N431 Care Plan #3

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
3-30-21	MS	69 years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired from solo cup factory.	Widowed	Codeine, gabapentin, hydrocodone, latex, Levaquin—the patient becomes itchy and breaks out in hives.
Code Status	**Height**	**Weight**	
Full code	5'1"	98 pounds	

Medical History (5 Points)

Past Medical History: The patient has a past medical history of hypertension, GERD (gastroesophageal reflux disease), left-eye cataract, cystitis with hematuria, pneumonia with sepsis, chronic emphysema, COPD, and respiratory distress.

Past Surgical History: The patient has a past surgical history of an inguinal hernia repair, appendectomy, cataract surgery, and bilateral breast surgery.

Family History: The patient is not aware of her family history.

Social History (tobacco/alcohol/drugs): The patient has a 55-pack year smoking history but quit five years ago. The patient does not drink or do drugs.

Assistive Devices: The patient uses a cane and oxygen.

Living Situation: The patient lives alone in an apartment in Westville Illinois. Her sister lives in the apartment next door.

Education Level: The patient has a high school diploma.

Admission Assessment

Chief Complaint (2 points): The patient came into the emergency department with shortness of breath.

History of present Illness (10 points): Onset: The patient came into the emergency department on 3-30-21 and stated that her shortness of breath began "yesterday afternoon". Location: The shortness of breath is located in the chest. Duration: The patient's shortness of breath "is constant". Characteristics: The patient stated, "I feel like I can't catch my breath, and it is hard to breath". Associated manifestations: The patient stated, "I feel fatigued and weak overall". Relieving factors: The patient has been resting but states "nothing relieves the shortness of breath". Treatment: The patient has not sought out treatment until coming into the emergency department.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): COPD exacerbation.

Secondary Diagnosis (if applicable): Fatigue.

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

COPD (chronic obstructive pulmonary disease) is a combination of chronic bronchitis, emphysema, and hyperactive airway disease (Capriotti and Frizzell, 2016). Mucus obstructs the airway and inhibits oxygenation. The individual also has hypoxia and cyanosis (Capriotti and Frizzell, 2016). In emphysema specifically (which is the patient's primary condition), the alveoli are over distended, which traps air and creates an obstruction (Capriotti and Frizzell, 2016). Episodes of bronchoconstriction are common. Smoking is associated with COPD and is the highest risk factor. COPD symptoms include shortness of breath, mild but recurrent cough, chest tightness, wheezing, lack of energy, weight loss, and frequent respiratory infections (Pietrangelo, 2021).

An X-ray would be done to diagnose COPD, arterial blood gases would be drawn, and a lung spirometry test would be done (Pietrangelo, 2021). There is no cure for COPD, but there is management. Preventing pulmonary infections (like pneumonia and the flu) is a management technique. Oxygen therapy is used in patients with COPD to breathe and reduce hypoxia (Pietrangelo, 2021). In severe cases, surgery may be done. A surgery that could be performed is called a bullectomy. In this procedure, large spaces of air in the lung are removed (Pietrangelo, 2021). The patient presents with almost all the symptoms of COPD. The patient has shortness of breath, frequent pulmonary infections (pneumonia 2-16-21), and chest tightness. The patient's respiratory rate is elevated, and the X-ray is consistent with COPD (pulmonary congestion consistent with emphysema). The patient is on oxygen and alternates activity with rest.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company.

Pietrangelo, A. (2021, January 22). Everything You Need to Know About Chronic Obstructive Pulmonary Disease (COPD). Healthline. https://www.healthline.com/health/copd#symptoms.

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	**4.40-5.80**	**3.86**	**NA**	**Anemia is common in COPD exacerbation (Capriotti and Frizzell, 2016).**
Hgb	**13.0-16.5**	**8.0**	**NA**	**Hemoglobin can be low in patients with COPD exacerbation due to anemia (Capriotti and Frizzell, 2016).**
Hct	**38.0-50%**	**25.8%**	**NA**	**Hematocrit can be low in patients with COPD exacerbation due to anemia (Capriotti and Frizzell, 2016).**
Platelets	**140-440**	**237**	**NA**	
WBC	**4.00-12.0**	**9.30**	**NA**	
Neutrophils	**47-73**	**61.0%**	**NA**	
Lymphocytes	**18-42%**	**29.0%**	**NA**	
Monocytes	**4-12%**	**5.0%**	**NA**	
Eosinophils	**0-5%**	**5.0%**	**NA**	
Bands	**0.0-1.0%**	**NA**	**NA**	

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-	**133-144**	**139**	**139**	
K+	**3.5-5.1**	**4.5**	**4.6**	
Cl-	**98-107**	**105**	**106**	
CO2	**21-31**	**27**	**25**	
Glucose	**70-99**	**108**	**145**	**The patient does not have diabetes but having a chronic disease can cause blood glucose levels to become elevated (Capriotti and Frizzell, 2016).**
BUN	**6-20**	**18**	**20**	

Creatinine	**0.50-1.00**	**0.52**	**0.64**	
Albumin	**3.5-5.7**	**4.0**	**NA**	
Calcium	**8.8-10.2**	**8.8**	**9.2**	
Mag	**1.6-2.6**	**1.7**	**NA**	
Phosphate	**3.4 – 4.5**	**NA**	**NA**	
Bilirubin	**0.2 – 1.3**	**0.6**	**NA**	
Alk Phos	**38 – 126**	**77**	**NA**	
AST	**14 – 36**	**11**	**NA**	**AST can be low due to damage to tissues (Capriotti and Frizzell, 2016).**
ALT	**0 – 34**	**7**	**NA**	
Amylase	**30 - 110**	**NA**	**NA**	
Lipase	**0 - 160**	**NA**	**NA**	
Lactic Acid	**0.5-2.5**	**NA**	**NA**	
Troponin	**0 – 0.4**	**<0.3**	**NA**	
CK-MB	**5 - 25**	**NA**	**NA**	
Total CK	**22- 128**	**NA**	**NA**	

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	**0.8-1.1**	**NA**	**NA**	
PT	**10.1-13.1 seconds**	**NA**	**NA**	
PTT	**25-36**	**NA**	**NA**	

	seconds			
D-Dimer	0-622 ng/ml	**NA**	**NA**	
BNP	0-100	**NA**	**NA**	
HDL	>40	**NA**	**NA**	
LDL	Less than 130	**NA**	**NA**	
Cholesterol	<200	**NA**	**NA**	
Triglycerides	<150	**NA**	**NA**	
Hgb A1c	4.0-6.0%	**NA**	**NA**	
TSH	0.270-4.200	**NA**	**NA**	

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	Colorless and clear.	**NA**	**NA**	
pH	4.5 - 8	**NA**	**NA**	
Specific Gravity	1.005 – 1.035	**NA**	**NA**	
Glucose	Negative	**NA**	**NA**	
Protein	Negative	**NA**	**NA**	
Ketones	Negative	**NA**	**NA**	
WBC	Negative	**NA**	**NA**	
RBC	Negative	**NA**	**NA**	
Leukoesterase	Negative	**NA**	**NA**	

Arterial Blood Gas 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
pH	**7.35 – 7.45**	**7.50**	**NA**	**The patient's PH is elevated because of compensation due to chronic hypoxia (Capriotti and Frizzell, 2016).**
PaO2	**75 - 100**	**87**	**NA**	
PaCO2	**38 - 42**	**32**	**NA**	**PaCO2 is low due to compensation because of chronic hypoxia (Capriotti and Frizzell, 2016).**
HCO3	**22 - 28**	**25**	**NA**	
SaO2	**95% - 100%**	**96%**	**NA**	

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	Clean catch, no growth	**NA**	**NA**	
Blood Culture	No growth after 3 days	**NA**	**NA**	
Sputum Culture	Negative	**NA**	**NA**	
Stool Culture	The stool should appear brown, soft, and well-formed in	**NA**	**NA**	

	consistency with no blood, mucus, bacteria, or fungi.			

Lab Correlations Reference (1) (APA):

Capriotti, T., & Frizzell, J. P. (2016). Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

The patient had a chest X-ray.

Diagnostic Test Correlation (5 points): The X-ray indicated pulmonary congestion with emphysema and COPD. There have been improvements to the right lung since the patient was last admitted (2-16-21) for pneumonia.

Diagnostic Test Reference (1) (APA):

Capriotti, T., & Frizzell, J. P. (2016). Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company.

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

Home Medications (5 required)

Brand/Generic	**Albuterol sulfate / AccuNeb**	**Baclofen/ Lioresal**	**Lisinopril / Zestril**	**Acetaminophen / Tylenol**	**polyethylene glycol/ MiraLAX**

Dose	**2.5 mg**	**10mg**	**20 mg**	**650mg**	**17 grams**
Frequency	**Every 2 hours PRN**	**2X daily**	**1X daily**	**Every 6 hours PRN**	**2X daily PRN**
Route	**Orally**	**Orally**	**Orally**	**Orally**	**Orally**
Classification	**Bronchodilator**	**Skeletal muscle relaxant**	**Angiotensin-converting enzyme (ACE) inhibitor, antihypertensive.**	**Antipyretic, nonopioid analgesic.**	**Osmotic laxative.**
Mechanism of Action	**Albuterol attaches to beta2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert adenosine triphosphate (ATP) to cyclic adenosine monophosphate (cAMP).**	**Baclofen depresses the stimulation of GABAβ-receptors. This stimulation results in the inhibition of excitatory neurotransmitter (glutamate and aspartate) release, which may normally contribute to pain and spasticity.**	**May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II.**	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.**	**water increases stool volume and stretches the wall of the bowel, triggering the defecation reflex so the digestive system can be unblocked naturally**
Reason Client Taking	**The patient is taking to prevent bronchodilation and help facilitate breathing.**	**The patient is taking for muscle pain.**	**The patient is taking for hypertension.**	**The patient is taking for pain.**	**The patient is taking to reduce constipation.**
Contraindicatio	**Hypersensiti**	**Psychotic**	**A history of**	**Hypersensit**	**Hypersensiti**

ns (2)	**vity to albuterol or its components. *The only contraindication listed in the drug book***	**disorders. Hypersensitivity to baclofen or its components.**	**angioedema, hypersensitivity to lisinopril or its components.**	**ivity to acetaminophen or its components, or severe hepatic impairment.**	**vity to MiraLAX or its components. Irritable bowel syndrome or inflammation.**
Side Effects/Adverse Reactions (2)	**Angina, hypotension.**	**Mood changes, hallucinations.**	**CVA, hypotension.**	**Hypotension, hepatoxicity.**	**Diarrhea, Blood in stool.**
Nursing Considerations (2)	**Be aware that drug tolerance can develop with prolonged use. Use cautiously in patients with cardiac disorders or hypertension because albuterol can worsen these conditions.**	**Be aware that baclofen can case respiratory depression. Be aware that baclofen can cause overstimulation of relaxation.**	**Be aware that lisinopril should not be given to a patient who is hemodynamically unstable after an acute MI. Use lisinopril cautiously in patients with fluid volume deficit, heart failure, impaired renal function, or sodium depletion.**	**Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, ensure that the daily dose of acetaminophen from all sources does not exceed maximum daily limits.**	**Be aware that this drug can cause diarrhea and would need to be discontinued. Pour 4-8 ounces or MiraLAX into a drink or substance that the patient can drink.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor serum potassium because the drug can cause hypokalemia.**	**Assess the patient's respiratory status.**	**Monitor the patients' blood pressure often. Monitor for dehydration and serum**	**Monitor liver function tests (AST, ALT, bilirubin, and**	**Assess bowel sounds to make sure there is not obstruction.**

			creatinine for kidney function.	**creatinine). These must be monitored to ensure liver hepatoxicity has not occurred. Monitoring renal function is also important.**	
Client Teaching needs (2)	**Tell patient to check with her prescriber before using other inhaled drugs. Teach the patient how to use the inhaler.**	**Tell the patient that they should not drive while taking baclofen because of drowsiness. Tell the patient about correct dosage.**	**Explain that lisinopril helps to control but does not cure hypertension and that a patient may need lifelong therapy. Advise the patient to take at the same time every day.**	**Tell patient that tablets may be crushed or swallowed whole, teach patient to recognize signs of hepatoxicity such as bleeding, easy bruising, and malaise.**	**Teach the patient on the potential side effects (diarrhea). Teach the patient how to take the medication.**

Hospital Medications (5 required)

Brand/Generic	**Rivaroxaban/ Xarelto**	**Pantoprazole / Protonix**	**Medrol / Methylprednisolone**	**Zofran / Ondansetron**	**NA: The patient takes**

					over the counter Flonase but has stopped taking it.
Dose	**20mg**	**20mg**	**40mg**	**4 mg**	
Frequency	**1X daily**	**1X daily**	**Every 12 hours**	**PRN**	
Route	**Orally**	**Orally**	**IV**	**IV**	
Classification	**Anticoagulant**	**Proton pump inhibitor, antiulcer**	**Glucocorticoid, Corticosteroid.**	**Antiemetic**	
Mechanism of Action	**Selectively blocks the active site of factor Xa, which plays a central role in the cascade of blood coagulation.**	**Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine-triphosphate enzyme system, or proton pump, in gastric parietal cells.**	**Binds to intracellular glucocorticoid receptors and suppresses inflammatory and immune responses by inhibiting accumulation of monocytes and neutrophils at inflammation sites, stabilizing lysosomal membranes, suppressing the antigen response of macrophages and helper T cells, and inhibiting the synthesis of inflammatory**	**Block's serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine.**	

			response mediators, such as cytokines, interleukins, and prostaglandins.		
Reason Client Taking	**The patient is taking to prevent blood clots.**	**The patient is taking to treat GERD.**	**The patient is taking this steroid to treat the inflammation in the lungs to help her breathe better.**	**The patient is taking for nausea.**	
Contraindications (2)	**Active pathological bleeding. Hypersensitivity to rivaroxaban or its components.**	**Hypersensitivity to pantoprazole, concurrent therapy with rilpivirine containing products.**	**Fungal infection, idiopathic thrombocytopenic purpura.**	**Concomitant use of apomorphine, congenital long QT syndrome.**	
Side Effects/Adverse Reactions (2)	**Cerebral hemorrhage, Subdural hematoma.**	**Pancreatitis, Hepatic failure.**	**Increased intracranial pressure, adrenal insufficiency.**	**Hypotension, intestinal obstruction.**	
Nursing Considerations (2)	**Be aware that is rivaroxaban is discontinued and adequate alternative anticoagulation is not present, the risk of thrombosis is increased. Expect Rivaroxaban to be discontinued if acute renal failure**	**Monitor the patient for bone fracture, especially in patient receiving more than 1 dose. Be aware that a symptomatic response to the drug does not rule out the presence of gastric tumor.**	**Administer with extreme caution in patients with recent myocardial infarction because the steroid can increase the risk of left ventricle free wall rupture. Discard parenteral products that are discolored or contain particles.**	**Know that if hypokalemia or hypo magnesia is present, it needs to be corrected before administration. Use calibrated container or oral syringe to measure dose of oral solution.**	

	occurs.				
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor the patient for signs of hypersensitivity.**	**Monitor PT and INR if the patient takes an anticoagulant.**	**Assess sodium and potassium levels because the patient needs to be on a low-sodium diet with added potassium. Monitor blood glucose levels and assess for infection.**	**Assess patients for hypersensitivity to ondansetron.**	
Client Teaching needs (2)	**Emphasize the importance of taking exactly as prescribed. Tell the patient not to stop taking without consulting the prescriber first.**	**Advise patient to expect relief of symptoms within 2 weeks of starting therapy. Instruct patient to notify prescriber if diarrhea occurs and becomes prolonged or severe.**	**Tell the patient to take a missed dose as soon as they remember unless its nearly time for the next dose. Caution the patient to avoid people with an infectious disease.**	**Advise patient to immediately report signs of hypersensitivity like rash.**	

Medications Reference (1) (APA):

Jones & Bartless Learning. (2020). 2020 Nurse's drug handbook (19th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The patient is alert and oriented X4** **The patient does not seem to be in any distress.** **The patient's overall appearance looks good (hair is combed, patient is up and dressed).**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**The patient's skin is dry and intact.** **The skin is white and warm.** **Normal turgor: 2+** **The patient does have a few bruises on her arms from IV sticks during her stay.** **The patient does not have any rashes or wounds.** **Braden score: 21** **No drains are present.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**The patients head is symmetrical (midline with no deviations).** **The patient has brown hair with a few white streaks. There is no balding or patches.** **The patient's ears are clear and pink with no drainage.** **The tympanic membrane is visible and is pearly grey.** **PEERLA is present. The patient wears glasses.** **The patient does not have nasal deviation.** **The oral mucosa is pink and moist.** **The patient has dentures. The patient's dentures are clean and look good.** .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒**	.**The patient was in normal sinus rhythm.** **S1 and S2 present.** **The patients radial and pedal pulses are palpable.** **There is no peripheral edema.** **Normal capillary refill: less than 3 seconds.**

Edema Y ☐ N ☒ **Location of Edema:**	**The patient has no neck vein distension.**
RESPIRATORY (2 points): **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	**The patient's breath sounds are diminished and labored bilaterally. The patient is using accessory muscles slightly and is breathing faster (RR is 22).**
GASTROINTESTINAL (2 points): **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:**	**The patient is on a regular diet at home and here at the hospital.** **Height: 5'1"** **Weight: 98 pounds** **Normoactive bowel sounds heard in all four quadrants.** **Last BM: 3-30-21** **There is no distension, incisions, scars, drains, or 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:**	**The patient's urine is clear and yellow.** **The patient is voiding regularly.** **The patient reports no pain or trouble with urination.** **The patient's genitals are clean and intact.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:**	**The patient has active ROM bilaterally.** **The patient is independent, ambulates around the room, and takes care of herself at home.** **The patient uses a cane occasionally if she is feeling fatigued.** **The patient is currently weak because of the COPD exacerbation but has normal strength regularly.** **The patient is not a fall risk.**

Independent (up ad lib) ☐ **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	**Fall score: 10.**
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**The patient moves all extremities well.** **PERLA is present.** **The patient's strength is equal on both sides and in upper/lower extremities.** **The patient is orientated, and mental status is normal.** **The Patients speech is clear and concise.** **The patient uses glasses and has no LOC.**
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):**	**The patient is Christian and goes to church every Sunday with her brother and sister. Her sister lives next door to her and they are close.** **The patient is developed.** **The patient plays cards, gardens, and listens to music to cope.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:00am	**94**	**141/78**	**22**	**97.8 oral**	**97% 3 L nasal cannula**
11:00am	**102**	**138/86**	**22**	**98.1 oral**	**98% 3 L nasal cannula**

Vital Sign Trends: The patient's respiratory rate is elevated because she has shortness of breath.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
07:00am	**0-10**	**NA**	**NA**	**The patient reports no pain.**	**NA**
11:00am	**0-10**	**NA**	**NA**	**NA**	**NA**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	**The patient has a peripheral IV in the right median vein.** **Size: 20 gauge** **Date: 3-30-21** **Patency: IV is patent and there is no signs of erythema or drainage.** **IV dressing is intact and no sign of infiltration.** **There are currently no IV fluids running.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
310 ml dinner **480 ml breakfast** **240 ml PO** **50ml IV piggyback** **Total: 1080 ml**	**500ml urine**

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was admitted to the medical-surgical floor on 3-30-21 for COPD exacerbation. Upon admission, the patient had labored, and diminished breath sounds. The patient was also experiencing weakness and generalized fatigue. The patient reports no pain. The patient is on a regular diet. The patient is being discharged later in the afternoon.

Procedures/testing done: The patient had a chest X-ray which indicated pulmonary congestion with emphysema and COPD.

Complaints/Issues: The patient's only complaint is shortness of breath.

Vital signs (stable/unstable): The patients vital signs are stable. The patients respiratory rate is slightly elevated.

Tolerating diet, activity, etc.: The patient is tolerating diet and activity.

Physician notifications: The physician is planning for discharge and recommended home oxygen continuously.

Future plans for patient: The patients COPD and lung function will continue to be monitored.

Discharge Planning (2 points)

Discharge location: The patient is going to her apartment in Westville Illinois after discharge.

Home health needs (if applicable): The patient needs at home oxygen.

Equipment needs (if applicable): The patient does not need any equipment (she already has a cane).

Follow up plan: The patient needs to follow up with her primary care physician regarding COPD.

Education needs: The patient needs education on how to manage fatigue with COPD. The patient needs to alternate between activity and rest.

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. Activity intolerance related to COPD as evidence by fatigue and shortness of breath.	**The patient is fatigued and is short of breath. She can not do much around the house currently.**	**1.Provide rest in between activity.** **2.Teach the patient how to enhance breathing by using techniques like pursed lip breathing.**	**Goals: improve the patients activity intolerance and reducing fatigue. Outcomes: The patient was willing to rest in between her daily activities. The patient practiced pursed lip breathing and mentioned that she would do it more often.**
2. Imbalanced nutrition related to dyspnea and shortness of breath as evidence by eating habits.	**The patient does not eat much because of the trouble with breathing.**	**1. Tell the patient to eat meals that have higher calories (eating less but higher calorie meals).** **2.Tell the patient to increase oral intake to loosen up secretions and help clear the airway.**	**Goals: Enhance nutrition by eating higher calorie meals and drinking more to loosen secretions making it easier to breath. Outcomes: The patient was willing to eat higher calorie meals. The patient was also willing to increase her oral intake.**
3. Risk for infection related to chronic disease as evidence by	**The patient had pneumonia about 2 months ago and is in often for**	**1. Recommend limiting visitors and distancing herself from people with**	**Goals: Decrease the risk of respiratory infections. Outcomes: the patient was willing to social**

frequent respiratory infections.	**respiratory infections.**	**known infections.** **2 Stress generalized techniques to prevent infection like washing hands and vaccinating against the flu and pneumonia.**	**distance against people who are sick (she only sees her brother and sister daily) and has the flu/pneumonia vaccine.**
4. Ineffective airway clearance related to COPD as evidence by changes in respiratory rate.	**The patient's respiratory rate is elevated and has diminished breath sounds.**	**1. Elevate the head of the bed.** **2. encourage fluid intake and movement.**	**Goals: Help facilitate effective breathing and open the airway. Outcomes: The patient was sitting up, drinking fluids, and ambulating around the room to help breathing.**

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2020). All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health. St. Louis, MO: Elsevier.

Concept Map (20 Points):

Subjective Data

The patient stated, “I came into the emergency department because I was short of breath and fatigued”.

The patient stated, “I am in no pain”.

The patient stated, “I am weak overall, but I think I am ready to go home because I feel better than I have”.

Nursing Diagnosis/Outcomes

1. Activity intolerance related to COPD as evidence by fatigue and shortness of breath. Outcomes: The patient was willing to rest in between her daily activities. The patient practiced pursed lip breathing and mentioned that she would do it more often.
2. Imbalanced nutrition related to dyspnea and shortness of breath as evidence by eating habits. Outcomes: The patient was willing to eat higher calorie meals. The patient was also willing to increase her oral intake.
3. Risk for infection related to chronic disease as evidence by frequent respiratory infections. Outcomes: the patient was willing to social distance against people who are sick (she only sees her brother and sister daily) and has the flu/pneumonia vaccine.
4. Ineffective airway clearance related to COPD as evidence by changes in respiratory rate. Outcomes: The patient was sitting up, drinking fluids, and ambulating around the room to help breathing.

Objective Data

Vital signs:

BP: 138/86. RR: 22. Pulse: 102

Temp: 98.1 orally

O2: 98% on 3L nasal cannula.

The patient is sitting up in bed and looks well.

The patient ambulates independently.

Patient Information

The patient is a 69-year-old female who came into the emergency department on 3-30-21 because she was experiencing shortness of breath and fatigue.

The patient was admitted to the medical-surgical floor at OSF in Danville Illinois. The patient is on 3L of oxygen via nasal cannula and is being discharged.

Nursing Interventions

1. Provide rest in between activity. Teach the patient how to enhance breathing by using techniques like pursed lip breathing.
2. Tell the patient to eat meals that have higher calories (eating less but higher calorie meals). Tell the patient to increase oral intake to loosen up secretions and help clear the airway.
3. Recommend limiting visitors and distancing herself from people with known infections. Stress generalized techniques to prevent infection like washing hands and vaccinating against the flu and pneumonia.
4. Elevate the head of the bed. encourage fluid intake and movement.