N321 Care Plan # 3

Lakeview College of Nursing

Name:

Princess Anne Hernandez

Demographics (3 points)

Date of Admission 03/03/2021	**Patient Initials** D.C.	**Age** 70 years old	**Gender** Male
Race/Ethnicity White/Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** No known allergies
Code Status Full Code	**Height** 6'4"	**Weight** 351 lbs. 14.4 oz	

Medical History (5 Points)

Past Medical History: Patient had prior history of COPD, chronic diastolic congestive heart failure, chronic atrial fibrillation, type 2 diabetes mellitus, hypertension, dyslipidemia, chronic back pain, and carcinoma of prostate.

Past Surgical History: Patient has a surgical history of appendectomy.

Family History: Patient has no known family history.

Social History (tobacco/alcohol/drugs): Patient reported quit smoking 20 years ago. He used to smoke 4 pack per day of cigarettes. Patient denies current alcohol consumption. Patient denies any use recreational drug or substance use.

Assistive Devices: No assistive devices.

Living Situation: Patient lives with wife.

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 March 03, 2020, due to shortness of breath, and VA advises me to go to ER. In the ER, he stated he was "getting shortness of breath for the last 2-3 days, with occasional cough and gradually worsening." The patient used CPAP at home; however, he could not get it to start to work and was non-compliant

about it. He also experienced chronic back pain, which is not getting better, and he could not get sleep in his back. He could not maintain oxygen saturation even after being placed in a nasal cannula in the ED, and chest x-ray showed pleural effusion resulting in being admitted to the ward.

Primary Diagnosis

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

Secondary Diagnosis (if applicable): Respiratory failure

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

Chronic obstructive lung disease or COPD is a "disease state characterized by airflow limitation that is not fully reversible" (Swearingen & Wright, 2019). The airflow limitation is caused by chronic bronchitis, emphysema, and hyperreactive airway disease. Inhalation of toxic particles or gases can trigger an inflammatory response in airways and alveoli, leading to narrowing, excessive mucus and fibrosis in the bronchioles, loss of alveolar elastic recoil, and smooth muscle hypertrophy. Cigarette smoking is the major risk factor for COPD (Capriotti, 2020). Acute exacerbations can occasionally happen with COPD patients. It is indicated by increased symptom severity. The specific cause of exacerbation is sometimes impossible to determine; however, it is often attributed to viral upper respiratory infections, acute bacterial bronchitis, or respiratory irritants' exposure (Wise, 2020).

Some general signs and symptoms of COPD are dyspnea, cough, and wheezing. Some general findings are prolonged expiratory phase, adventitious or diminished breath sound, and use of accessory muscle of respiration (Capriotti, 2020). Patients with exacerbations usually show increased cough, sputum, dyspnea, and shortness of breath. They also have low oxygen saturation on pulse oximetry, diaphoresis, tachycardia, anxiety, and cyanosis (Wise, 2020). The

patient presented in the ED with shortness of breath and occasional cough. He was tachycardic, showed low oxygen saturation, and could not maintain even with a nasal cannula.

Common diagnostic procedures are chest x-ray, ECG, labs test such as ABG, CBC, CMP. The chest x-ray is important since it may show radiographic changes consistent with emphysema and other lung problems (Capriotti, 2020). Pulse can is a useful tool to demonstrate oxygenation and monitoring disease progression. The patient had a chest x-ray and lab test of CBC and CMP during his stay in the ED. The chest x-ray show pleural effusion is common with COPD patient. He has elevated WBC, which can suggest he has some infection that can cause exacerbation of his COPD. He has elevated CO2, which means he is retaining CO2, which is common with COPD patients.

Some COPD exacerbations treatments include oxygen supplementation, bronchodilators, corticosteroids and treating the cause of exacerbation such as antibiotic therapy (Wise, 2020). The patient was admitted to the hospital with inpatient status and requires IV antibiotics. He is currently using 4 L/min of oxygen via nasal cannula but has an order for BiPAP if he could not maintain oxygenation saturation. IV antibiotics ceftriaxone and azithromycin were started with continuous IV infusion of 100 ml/hr. The patient is on Lasix, and an albuterol-Ipratropium nebulizer is given every 4 hours or 1 hour, as necessary. Check and monitor labs every morning.

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.

Wise, R. A. (2020). *Chronic Obstructive Pulmonary Disease (COPD) - Pulmonary Disorders*. Merck Manuals Professional Edition. https://www.merckmanuals.com/professional/pulmonary-disorders/chronic-obstructive-pulmonary-disease-and-related-disorders/chronic-obstructive-pulmonary-disease-copd.

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	**4.70-6.10 10^6/ uL**	4.46	-	Low RBC is associated with people who are taking blood-thinners medication (Cleveland Clinic, 2018) Patient is taking Eliquis.
Hgb	**14.0-18.0 g/dL**	12.8	-	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 4.46.
Hct	**42-52%**	41.5	-	Decrease 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 4.46.
Platelets	**150-400 10^3/uL**	196	-	
WBC	**4.3-11.0 10^3/uL**	11.9	-	Increase WBC are commonly associated with infection and inflammation (Pagana et al., 2020). The patient is experiencing COPD exacerbation might be due to infection.
Neutrophils	**37.0-85.0**	79.7	-	
Lymphocytes	**20.0-45.0**	9.0	-	Low lymphocyte associated with infection (Pagana et al., 2020). The patient is experiencing COPD exacerbation might be due to infection.

Monocytes	**2.0-8.0**	7.5	-	
Eosinophils	**0.0-6.0**	0.7	-	
Bands	**0**	N/A	N/A	

N/A: not done at all - Labs were not take again

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**	137	-	
K+	**3.5-5.0 mEq/L**	4.5	-	
Cl-	**95-110 mEq/L**	92	-	Decrease chloride may indicate lung disease (MedlinePlus, n.d.) This patient presented with shortness of breath and diagnosed respiratory failure.
CO2	**23-31 mEq/ L**	36	-	Elevated carbon dioxide is associated with lung disease and difficulty breathing (MedlinePlus, 2020). This patient presented with shortness of breath and COPD exacerbation.
Glucose	**70-110 mg/ dL**	187	-	Elevated glucose is associated with diabetes mellitus (Pagana et al., 2020) This patient has type 2 diabetes mellitus.
BUN	**8-25 mg/dL**	30	-	Furosemide may increase BUN (Pagana et al., 2020) The patient is taking furosemide daily.
Creatinine	**0.70-1.50 mg/dL**	1.03	-	
Albumin	**3.5-5.0 g/dL**	3.2	-	Decrease albumin may be associated with infection (MedlinePlus, 2020). The patient is experiencing COPD exacerbation might be due to infection.
Calcium	**8.4-10.3 mg/dL**	9.3	-	

Mag	**1.3-2.3 mg/ dL**	2.3	-	
Phosphate	**2.5-4.5 mdg/dL**	N/A	N/A	
Bilirubin	**0.2-1.2 mg/ dL**	1.0	-	
Alk Phos	**40-150 U/L**	134	-	
AST	**0-35 U/L**	14	-	
ALT	**4-36 U/L**	14	-	
Amylase	**60-120 U/L**	N/A	N/A	
Lipase	**0-160 U/L**	N/A	N/A	
Lactic Acid	**0.5-2.2 mmol/L**	1.76	-	

N/A: not done at all - Labs were not take again

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	**0.90-1.10**	1.17	-	Heparin may cause increased INR (Pagana et al., 2020). Patient is taking Eliquis, unfractionated heparin, daily.
PT	**12.2-14.3**	15.4	-	Heparin may cause increased PT (Pagana et al., 2020). Patient is taking Eliquis, unfractionated heparin, daily.
PTT	**24-34**	40	-	Increased PTT may be due to heparin administration (Pagana et al., 2020). Patient is taking Eliquis, unfractionated heparin, daily.
D-Dimer	**<250 ng/mL**	N/A	N/A	
BNP	**<100 pg/mL**	61.20	-	
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**	N/A	N/A	

- Labs were not taken that time/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**	Yellow/ Clear	-	
pH	**4.6 - 8.0**	5.5	-	
Specific Gravity	**1.0005-1.03**	1.010	-	
Glucose	**Negative**	Negative	-	
Protein	**0-8 mg/dL**	0	-	
Ketones	**Negative**	Negative	-	
WBC	**0-4**	0	-	
RBC	**0-2**	0	-	
Leukoesterase	**Negative**	Negative	-	

N/A: Not included -not taken again.

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	

Blood Culture	**Negative**	N/A	N/A	
Sputum Culture	**Negative**	N/A	N/A	
Stool Culture	**Negative**	N/A	N/A	

N/A: No culture was done - Not done again.

Lab Correlations Reference (1) (APA):

Cleveland Medical Professional. (2018). Health Library. Cleveland Clinic. https://my.clevelandclinic.org/health.

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 and EKG 12 Lead

Diagnostic Test Correlation (5 points):

- **Chest X-ray: 03/03/21**

Indication: The patient reported having shortness of breath. 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: Opacification of the lateral aspect of the right lung base extending surface of right lower base suggesting pleural effusion.

- **EKG 12 Lead: 03/04/2021**

Indication: Patient report shortness of breath and heart rates was over 100. Due to this EKG was ordered to determine if patient have any heart problems or cardiac arrythmias.

Result: Sinus Tachycardia with frequent supraventricular premature complex

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)

Brand/Generic	Lipitor/ atorvastatin	Lanoxin/ digoxin	Lasix/ furosemide	Jardiance/ empagliflozin	Ventolin HFA/ albuterol sulfate
Dose	20 mg	125 mcg	40 mg	25 mg	90 mcg/ 2 puff
Frequency	Once nightly	Once daily	Once daily	Once daily	PRN, every 4 hrs.
Route	PO	PO	PO	PO	Inhalation
Classification	Antihyperlipidemic	Antiarrhythmic	Loop diuretic/ Antihypertensive	Sodium glucose co-transporter 2 inhibitor/ antidiabetic	Adrenergic/ Bronchodilator
Mechanism of Action	Reduce plasma	Increase the force	Inhibits sodium and	Inhibit sodium	Attaches to $beta_2$

	cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver.	and velocity of myocardial inotropic effect. Produce antiarrhythmic effect by decreasing conduction rate and increase the effective refractor period of the AV node.	water reabsorption in the loop of Henle and increase urine formation.	glucose co-transporter 2 in the kidney that prevents glucose reabsorption which decrease blood glucose level.	receptors on bronchial cell membrane that stimulates the intracellular enzyme adenylate cyclase to convert to ATP to cAMP. It decreases intracellular calcium level and increase level of cAMP. These effect relax bronchial smooth-muscle cells and inhibit histamine release.
Reason Client Taking	To control lipid level	To control ventricular response rate in chronic atrial fibrillation	To reduce fluid retention	For diabetes	For asthma
Contraindications (2)	Active hepatic disease; Hypersensitivity to atorvastatin or its component	History or presence of digitalis toxicity; Hypersensitivity to digoxin or its component	Anuria Hypersensitivity to furosemide with highly acidic solutions.	Hypersensitivity to empagliflozin or its components. Severe renal impairment	Hypersensitivity to albuterol or its components. Hypersensitivity to beta-adrenergic agents.
Side Effects/Advers	Headaches Weakness	Drowsiness Electrolyte	Arrhythmias Thromboem	Hypotension Acute kidney	Metabolic acidosis

e Reactions (2)		imbalance	bolism	injury	Pulmonary edema
Nursing Considerations (2)	Monitor diabetic patient's blood glucose level because this atorvastatin can affect blood glucose control. It should not be used in people taking cyclosporine, gemfibrozil, tipranavir plus ritonavir because of high risk for rhabdomyolysis with acute renal failure.	Take patient's apical pulse before giving each dose and notify physician if it is below 60 beats/min. Monitor patient's serum potassium level regularly because hypokalemia predisposes to digitalis toxicity.	Monitor blood pressure and hepatic and renal function as well as BUN, blood glucose and serum creatinine, electrolyte, and uric acid levels, as appropriate. Obtain weight before and period	Monitor blood pressure and cholesterol level throughout medication. Monitor patient closely for hypoglycemia and treat according to standard of care and notify physician.	Monitor serum potassium level because albuterol may cause transient hypokalemia. Drug tolerance can develop with prolonged use.

Hospital Medications (5 required)

Brand/Generic	Zithromax/ azithromycin	Rocephin/ ceftriaxone	OxyContin/ oxycodone	Duragesic/ fentanyl transdermal patch	Eliquis/ apixaban
Dose	500 mg in 250 ml 0.9 % sodium chloride	1 g in 100 ml 0.9 % sodium chloride	15 mg	75 mcg	5 mg
Frequency	Every 24 hours	Every 24 hours	PRN every 4 hour	Every 72 hours	Twice daily
Route	IV	IV	PO	Transdermal	PO
Classification	Macrolide/ antibiotic	Antibiotic	Opioid analgesic	Opioid analgesic	Anticoagulant
Mechanism of Action	Bind to a ribosomal subunit of	Interferes with bacterial cell	Alters perception of and emotion	Bind to opioid receptor site	Inhibits free and clot-bound factor

	susceptible bacteria, blocking peptide translocation and inhibiting RNA-dependent protein synthesis. It concentrates in phagocytes, macrophage and fibroblast which release it slowly and may help move it to infection site	wall synthesis by inhibiting cross-linking of peptidoglycan strand.	response to pain at spinal cord and higher level of CNS by blocking release of inhibitory neurotransmitter such as GABA and acetylcholine.	in the CNS, altering perception and emotional response to pain by inhibiting ascending pain pathway.	Xa and prothrombinase activity. Indirectly inhibit platelet aggregation induced by thrombin.
Reason Client Taking	COPD exacerbation	COPD exacerbation	For pain rated 7-10	For chronic back pain	DVT prophylaxis
Contraindications (2)	Hypersensitivity to azithromycin, erythromycin, ketolide antibiotics History of cholestatic jaundice	Hypersensitivity to ceftriaxone, or cephalosporin, penicillin, or their component. Calcium-containing IV solution	Acute or severe bronchial asthma. Hypersensitivity to oxycodone or its component	Hypersensitivity to fentanyl or its component Significant respiratory depression	Active pathological bleeding. Severe hypersensitivity to apixaban or its component
Side Effects/Adverse Reactions (2)	Seizure Ventricular tachycardia	Edema Hepatic failure	Sedation Respiratory depression	Hypoventilation Dyspnea	Hemorrhagic stroke GI bleeding
Nursing Considerations (2)	Monitor patient closely for arrhythmias because of susceptible drug effect on the QT	Monitor BUN and serum creatinine level to detect early sign of nephrotoxicit	Monitor respiratory status closely because respiratory depression may occur at any time.	Never apply a transdermal patch if seal has been broken or cut, damaged because excessive	Monitor closely for bleeding because apixaban may cause life-threatening

	interval. Assess for bacterial or fungal superinfection which may occur with prolonged or repeated use.	y. Monitor fluid intake and output decreasing urine output may indicate nephrotoxicity.	Assess pain level regularly and give drug prescribed.	exposure might occur that can result to overdose. Monitor patient who develop fever for opioid adverse effect because fever may increase drug release and increase skin permeability.	bleeding. Do not discontinue apixaban abruptly and without adequate alternative anticoagulant because the increase risk of thrombosis

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 Nurse's drug handbook* (19th ed.).

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Patient is aware alert and oriented X4 person, place, time, and situation. No acute distress. Well-groomed
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 12 **Drains present: Y☐ N ☒** **Type:**	 Normal for race Dry/Normal Warm Normal Turgor No noted rashes Scattered bruising noted on the abdomen. No noted wounds
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 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
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	 S1, S2 Clear with no murmur. No friction rubs or gallop. Patient is on telemetry. Sinus tachycardic, irregular rhythm Pulses are palpable and 2+ bilaterally. Capillary refill less than 3 second
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 Diminished breath sounds bilateral but clear. Respiratory rate 19-20. No wheeze or crackle. The patient was on 4 liters nasal cannula when being assessed (03/04/2021).
GASTROINTESTINAL (2 points): **Diet at home:**	 Normal diet at home

Current Diet **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Patient was assigned with heart healthy diet. 6'4" 351 lbs. 14.4 oz Active bowel sound in all 4 quadrants 03/04/2021 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
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 Yellow Clear 1000 mL No genital abnormalities noted.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 85 **Activity/Mobility Status:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	The patient does not want to move frequently. Always on his right side Limited range of motion due to pain. The patient reports no supportive devices. Generalized weakness. Patient report being bed-ridden due to chronic back pain. Need 1-2 assistance in moving and doing personal hygiene.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:**	 The patient has generalized weakness especially on the right arm and leg. Oriented to person, time, place, and situation.

Speech: **Sensory:** **LOC:**	Negative for altered mental status. Normal speech Normal sensory Alert
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	While at the facility, patient frequently just sleep and does not want to move at all. Developmental level appropriate for his age. No deficit noted. Patients identify no religion. Patient lives with wife and heavily depend to her.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1350	110	91/35 left wrist. prone	19	97.6 temporal	96% 4 L/min nasal cannula
1650	107	96/45 left wrist. prone	20	97.8 temporal	95% 4 L/ min nasal cannula

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1350	Numeric Scale (0-10)	Lower back	7/10	Dull/aching	Gave 15 mg oxycodone PO
1650	Numeric Scale (0-10)	Lower back	10/10	Dull/aching	Told patient that he has to wait 1 hour before he can get his pain medication again. Ask if he wants to be repositioned. Patient declines and said he will wait for his pain medication.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22G **Location of IV:** right hand **Date on IV:** 03/03/2021 **Patency of IV:** Patent and infusing **Signs of erythema, drainage, etc.:** No sign of erythema, drainage, swelling or tenderness. **IV dressing assessment:** Dry and intact	Fluid: Normal Saline (0.9% Sodium Chloride) Rate: 100 mL/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
24 hours- 1325.0 mL (soda, water and IV fluids)	24 hours: 1000 mL (urine)

Nursing Care

Summary of Care (2 points)

Overview of care: Patient complains of shortness of breath and went to the ED on 03/03/201. Chest x-ray and blood test was done. He was non-compliant to CPA at home and also complain of chronic back pain. Patient was admitted same day due to COPD exacerbation and respiratory failure and requires IV antibiotic.

Procedures/testing done: Chest x-ray, EKG 12 lead and several labs including CMP, CBC, INR, BNP, lactic acid, and urinalysis.

Complaints/Issues: Shortness of breath and chronic back pain

Vital signs (stable/unstable): Patient average heart rates were averaging 107-110. Respiration was stable. Patient blood pressure has very low diastolic. Patient temperature is stable and oxygen saturation is stable with nasal cannula**.**

Tolerating diet, activity, etc.: Patient is bedfast, does not want to move and continuous IV infusion.

Physician notifications: Notify primary care provider of any abnormal laboratory and diagnostic finding.

Future plans for patient: Patient was admitted to the hospital. Recheck labs including CBC, CMP every day. Consultation with respiratory therapist.

Discharge Planning (2 points)

Discharge location: Patient will be discharge home with wife and receive follow-up care from his primary care provider. Receive home health service from VA.

Home health needs (if applicable): Continue receive home health service from VA.

Equipment needs (if applicable): CPAP machine.

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

Education needs: Patient will have to reeducated about use of CPAP due to non-compliance. Educate patient regarding medication. Review any new medication and importance of taking of it. Educate patient that it is important to follow up with health care provider.

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 breathing pattern related	Patient reports shortness of breath for the last	1. Maintain a patent airway by placing a pillow when	During the stay, make sure the patient is in a proper position. The

to retained secretion evidence by pleural effusion seen on chest x-ray.	2-3 days which gradually worsen before admission.	sleeping. 2. Provide respiratory or oxygen support as needed.	patient has a pillow raising his head while sleeping, which can provide adequate lung expansion. The patient is on a nasal cannula to aid in relieving the patient's shortness of breath. The goals are to maintain the patient's respiratory rate in a normal range and improve the patient's breathing pattern.
2. Impaired gas exchange related to altered oxygen supply as evidence by shortness of breath.	Patient presented to the ER with shortness of breath and diminished breath sounds.	1. Monitor vital signs, especially, BP, respiration, and oxygen saturation. 2. Administer oxygen therapy when necessary.	The patient's vital signs are stable. Always monitor vital signs since changes in BP, respiration, and oxygen saturation can reflect may reflect in hypoxemia. The goal is to monitor optimal gas exchange and avoid hypoxemia. The patient uses oxygen therapy when necessary. The goals are to improved oxygenation and maintain optimal gas exchange.
3. Risk for impaired skin integrity related to immobility and being bedridden evidence by Braden score of 12.	Patient report being bedridden due to chronic back pain and he does not want to move at all because of the pain he is experiencing.	1. Reassess the skin regularly for any erythema, pressure injury, or any unusual changes. 2. Make sure to clean, dry and moisturize skin	During the patient's stay in the hospital, the patient does not want to move or be reposition. It is crucial to regularly assess the skin and clean, dry, and moisturize the skin to avoid impaired skin integrity. The goal is to remain the patient's skin intact throughout her stay in the hospital.

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 for the last 2-3 days which gradual worsen before admission.
Patient stated that when his CPAP machine does not work when he tried using it.
Patient report being bedridden due to chronic back pain.
Rate pain 7/10

Ineffective breathing pattern related to retained secretion evidence by pleural effusion seen on chest x-ray.
Outcome/Goal: During the stay, make sure the patient is in a proper position. The patient has a pillow raising his head while sleeping, which can provide adequate lung expansion. The patient is on a nasal cannula to aid in relieving the patient's shortness of breath. The goals are to maintain the patient's respiratory rate in a normal range and improve the patient's breathing pattern.
Impaired gas exchange related to altered oxygen supply as evidence by shortness of breath.
Outcome/Goal: The patient's vital signs are stable. Always monitor vital signs since changes in BP, respiration, and oxygen saturation can reflect may reflect in hypoxemia. The goal is to monitor optimal gas exchange and avoid hypoxemia. The patient uses oxygen therapy when necessary. The goals are to improved oxygenation and maintain optimal gas exchange.
Risk for impaired skin integrity related to immobility and being bedridden evidence by Braden score of 12.
Outcome/Goal: During the patient's stay in the hospital, the patient does not want to move or be reposition. It is crucial to regularly assess the skin and clean, dry, and moisturize the skin to avoid impaired skin integrity. The goal is to remain the patient's skin intact throughout her stay in the hospital.

Objective Data

BP: 91/35
Temp: 97.6
RR: 19
HR:110
O2: 96% 4L/min nasal cannula
Chest x-ray: Pleural effusion
Blood test:
WBC: 11.9 (elevated)
Cl: 92 (low)
CO2: 36 (elevated)

Patient Information

Patient is 70 years old male with history of COPD, chronic diastolic congestive heart failure, type 2 diabetes mellitus, hypertension, dyslipidemia, chronic back pain, and carcinoma of prostate. failure, chronic kidney disease. She was admitted to hospital due to COPD exacerbation and respiratory failure.

Nursing Interventions

Maintain a patent airway by placing a pillow when sleeping.
Provide respiratory or oxygen support as needed.
Monitor vital signs, especially respiration and oxygen saturation.
Administer oxygen therapy when necessary.
Reassess the skin regularly for any erythema, pressure injury, or any unusual changes.
Make sure to clean, dry, and moisturize the skin.