

N301: Adult Health I TEACHING PLAN

Student Name: Anita Wilson

Subject: Pneumonia

Nursing Diagnosis: Ineffective Airway Clearance **related to** increased sputum production, edema formation, decreased energy, fatigue, aspiration **as evidenced by** ineffective cough, use of accessory muscles, change in rate of respirations that is abnormal in rate, rhythm and depth, difficulty breathing when ambulating patient in the hallways, orthopnea, patient stated it was easier for him to breath especially at night when he is “leaning forward and laying on a pillow”

Relevant Assessment Data	Patient Outcomes	Teaching Outline	Teaching Tools	Evaluation
<p>K.C. is a 51year old male was hospitalized for an exacerbation of diverticulitis that required him to have sigmoidoscopy. This patient is currently recovering from surgery and has an incision on his abdomen was that is covered with a transparent film gauze dressing. The dressing is dry and intact. Patient is a standby assist and was ambulated for the first time in two days post-surgery. This patient has no prior knowledge of discharge information regarding pneumonia. This patient appears to be engaged and ready to learn as evidence by him expressing his desire to</p>	<p>Cognitive Objectives: To increase this patient’s knowledge, awareness and insight about pneumonia, I gave the patient a brief description of what pneumonia is and preventable measures that can be taken to decrease his likelihood of acquiring it again.</p> <p>Cognitive Outcomes: This patient was able to evaluate three different causes of pneumonia both verbally and in writing. This patient was able to compare his behavior prior to</p>	<p>After you learn the hospital you should:</p> <ul style="list-style-type: none"> • Breath in warm, moist air to help loosen the mucous • Place a warm, wet washcloth loosely near your nose and mouth • Cough to help clear your airways • Take a couple deep breaths to help open your lungs • Use your incentive spirometer ten times every hour to help expand your lungs and chest walls • Drink plenty of liquids (No alcohol) • Get plenty of rest when you 	<p>This patient was given a brochure from Health care on pneumonia. I read the brochure out loud to the patient while he followed along. This patient then read the information on the brochure back to me. This patient’s wife also got a copy of the brochure and was able to follow along. This patient was able to ask any questions he had pertaining to the information being given. This patient then expressed clear</p>	<p>The patient achieved the goals of the teaching objectives. He understood the material being taught to him as well as the importance of taking preventative measures to avoid the reoccurrence of pneumonia or any other potential infections that could arise due to poor hygiene, environmental factors and lifestyle changes. The patient was able to understand and verbalize the importance of following up with his health care</p>

<p>return back to providing for his family and serving his community. This patient works at Amarin Corporation and states being hospitalized has really made him “miss serving others and working in [his] community”. He describes this as being one of his personal passions. This patient is a Caucasian male. During the discharge teaching, his wife was present and also appeared to be supportive of her spouse and engaged in bettering his health. Family members are the vital link in the transition from hospital to home care; so, they should therefore be included in discussions and demonstrations (Polster, 2018). This patient displays readiness to learn by accepting his condition, cooperative and asking several questions throughout discharge learning. This patient showed excitement about the future, regaining his strength and returning back to work. This patient followed all hospital guidelines pertaining to getting bed rest and prolonging his return back to work. It is visible</p>	<p>hospitalization and compare it to the changes that he will be implementing.</p> <p>Affective Objective: This patient was able to demonstrate a positive increase in attitude and motivation to learn what is being taught to him.</p> <p>Affective Outcome: This patient firmly committed to both himself and his wife to continue to make changes to improve his health and abide by the changes and recommendations of his health care team. This patient was able to recognize and value the treatment of patients with respiratory disease. He states his appreciation for his health care team and their willingness to help others with respiratory diseases and conditions.</p>	<p>are discharged</p> <ul style="list-style-type: none"> • You will need to take time off of work because for a while you might not be able to do other things that you are used to doing. • Take the antibiotics your provider prescribed for you because they will help kill the germs. • Do not miss any doses of your medications and do not stop taking them even when you feel like you are feeling better. • Wash hands often to prevent the spread of infection • Stay away from crowds • Call your provider or 911 if your breathing is getting harder and faster than before and shallower, need to lean forward when sitting to breathe more easily, have chest pain, fever, cough up mucous or blood, fingertips or skin around your fingers turn blue and increase in headaches more than usual (Lockwood & Mabire, 2020). <p style="text-align: center;">Reference</p>	<p>understanding of the material within the brochure and stated he had no further questions of me.</p>	<p>team and abiding by his plan of care. The strengths of my teaching plan were the approach I took with the patient. It allows the patient to ask questions to ensure further understanding, allowed the patient to feel comfortable to express further or current concerns. It allowed my patient to discharge the hospital and feel excited and hopeful about the future and returning to his job in the near future. A weakness of my teaching plan was maybe not including more written information. Nonetheless, the patient verbalized his understanding on contacting providers and 911 if any concerns or problems arise. Overall, the patient has a positive outlook on life and is committed to following his plan of care with the</p>
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to see that the patient is ambitious to acquire more information. During discharge instruction, this patient was observed taking notes and actively listen. This patient has an appropriate developmental level for his age. This patient graduated college with his bachelor's biology. This patient was able to read the material provided during discharge teaching and was able to understand the information providing to him by stating it back to me.

Reference

Polster, D. (2018). Preventing Readmissions with Discharge Education. *Nursing Management (Springhouse)*, 46(10), 30–37.
<https://doi.org/10.1097/01.numa.0000471590.62056.77>

Psychomotor Objective:

This patient will be able to physically demonstrate the proper use of an incentive spirometry, take deep breathes and cough several times each hour to loosen up the mucous and get it out the lungs, proper hand hygiene after coming into contact with mouth or nose and 7-8 glasses of water a day to help loosen up the mucous in his lungs and throat.

Psychomotor Outcomes:

At the completion of the discharge teaching, the patient was able to demonstrate the proper use of an incentive spirometer, proper hand hygiene and cough up. The patient was able to verbalize the importance of each task. Patient verbalized his commitment to increasing his fluid intake. The patient's wife agreed to encourage and motivate him to follow through with his commitment.

2: JBI Evidence Synthesis. Retrieved February 11, 2021, from Hospital discharge planning: evidence, implementation and patient-centered care website: https://journals.lww.com/jbisirir/Fulltext/2020/02000/Hospital_discharge_planning_evidence

encouragement and support of this wife in hopes of returning back to work in the near future when permitted.

References

- Lockwood, C., & Mabire, C. (2020, February). February 2020 - Volume 18 - Issue 2 : JBI Evidence Synthesis. Retrieved February 11, 2021, from Hospital discharge planning: evidence, implementation and patient-centered care website:
https://journals.lww.com/jbisrir/Fulltext/2020/02000/Hospital_discharge_planning__evidence
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