromycin: complete therapy to ensure no resistance)

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective airway clearance related to pneumonia as evidenced by productive cough	**Airway patency is always the number one priority and is especially the case for someone with pneumonia.**	**1. I elevated the head of the bed during a coughing spell.** **2. I auscultated the patient's lungs.**	**1. The patient appeared to successfully expectorate sputum. Her respiratory drive appeared to function easier.** **2. The patient's respirations appear regular in rhythm, rate, and sounded clear.**
1. Risk for infection related to microbial growth as evidenced by pneumonia diagnosis.	**Risk for infection was chosen to arouse the prevention of spreading the current infection.**	**1. I administered azithromycin.** **2. I encouraged adequate rest and nutrition, and I educated the importance of each.**	**1. The patient's white blood cell count decreased.** **2. Rest and nutrition could not be monitored extensively due to limited time with the patient.** **3. The patient was able to provide knowledgeable feedback on why**

			nutrition and rest promote healing.
1. Acute pain related to pleuritic chest pain as evidenced by patient stating: "My chest feels bad. It is a 6/10."	**This nursing diagnosis was prioritized last because the treatment of pain is not as urgent as maintaining a patent airway and preventing the spread of infection.**	**1. I administered acetaminophen.** **2. I monitored and assessed the patient's vital signs.**	**1. The patient's pain was reassessed after the medication's peak was reach. She rated her pain as a 0/10, so it improved.** **2. Heart rate, respiratory rate, and blood pressure can be increased with pain; however, they were all stable except for the minor elevation of systolic blood pressure.**

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient experienced chest pain on the right side of her chest. The pain was sharp and only last for an hour. It was rated as a 10/10 prior to admission. Nothing appeared to worsen or improve the pain or dyspnea.

Nursing Diagnosis/Outcomes

1. Ineffective airway clearance related to pneumonia as evidenced by productive cough.
-The patient appeared to successfully expectorate sputum. Her respiratory drive appeared to function easier.
-The patient's respirations appear regular in rhythm, rate, and sounded clear.
2. Risk for infection related to microbial growth as evidenced by pneumonia diagnosis.
-The patient's white blood cell count decreased.
-Rest and nutrition could not be monitored extensively due to limited time with the patient.
-The patient was able to provide knowledgeable feedback on why nutrition and rest promote healing.
3. Acute pain related to pleuritic chest pain as evidenced by patient stating: "My chest feels bad. It is a 6/10."
-The patient's pain was reassessed after the medication's peak was reach. She rated her pain as a 0/10, so it improved.
-Heart rate, respiratory rate, and blood pressure can be increased with pain; however, they were all stable except for the minor elevation of systolic blood pressure.

Objective Data

The patient's vital signs are stable except for a minorly elevated systolic blood pressure. The hematology indicated normal values except for hemoglobin, which was low. On admission, she also had hematological elevations of thrombocytes and leukocytes. The chemistry lab values are all within normal ranges. The patient's CTA with contrast reveal mild infiltrates in the inferior lobes of the lungs.

Patient Information

A 74-year-old female patient with a history of GERD, HTN, CAD, BD, and AF presented with chest pain and was admitted to the hospital on 02/08/2021. She experienced dyspnea and said the pain was localized to right side of her thoracic cavity. She described the pain as persistently sharp and rated it as a 10/10 only lasting for one hour. She attempted to lie on her left side to relieve the pain, but there was no success. Nothing appeared to exacerbate the pain.

Nursing Interventions

1. I elevated the head of the bed during a coughing spell.
2. I auscultated the patient's lungs.
3. I administered azithromycin.
4. I encouraged adequate rest and nutrition, and I educated the importance of each.
5. I administered acetaminophen.
6. I monitored and assessed the patient's vital signs.