N431 Care Plan 1

Lakeview College of Nursing

Bryson Cutts

Demographics (3 points)

Date of Admission 05/27/2021	**Patient Initials** R.D.L.	**Age** 80 years old	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Not married	**Allergies** Bananas (anaphylaxis) Ibuprofen (rash) Bactrim (rash) Fluoxetine (“every side effect”) Sulfa drugs (rash) Trimethoprim (rash)
Code Status FULL	**Height** 161.5 cm	**Weight** 71.2 kg	

Medical History (5 Points)

Past Medical History: Chronic obstructive pulmonary disease (COPD), aortic stenosis, chest pain, hypertension (HTN), iron-deficiency anemia, mixed hyperlipidemia (HLD), depression, congestive heart failure (CHF), chronic kidney disease stage three (CKD S3), bipolar disorder (BD), anxiety, type 2 diabetes mellitus (T2DM), benign prostatic hypertrophy (BPH), neuropathy

Past Surgical History: Colonoscopy with biopsy (12/11/2018), esophagogastroduodenoscopy with biopsy (07/10/2018), phacoemulsification cataract with intraocular lens implantation (08/03/2017), appendectomy, cardiac catheterization (2011), colonoscopy, thoracotomy, tonsillectomy, adenoidectomy

Family History: Father: COPD, MI**;** Mother: Alzheimer’s disease**;** Maternal grandmother: MI**;** Sister: DM, lung cancer**;** Brother: Lung cancer

Social History (tobacco/alcohol/drugs): The patient is a former smoker of 1 pack per 2-3 days for stated “50-some years.” Patient quit smoking in 2017. Patient denies recreational drug use.

Patient claims to have “one beer,” or 4.5 ounces, every “three months during happy hour” at Heritage Woods. Patient states he used to be a heavy drinker but cannot remember the details on when he quit, how much, and how often he drank.

Assistive Devices: Walker, glasses (reading)

Living Situation: Resident at Heritage Woods assisted living facility

Education Level: High school graduate

Admission Assessment

Chief Complaint (2 points): Shortness of breath

History of present Illness (10 points):

An 80-year-old male patient was admitted to the hospital on May 25, 2021, with complaints of being “short of breath.” The dyspnea was described as a “generalized feeling” that made the patient feel “tired and weak.” The dyspnea was persistent and was associated with lethargy, weakness, and an occasional productive cough. The patient claimed to be pain-free with a score of 0 on the numerical pain scale. Mild exertion worsened the patient’s shortness of breath, while rest caused an improvement. The patient attempted to treat the dyspnea with his “COPD meds and oxygen.”

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): N/A

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

Inhaled droplets transmit pneumonia. The bacteria or virus arouses alveolar inflammation, which causes a rapid influx of neutrophils to the area. Also, goblet cells secrete copious amounts of mucous. The alveoli develop fluid within themselves, and they often cannot expand accordingly, which leads to impaired gas exchange (Capriotti, 2020). Once the gas exchange becomes inadequate, a patient can become hypoxic and hypercapnic due to the inability to inhale and exhale appropriately.

A cough is typically the first manifestation of pneumonia (Capriotti, 2020). The cough could be dry or productive, and in this patient's case, occasional productive coughing was observed. Dyspnea, pleuritic chest pain, febrility, tachycardia, tachypnea, and crackles in the bases of the lungs upon auscultation are common findings. Pneumonia often causes hypotension and reduced oxygen saturation. The patient did not appear to be dyspneic while resting, and he was not showing signs of a fever, nor was he tachycardic or tachypneic. He did not have the basilar crackles typically associated with pneumonia; he had coarse and diminished breath sounds from his history of COPD. The patient's vital signs were stable; his blood pressure was trending downward with the help of metoprolol and isosorbide mononitrate.

The gold standard for diagnosing pneumonia is chest radiography, which concurred the patient's diagnosis of pneumonia. A complete blood count (CBC) with differential will determine a bacterial or viral origin by revealing an elevation in corresponding granulocytes, such as neutrophils for bacteria and lymphocytes for viruses. This patient's neutrophils were elevated,

while his lymphocytes were decreased, so this is indicative of bacterial pneumonia. The CBC with differential should be followed up with a sputum culture to figure out the exact organism (Capriotti, 2020).

Either antibiotics or antiviral medications can be used to treat pneumonia, depending on the source. The patient was given oral cefpodoxime and doxycycline to combat the infection. These antibiotics are common respiratory medications (Jones & Bartlett Learning, 2020). Also, elevating the patient's head level allows for optimal chest expansion. Oxygen administration may be needed as well; this patient was on 3 liters by nasal cannula. He did not appear distressed while lying supine, and his oxygen saturation was no less than 97%. Naproxen and other antipyretics can be used if the patient gets feverish. (Jones & Bartlett, 2020). It is also essential for the patient to remain hydrated with 2-3 liters of water daily to ensure his secretions are thinned and can be expectorated.

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)	4.28-5.41	3.86	3.64	The patient has a history of anemia, which would explain the low RBCs (Capriotti, 2020)
Hgb (g/dL)	13-17	10.5	9.9	Hgb follows the RBCs, and considering the patient has anemia and low RBCs, Hgb will follow suit and be decreased (Capriotti, 2020).
Hct (%)	38.1-48.9	32.2	30.5	Hct follows the RBCs, and considering the patient has anemia and low RBCs, Hct will follow suit and be decreased (Capriotti, 2020).
Platelets (K/mcL)	149-393	264	263	N/A
WBC (K/mcL)	4.0-11.7	20.2	19.0	The elevated WBC count is indicative of the pneumonia infection (Capriotti, 2020).
Neutrophils (%)	45.3-79.0	87.3	N/A	The elevated neutrophil count is indicative of a bacterial infection (Capriotti, 2020).
Lymphocytes (%)	11.8-45.9	5.1	N/A	The decreased lymphocyte count is indicative of a nonviral infection (Capriotti, 2020).
Monocytes (%)	4.4-12.0	4.9	N/A	N/A
Eosinophils (%)	0-6.3	2.5	N/A	N/A
Bands (%)	0-5.1	0.2	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
Na- (mmol/L)	136-145	138	143	N/A
K+ (mmol/L)	3.5-5.1	4.2	4.9	N/A

Cl- (mmol/L)	98-107	104	106	N/A
CO2 (mmol/L)	21-31	24	25	N/A
Glucose (mg/dL)	74-109	131	112	The patient has type 2 diabetes mellitus and was on oral prednisone, which are both factors contributing to hyperglycemia (Capriotti, 2020). Also, the patient may have eaten prior to the glucose readings.
BUN (mg/dL)	7-25	55	49	The patient has CKD stage III (Capriotti, 2020).
Creatinine (mg/dL)	0.70-1.30	2.35	1.58	The patient has CKD stage III (Capriotti, 2020).
Albumin (g/dL)	3.5-5.3	3.5	N/A	N/A
Calcium (mg/dL)	8.6-10.3	8.7	8.6	N/A
Magnesium (mg/dL)	1.6-2.5	N/A	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	73	N/A	N/A
AST (U/L)	10-30	16	N/A	N/A
ALT (U/L)	10-40	18	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	1.3	N/A	N/A
Troponin (ng/mL)	0.000-0.030	0.012	N/A	N/A
CK-MB (ng/mL)	0.60-6.30	3.30	N/A	N/A
Total CK (intlU/L)	30-223	74	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	Yellow/Clear	Yellow/ Clear	N/A
pH	5-8	5.0	N/A	N/A
Specific Gravity	1.005-1.035	1.013	N/A	N/A
Glucose (mg/dL)	0-14.41	300	N/A	The patient has type 2 diabetes mellitus (Capriotti, 2020).

Protein	Negative	Negative	N/A	N/A
Ketones	Negative	Negative	N/A	N/A
WBC	Negative	Negative	N/A	N/A
RBC	0-5	Negative	N/A	N/A
Leukoesterase	0-5	Negative	N/A	N/A

Arterial Blood Gas Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

***** This patient had his venous blood gases completed, so the results below will be for those instead of arterial blood gases.**

Test (VBGs)	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	7.31-7.41	7.31	N/A	N/A
PvO2 (mm Hg)	40-50	28	N/A	The patient's Hgb is low, which can explain the low Pv02 (Capriotti, 2020).
PvCO2 (mm Hg)	40-50	48.9	N/A	N/A
HCO3 (mEq/L)	22-26	22.1	N/A	N/A
SvO2 (%)	60-75	54.5	N/A	The patient's Hgb is low, which can explain the low Sv02 (Capriotti, 2020).

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	Negative	N/A	There were no foreign microorganisms present in the patient's urine (Sarah Bush Lincoln, 2021).
Blood Culture	Negative	Negative	N/A	There were no foreign microorganisms present in the patient's blood (Sarah Bush

				Lincoln, 2021).
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Sarah Bush Lincoln Health Reference Guide. (2021). *Cerner*. https://www.sarahbush.org

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest Radiography (CXR) on 05/27/2021

Electrocardiogram (EKG) on 05/27/2021

Diagnostic Test Correlation (5 points):

CXR: Right lower lobe opacities and small pleural effusion, mild scarring in both lungs on all lobes

The CXR was conducted to determine if the patient had pneumonia; it was positive.

EKG: Normal sinus rhythm with a right bundle branch block

The EKG was conducted because the patient has a history of aortic stenosis, angina pectoris, CAD, and HLD, which place him at risk for cardiac dysrhythmias. This patient is also on metoprolol, which can alter the electrical conduction of the heart.

Diagnostic Test Reference (1) (APA):

Sarah Bush Lincoln Health Reference Guide. (2021). *Cerner*. https://www.sarahbush.org

Current Medications (10 points, 1 point per completed med)

10 different medications must be completed

Home Medications (5 required)

Brand/ Generic	Cozaar/ Losartan	Lasix/ Furosemide	Glucophage/ Metformin	MiraLax/ Polyethylene glycol	Yupelri/ Revefenacin
Dose	12.5 mg (0.5 tab)	20 mg (1 tab)	500 mg (1 tab)	17 g (dissolve in 8 oz of water)	175 mcg
Frequency	Daily	Daily	Daily	Daily	Daily
Route	Oral	Oral	Oral	Oral	Inhalation
Classification	Angiotensin 2-recptor blocker	Loop diuretic	Biguanide antidiabetic	Osmotic laxative	Anticholinergic bronchodilator
Mechanism of Action	This medication selectively blocks angiotensin II binding to the AT1 receptor, thereby inhibiting the vasoconstrictor and aldosterone-secreting effects of angiotensin II.	This medication inhibits sodium and chloride reabsorption at the proximal and distal tubules as well as the ascending loop of Henle.	This medication improves glucose tolerance in diabetic patients by lowering both basal and post-prandial plasma glucose. Its actions include decreasing hepatic glucose production, decreasing intestinal absorption of glucose, and improving insulin sensitivity by increasing glucose uptake and utilization; it does not affect insulin secretion. This drug has an antiketogenic	This medication exerts an osmotic action in the gut, inducing a laxative effect. Increases stool volume, which triggers colon motility via neuromuscular pathways.	This medication inhibits the M3 receptor in airway smooth muscle leading to bronchodilation; effects were dose dependent and lasted over 24 hours. Bronchodilation with this drug is mostly site specific.

			activity which is comparable although inferior to insulin. Metformin has a modest favorable effect on serum lipids.		
Reason Client Taking	HTN	HTN, CHF	T2DM	Constipation	COPD
Contraindications (2)	Hypotension, hyperkalemia	Hypokalemia, hyperglycemia	CHF, CKD	CKD, CHF	Urinary retention, glaucoma
Side Effects/Adverse Reactions (2)	Hypotension, angioedema	Thrombocytopenia, cardiac dysrhythmias	Hypoglycemia, lactic acidosis	Nausea, bloating	HTN, back pain
Nursing Considerations (2)	This medication can cause hypotension so monitor the patient's blood pressure. This medication can cause hyperkalemia so monitor the patient's serum potassium level.	This medication can cause hypokalemia so monitor the patient's serum potassium level. Monitor the patient's urinary output.	This medication can cause lactic acidosis so monitor the patient for signs such as abdominal pai, myalgia, and respiratory distress. This medication can worsen CKD so monitor the patient's glomerular filtration rate (GFR).	This medication should not be used long-term due to the potential for electrolyte imbalances. This medication may cause GI upset so monitor for nausea.	This medication can cause urinary retention so monitor the patient's urinary output. This medication is only for maintenance of COPD.
Key Nursing Assessment(s)	Assess the patient's	Review the patient's	Review the patient's serum	Assess the patient for	Auscultate all lung fields.

/Lab(s) Prior to Administration	blood pressure. Review the patient's serum potassium level.	serum potassium level. Assess the patient's blood pressure.	blood glucose level. Assess the patient's GFR.	abdominal distention. Auscultate the patient's abdomen.	Assess for urinary retention.
Client Teaching needs (2)	Do not use potassium salts on foods. Do not drink excessive amounts of alcohol.	Take this medication at the same time each day to preserve its effects. Check your serum blood glucose levels diligently.	Check your serum blood glucose level diligently. Do not drink alcohol.	Increase your fluid intake. Frequent and prolonged use may cause electrolyte imbalances.	This medication is only for long-term treatment of COPD. Report difficulty voiding.

Hospital Medications (5 required)

Brand/Generic	Zyprexa/ Olanzapine	Lopressor/ Metoprolol	Protonix/ Pantoprazole	Vantin/ Cefpodoxime	Monoket/ Isosorbide mononitrate
Dose	7.5 mg (1.5 tablets)	25 mg (1 tablet)	40 mg (1 tablet)	200 mg (1 tablet)	30 mg (1 tablet)
Frequency	Every 12 hours	Daily	Daily	Every 12 hours	Every morning
Route	Oral	Oral	Oral	Oral	Oral
Classification	Atypical antipsychotic	Beta-1 adrenergic blocker	Proton pump inhibitor	Third-generation cephalosporin antibiotic	Nitrate antianginal, vasodilator
Mechanism of Action	Schizophrenia is mediated through a combination of antagonistic activity at dopamine and	This medication selectively blocks beta-1 adrenergic receptors in the heart at lower doses;	This medication inhibits gastric acid secretion through selective binding to	This medication causes the inhibition of bacterial cell wall synthesis. Cefpodoxi	This medication dilates peripheral veins, which leads to reduced preload, and

	serotonin type 2 (5-HT2) receptors. Antagonist activity at other receptors may explain its other effects, specifically; antagonism at the muscarinic receptors, its anticholinergic-like effects; antagonism at the histamine H1 receptors, somnolence; and antagonism at adrenergic alpha 1 receptors, orthostatic hypotension.	also inhibits beta-2 adrenergic receptors in the bronchi and peripheral vessels at higher doses.	and permanent inhibition of H+/K+ -ATPase, the "proton pump," on the secretory surface of parietal cells. The reduced gastric acidity provides a suitable environment for antibiotic treatment of Helicobacter pylori.	me is active against a variety of gram-positive and gram-negative organisms including most strains of methicillin-sensitive Staphylococcus aureus, S saprophyticus, penicillin-sensitive Streptococcus pneumoniae, S pyogenes, Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, Haemophilus influenzae, Moraxella catarrhalis, and Neisseria gonorrhoeae. It is inactive against enterococci and most strains of	to a lesser extent, dilates peripheral arteries, which leads to reduced afterload. Anginal relief is likely due to increased coronary artery blood flow and decreased myocardial oxygen demand.

				Enterobacter and Pseudomonas.	
Reason Client Taking	BD, schizoaffective disorder	HTN	Gastric reflux	Pneumonia	Angina
Contraindications (2)	CAD, HTN	Diabetes, third-degree heart block	CKD, hepatic disease	CKD, hypersensitivity to cephalosporins	Anemia, bradycardia
Side Effects/Adverse Reactions (2)	Suicidal ideation, peripheral edema	Bronchospasm, bradycardia	Rhabdomyolysis, pancreatitis	Seizures, renal failure	Orthostatic hypotension, headache
Nursing Considerations (2)	This medication can cause hypotension so monitor the patient's blood pressure. This medication can cause an increase in lipid levels.	This medication can cause cardiac dysrhythmias so monitor the patient's cardiac electrical rhythm. This medication can worsen CHF by reducing cardiac contractility.	This medication can cause hypomagnesemia, so monitor the patient's magnesium level. This medication can cause *Clostridium difficile* so monitor the patient for foul-smelling diarrhea.	This medication can cause diarrhea so assess the patient's bowel movements daily. This medication can cause worsen renal function so monitor Cr and BUN.	This medication can cause hypotension so monitor the patient's blood pressure. This medication can cause severe headaches.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess the patient's blood pressure. Assess the patient's blood pressure.	Assess the patient's heart rate. Assess the patient's blood pressure.	Assess for hypersensitivity. Review the patient's magnesium level.	Assess the patient's pathology report. Review the patient's Cr and BUN.	Assess the patient's heart rate. Assess the patient's blood pressure.
Client Teaching needs (2)	Change positions	Do not take this	Notify the provider if	This medication	This medication

	slowly due to risk of orthostatic hypotension. Avoid alcohol while taking this medication.	medication if your heart rate is below 60 beats per minute. Check your serum blood glucose levels diligently.	you experience a decrease in urine output. Notify the provider if you experience persistently strange symptoms, which may be hypomagnesemia.	is nephrotoxic so notify your provider of decreased urine output. Take the full course of the medication so drug resistance does not develop.	can cause headaches. Do not consume alcohol with this medication.

Medications Reference (1) (APA):

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

Sarah Bush Lincoln Health Reference Guide. (2021). *Cerner*. https://www.sarahbush.org

Assessment

Physical Exam (18 points)

GENERAL (1 point):	**Alertness:** Alert and responsive **Orientation:** Oriented to person, place, time, situation **Distress:** Does not appear distressed **Appearance:** Appropriately dressed
INTEGUMENTARY (2 points): **Skin color:** Usual for ethnicity **Character:** Dry, intact **Temperature:** Warm **Turgor:** Loose **Rashes:** None **Bruises:** Multiple on forearms bilaterally due to failed intravenous insertion attempts. **Wounds:** None **Braden Score:** 21 **Drains present:** No drains present **Type:** N/A	**Skin color:** Usual for ethnicity **Character:** Dry, intact **Temperature:** Warm **Turgor:** Loose
HEENT (1 point):	**Head:** Normocephalic, symmetrical facial features **Neck:** Palpable thyroid cartilage, no tracheal deviation, no palpable lymph nodes, 3+ carotid pulse bilaterally **Eyes:** pupils are equal, round, reactive to light, and accommodate, white sclera & conjunctiva, intact extraocular movements **Ears:** Gray tympanic membranes bilaterally, auricle pinna are intact **Oral cavity:** Pink, moist, firm gingiva Pink, moist buccal mucosa Rise, fall of soft palate, symmetrical uvula Discolored molars, absent incisors **Nose:** Bilateral patency, no discharge, no frontal or maxillary sinus pain
CARDIOVASCULAR (2 points): **Heart sounds:** S1, S2 **Cardiac rhythm (if applicable):** Regular **Peripheral Pulses:** 3+ radial bilaterally, 3+ carotid bilateral, and 2+ tibial bilaterally **Capillary refill:** <3 seconds **Neck Vein Distention:** Absent **Edema:** Absent **Location of Edema:** N/A	**Heart rhythm:** Regular **Heart sounds:** S1, S2 **Pulses:** 3+ radial bilaterally, carotid bilateral, and tibial bilaterally **Cap refill:** <3 seconds **Edema:** 0

RESPIRATORY (2 points): **Accessory muscle use:** No **Breath Sounds:** Coarse, diminished in all lobes anteriorly and posteriorly	**Respiratory Rate:** Regular **Respiratory pattern:** Regular **Respiratory sounds:** Coarse, diminished in all lobes anteriorly and posteriorly **Lung aeration:** Equal in all lobes anteriorly and posteriorly NC 3L O_2
GASTROINTESTINAL (2 points): **Diet at home:** "2-3 meals/day with snacks" **Current Diet:** 1,500-1,700 calories (75 g CHO) **Height:** 161.5 cm **Weight:** 71.2 kg **Auscultation Bowel sounds:** Yes **Last BM:** 06/01/2021 **Palpation: Pain, Mass etc.:** No pain, no distention, no masses **Inspection:** Yes **Distention:** None **Incisions:** None **Scars:** None **Drains:** None **Wounds:** None **Ostomy:** None **Nasogastric:** None **Size:** N/A **Feeding tubes/PEG tube:** None **Type:** N/A	**Bowel sounds:** Active in all 4 quadrants **Abdomen:** Soft, round, nontender
GENITOURINARY (2 Points): **Color:** Yellow **Character:** Clear **Quantity of urine:** 125 mL **Pain with urination:** No **Dialysis:** No **Inspection of genitals:** N/A **Catheter:** No **Type:** N/A **Size:** N/A	**Color:** Yellow **Clarity:** Clear No costovertebral angel tenderness
MUSCULOSKELETAL (2 points): **Neurovascular status:** Pink nailbeds, cap refill <3 seconds, warm extremities **ROM:** Active in all 4 extremities bilaterally **Supportive devices:** Walker **Strength:** 5 in all 4 extremities bilaterally	**Neurovascular:** Pink nailbeds, cap refill <3 seconds, warm extremities **ROM:** Active in all 4 extremities bilaterally **Strength:** 5 in all four extremities bilaterally

ADL Assistance: Yes **Fall Risk:** Yes **Fall Score:** 45 **Activity/Mobility Status:** Up with 1 and walker **Independent (up ad lib):** No **Needs assistance with equipment:** Yes **Needs support to stand and walk:** Yes	
NEUROLOGICAL (2 points): **MAEW:** Yes **PERRLA:** Yes **Strength Equal:** Yes **Orientation:** Oriented to person, place, time, situation **Mental Status:** Normal cognition **Speech:** Clear **Sensory:** Light and deep stimuli response **LOC:** Alert	**Orientation:** Oriented to person, place, time, situation **Cognition:** Normal **Speech:** Clear **Sensory:** Light and deep stimuli response **LOC:** 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):**	**Coping methods:** Patient used to drink to cope, now he watches television **Developmental level:** High school graduate **Religious/Spiritual:** Nondenominational Christian, he "believes in God and Jesus", they bring him comfort **Personal/Family:** Lives at Heritage Woods assisted living with no family or friend support verbalized

Vital Signs, 2 sets (5 points)

Time	Pulse (bpm)	B/P (mm Hg)	Resp Rate (breaths/minute)	Temp (Celsius)	Oxygen (%)
0840	65 bpm	137/66 mm Hg	20 breaths/minute	36.3 Celsius	99%
1234	68 bpm	114/62 mm Hg	18 breaths/minute	36.3 Celsius	99%

Vital Sign Trends: The patient's vital signs are stable, except for his blood pressure trending downward, possibly due to metoprolol and losartan.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0840	Numerical	N/A	0/10	N/A	N/A
1357	Numerical	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 gauge (Midline) **Location of IV:** Left upper extremity **Date on IV:** 05/31/2021 **Patency of IV:** Patent, dry, intact **Signs of erythema, drainage, etc.:** No erythema or drainage **IV dressing assessment:** Dry, intact, warmth consistent with total body	No current infusions due to a burning sensation felt by the patient.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL coffee 120 mL orange juice	125 mL voided

Nursing Care

Summary of Care (2 points)

Overview of care: Administered medication, completed physical assessment

Procedures/testing done: The patient did not have any tests completed on 06/01/2021.

Complaints/Issues: Patient expresses no complaints or issues

Vital signs (stable/unstable): Stable; however, blood pressure is trending downward

Tolerating diet, activity, etc.: 1,500-1,700 calories (CHO 75 g), up with one and a walker

Physician notifications: Patient will continue bronchodilator Brovana, budesonide, ProAir, Yupelri, and Daliresp twice daily; maintain oxygen saturation at or above 90%; complete oral antibiotic therapy in 7-10 days

Future plans for patient: Patient will be discharge to Heritage Woods

Discharge Planning (2 points)

Discharge location: Heritage Woods assisted living

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Follow up with more imaging (CXR) in 3-4 weeks

Education needs: Adhere to antibiotic therapy, remain compliant with all medications

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 the top priority and is especially the case for someone with pneumonia, not to mention COPD.	**1.** I elevated the head of the bed to promote optimal airway clearance. **2.** I auscultated the patient's lungs.	**1.** The patient expectorated sputum. **2.** The patient's respirations appear coarse and diminished in all lung fields.
2. Ineffective breathing pattern related to COPD as evidenced by	Airway clearance is more urgent; however,	**1.** I assessed the patient's respiratory status.	**1.** The patient maintained an SaO2 of 97%. His rate and rhythm were regular.

coarse and diminished breath sounds in all lung fields.	breathing is next in line.	**2.** I repositioned the patient to his side.	His breath sounds were coarse and diminished in all lung fields. **2.** The position change did not improve or worsen his pulmonary functionality.
3. Impaired gas exchange related to COPD and anemia as evidenced by reduced PvO2, SvO2, and Hgb.	Tissue perfusion follows breathing pattern in list of importance.	**1.** The head of the bed remained elevated. **2.** I assessed capillary refill on the patient's upper and lower extremities.	**1.** The patient maintained an arterial oxygen saturation of no less than 97% with 3 liters of oxygen by nasal cannula. **2.** The patient's capillary refill was less than 3 seconds in all 4 extremities.
4. Risk for ineffective protection related to CKD as evidenced by decreased erythropoietin (EPO).	CKD can contribute to anemia due to the reduction of EPO, which can cause reduce RBC-production.	**1.** I monitored the patient's level of conscious. **2.** I monitored the patient's CBC.	**1.** The patient remained alert and oriented to person, place, time, and situation. **2.** The patient's RBCs, Hgb, and Hct remained low.

Other References (APA): N/A

Concept Map (20 Points):

Subjective Data

The patient reports dyspnea, fatigue, and lethargy. The patient states his pain is a 0/10.

Nursing Diagnosis/Outcomes

1. Ineffective airway clearance related to pneumonia as evidenced by productive cough.
-Auscultate clear lung sounds in any or all lung fields
2. Ineffective breathing pattern related to COPD as evidenced by coarse and diminished breath sounds in all lung fields.
-Maintain SaO2 of 97%
3. Impaired gas exchange related to COPD and anemia as evidenced by reduced PvO2, SvO2, and Hgb.
-Raise PvO2, SvO2, and Hgb to normal ranges
4. Risk for ineffective protection related to CKD as evidenced by decreased erythropoietin (EPO).
-Improve erythrocyte and associated laboratory values to normal ranges

Objective Data

Abnormal Labs:
WBC: 19.0 K/mcL
Neutrophils: 87.3%
Lymphocytes: 5.1%
Assessment Findings:
Coarse, diminished breath sounds in all lung fields
Imaging:
CXR: small opacities in right lung base

Patient Information

A 80-year-old male with a history of COPD, CHF, CKD, and T2DM is admitted with a chief complaint of shortness of breath related to a primary diagnosis of pneumonia.

Nursing Interventions

1. I elevated the head of the bed to promote optimal airway clearance.
2. I auscultated the patient's lungs.
3. The head of the bed remained elevated.
4. I assessed capillary refill on the patient's upper and lower extremities.
5. I repositioned the patient to his side.
6. I monitored the patient's level of conscious.
7. I monitored the patient's CBC.
8. Administered oral cefpodoxime and doxycycline
9. Adjusted nasal cannula position and inspect the skin integrity around the nares