N321 Care Plan # 2

Lakeview College of Nursing

Name: Kayla Wolpert

Demographics (3 points)

Date of Admission 06-09-2021	**Patient Initials** N.R.	**Age** 81 years old	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Widowed	**Allergies** Sulfa antibiotic, Levaquin [Levaquin in D5w]
Code Status FULL	**Height** 5’6”	**Weight** 116lbs	

Medical History (5 Points)

Past Medical History: Patient (pt) past history include vitamin D deficiency, shingles, actinic keratitis, traumatic closed fracture (fx) distal end radius and ulna with minimal displacement, allergic rhinitis, hypertension (HTN), chronic obstructive pulmonary disorder (COPD), sleep apnea, acute respiratory failure with hypoxia and hypercapnia, COPD exacerbation.

Past Surgical History: Pt’s past surgical history include cholecystectomy, tubal ligation, unspecified eye surgery, tooth extraction, and upper gastrointestinal endoscopy.

Family History: Patient had no known past family history.

Social History (tobacco/alcohol/drugs): Pt does not partake in alcohol or drugs. Pt does currently smoke approximately 2-4 cigarettes daily.

Assistive Devices: Pt does not use any assistive devices at home.

Living Situation: Pt states, “I live alone with my aquarium of fish”.

Education Level: Pt states, “I have some college experience, but I did not finish to be able to receive a degree”.

Admission Assessment

Chief Complaint (2 points): Pt complains of shortness of breath.

History of present Illness (10 points): Pt is an 81-year-old Caucasian female with a history of tobacco use, COPD, chronic hypoxemic respiratory failure on 4 L of oxygen at home who was admitted for shortness of breath. Pt is a chronic smoker and currently smokes 2-4 cigarettes daily. She told the staff that she has lost quite a bit of weight upon admission in the past month. Pt has become more out of breath when ambulating. After coming to the hospital, pt had a chest x-ray and chest CT, which showed consolidation in the right lower lobe of the lungs with an unknown mass at the lungs. Chart states, “Pt was given Rocephin and azithromycin in the emergency room and also 1 unit of RBC”.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute blood loss anemia.

Secondary Diagnosis (if applicable): n/a

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

Anemia of acute blood loss is a steep drop in the RBC population (Capriotti, 2020). This can also result from significant acute internal blood loss into the thoracic and abdominal cavities. Acute blood loss is a rapid blood loss, as in hemorrhage by trauma, childbirth, or rupture of a major blood vessel or organ (Capriotti, 2020). Severe GI bleeding can occur in disorders such as esophageal varices or penetrating peptic ulcers. In acute blood loss, a large number of blood cells and plasma volume are lost. The lack of a sufficient number of RBCs to carry oxygen causes tissue hypoxia. With more significant losses, patients develop the signs and symptoms of hypovolemia. Compensatory mechanisms such as redistribution of blood flow are no longer sufficient to maintain blood pressure, and clinical signs include postural hypotension, altered

mental status, cool and/or clammy skin, tachycardia, and hyperventilation (Capriotti, 2020). In acute bleeding, hemoglobin and hematocrit levels can be normal, owing to concomitant loss of both red cells and plasma, which becomes apparent after the patient's plasma volume is restored, either spontaneously or with intravenous fluids (Capriotti, 2020). A thorough history and physical examination are needed in acute blood loss. With acute blood loss, time is of the essence, and finding the source of bleeding is the number one priority (Hinkle & Cheever, 2013). Depending on what happened, we will be able to tell if the presence of bleeding is internal.

Chronic use of aspirin, NSAIDs, or corticosteroids can cause GI ulceration with bleeding. Signs and symptoms depend on the amount of blood loss (Hinkle & Cheever, 2013). If the patient loses less than 15% of total blood volume, it can cause anxiety and orthostatic hypotension (Capriotti, 2020). If it is between 15% to 30% of total blood volume loss, then it causes a decrease in urine output, restlessness, and changes in the level of consciousness occur as perfusion to the brain is decreased (Capriotti, 2020). If the loss is between 30% to 40% of the total blood volume, failure can worsen the previous signs, with tachycardia, weak, cool, pale skin, hypotension, and urine output of 5 to 15 mL per hour (Capriotti, 2020). If the patient has a blood loss greater than 40% of total blood volume, the patient will experience profound shock (severe hypotension) with confusion and decreased level of consciousness (Capriotti, 2020). If the bleeding is occult, a complete physical exam is to rule out internal bleeding. Patients with severe GI bleeding will vomit or excrete blood in the stool (Hinkle & Cheever, 2013). Digital rectal examination with a fecal occult blood test can detect signs of GI bleeding.

Treatment includes establishing hemostasis, restoring blood volume, and treating shock if present. The patient should get an IV; normal saline should be infused until a matching blood product can be infused (Hinkle & Cheever, 2013). Transfusion is currently the only reliable way

to restore blood volume loss and oxygen-carrying capacity. If blood is not immediately available, then plasma is the most suitable substitute (Hinkle & Cheever, 2013). After the patient is stable, endoscopy and colonoscopy should be done to investigate for GI bleeding (Hinkle & Cheever, 2013).

My pt was admitted for acute blood loss. My pt did not have any external trauma or noted bleeding. The doctors performed a procedure called an esophagogastroduodenoscopy (EGD), an endoscopic procedure used to examine your esophagus, stomach, and duodenum. My pt's results showed, "the distal esophagus, however, did have erosive esophagus although not actively bleeding it was quite raw. This is but to be the source of her anemia and hemoccult-positive stool". Due to her acute blood loss, she received one unit of RBC in the emergency department. She is currently still in the hospital and is being observed to make sure the bleeding does not reoccur. She is on several antianxiety medications to help with her anxiety and depression.

Pathophysiology References (2) (APA):

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

Hinkle, J. L., & Cheever, K. H. (2013). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing (Brunner and Suddarth's Textbook of Medical-Surgical)* (13th ed.). Lippincott Williams & Wilkins.

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	**Male: 4.7-6.1 Female: 4.2-5.4**	3.06	4.05	Pt's RBC are low due to anemia (Pagana et al., 2021).
Hgb	**Male: 14-**	7.3	9.7	Pt's Hgb are low due to anemia

	18g/dL Female: 12-16g/dL			(Pagana et al., 2021).
Hct	**Male: 40-52% Female: 36-47%**	23	32	Pt's Hct are low due to anemia (Pagana et al., 2021).
Platelets	**150-400 x 10^9/L**	289	319	
WBC	**5-10 x 10^9/ L**	3.70	5	Pt's WBC are low possibly due to bone marrow infiltration, bone marrow failure or dietary deficiency (Pagana et al., 2021).
Neutrophils	**55-70**	79.3	*Unable to obtain*	Pt's neutrophils are high possibly due to physical or emotional stress and acute infection (Pagana et al., 2021).
Lymphocytes	**20-40**	13	*	Pt's lymphocytes are low possibly due to drug therapy (adrenocorticosteroids), bone marrow damage, or immune deficiency (Pagana et al., 2021).
Monocytes	**2-8**	9.3	*	Pt's monocytes are high possibly due to viral infection, infection within the heart, and chronic inflammatory disorders (Pagana et al., 2021).
Eosinophils	**1-4**	1.3	*	
Bands	**0.5-1**	0.9	*	

Chemistry Highlight All Abnormal Lbs—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-	**136-145 mEq/L**	142	139	
K+	**3.5-5 mEq/ L**	4.7	3.9	
Cl-	**98-106 mEq/L**	98	98	
CO2	**23-30 mEq/ L**	45	39	Pt's CO2 levels could be high due to COPD (Pagana et al., 2021).
Glucose	**74-106 mg/ dL**	119	165	Pt's blood glucose could be high due to acute stress response,

				corticosteroid therapy, and chronic renal failure (Pagana et al., 2021).
BUN	**10-20 mg/dL**	23	18	Pt's BUN levels could be high due to congestive heart failure and GI bleeding (Pagana et al., 2021).
Creatinine	**0.5-1.1 mg/ dL**	0.66	0.62	
Albumin	**3.5-5 mg/dL**	3.1	*Unable to obtain*	Pt's albumin levels could be decreased due to infection (Pagana et al., 2021).
Calcium	**9-10.5 mg/dL**	8.8	7.7	Pt's calcium levels could be low due to vitamin D deficiency, malabsorption, and renal failure (Pagana et al., 2021).
Mag	**1.3-2.1 mEq/dL**	*	*	
Phosphate	**3-4.5 mg/dL**	*	*	
Bilirubin	**0.3-1 mg/dL**	0.2	*	Low levels of bilirubin are generally not a concern and are not monitored (Pagana et al., 2021).
Alk Phos	**30-120 U/L**	58	*	
AST	**0-35 U/L**	14	*	
ALT	**4-36 U/L**	7	*	
Amylase	**60-120 U/L**	*	*	
Lipase	**0-160 U/L**	*	*	
Lactic Acid	**0.5-2.2 mmol/L**	*	*	

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**	*Unable to obtain*	*	

PT	**11-12.5 sec**	*	*	
PTT	**60-70 sec**	*	*	
D-Dimer	**Greater then 0.4 mcg/mL or greater than 250 ng/mL**	*	*	
BNP	**Less than 100 pg/mL**	*	*	
HDL	**Male: greater than 45 mg/dL** **Female: greater than 55 mg/dL**	*	*	
LDL	**Adult: less than 130 mg/dL** **Children: less than 110 mg/dL**	*	*	
Cholesterol	**Less than 200 mg/dL**	*	*	
Triglycerides	**40-180 mg/dL**	*	*	
Hgb A1c	**Below 5.7%**	*	*	
TSH	**2-10 mU/L**	*	*	

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	**Clear, Amber/ Yellow**	*Unable to obtain*	*	
pH	**4.6-8 Average: 6**	*	*	
Specific Gravity	**1.005-1.03**	*	*	
Glucose	**30-300**	*	*	

	mg/day			
Protein	**0-8 mg/dL**	*	*	
Ketones	**Negative**	*	*	
WBC	**0-4 per low-power field Negative for cast**	*	*	
RBC	**Less than or equal to 2, negative for cast**	*	*	
Leukoesterase	**Negative**	*	*	

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: less than 10,000 per mm of U** **Positive: greater than 100,000 per mm of U**	*Unable to obtain*	*	
Blood Culture	**Negative**	*	*	
Sputum Culture	**Normal Upper RT**	*	*	
Stool Culture	**Normal intestinal flora**	Positive	*	Pt's stool culture was positive due to having blood in stool (Pagana et al., 2021).

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. N., & Pagana, T. J. (2021). *Mosby's diagnostic and laboratory test reference* (15th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points) & Diagnostic Test Correlation (5 points):

Pt had a chest x-ray (XR) what was a single view. A chest XR is often among the first procedures you will have if your doctor suspects heart or lung disease (Mayo Clinic Staff, 2020). A chest XR can also be used to check how you are responding to treatment. Chest XR can detect cancer, infection or air collecting in the space around a lung, which can cause the lung to collapse (Mayo Clinic Staff, 2020). They can also show chronic lung conditions, such as emphysema or cystic fibrosis, as well as complications related to these conditions (Mayo Clinic Staff, 2020). Pt's results per the chart stated, "infiltration and consolidation noted in the right lower lobe, no significant change, left lung grossly clear, cardiomegaly noted, and hiatus hernia was noted".

Pt had a chest CT without contrast. Computed tomography (CT) of the chest uses special x-ray equipment to examine abnormalities found in other imaging tests and to help diagnose the cause of unexplained cough, shortness of breath, chest pain, fever, and other chest symptoms (Capriotti, 2020). CT scanning is fast, painless, noninvasive, and accurate. Because it is able to detect exceedingly small nodules in the lung, chest CT is especially effective for diagnosing lung cancer at its earliest, most curable stage. The purpose of a non-contrast CT is to not give the patient any contrast media in situations, where it is not really needed (Capriotti, 2020). Pt's results per the chart stated, "moderate to severe emphysema. Airspace consolidations in the right lung, greatest in the right lower lobe, which may relate to pneumonia, follow-up to resolution recommended to exclude pulmonary malignancy. Small right pleural effusion and a large hiatal hernia".

Esophagogastroduodenoscopy (EGD) is an endoscopic procedure that allows your doctor to examine your esophagus, stomach, and duodenum (part of your small intestine) (Day, 2017). EGD is an outpatient procedure, meaning you can go home that same day. It takes approximately 30 to 60 minutes to perform. EGD is used to evaluate a number of digestive disorders (Day, 2017). It is a popular diagnostic option because patients generally tolerate it well and it causes minimal discomfort. Your gastroenterologist may use EGD to evaluate abdominal pain, heartburn, persistent nausea, or vomiting, swallowing difficulties, upper gastrointestinal bleeding, chest pain (without evidence of heart disease), and bloody stool (Day, 2017). Pt's results per the chart stated, "the distal esophagus however did have erosive esophagus although not actively bleeding it was quite raw. This is but to be the source of her anemia and hemoccult-positive stool".

Diagnostic Test Reference (1) (APA):

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

Day, J. A. (2017, April 26). *Esophagogastroduodenoscopy (EGD) | Johns Hopkins Division of Gastroenterology and Hepatology*. Johns Hopkins Medicine. https://www.hopkinsmedicine.org/gastroenterology_hepatology/clinical_services/basic_endoscopy/esophagogastroduodenoscopy.html

Mayo Clinic Staff. (2020, May 2). *Chest X-rays - Mayo Clinic*. Mayo Clinic. https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

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

Home Medications (5 required)

Brand: **Generic:**	Xanax alprazolam	Prozac fluoxetine hydrochloride	Norvasc amlodipine besylate	Bayer aspirin	Desyrel trazodone hydrochloride
Dose	0.5mg	20mg	5mg	81mg	50mg
Frequency	Three times a day (TID)	Daily	Daily	Daily	Nightly
Route	By mouth (PO)	PO	PO	PO	PO
Classification	Benzodiazepine & anxiolytic.	SSRI antidepressant	Calcium channel blocker	NSAID (anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic).	Antidepressant
Mechanism of Action	May increase effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of the CNS (Jones & Bartlett Learning, 2020).	Selectively inhibits reuptake of the neurotransmitter serotonin by CNS neurons and increases the amount of serotonin available in nerve synapses (Jones & Bartlett Learning, 2020).	Binds to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vascular smooth-muscle cells and inhibits influx of extracellular calcium ions across slow calcium channels (Jones & Bartlett Learning, 2020).	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammatory response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhabitation of prostaglandi	Block's serotonin reuptake along the presynaptic neuronal, causing an antidepressant effect. Trazodone exerts an alpha-adrenergic blocking action and produces modest histamine blockade, causing a sedative effect (Jones & Bartlett Learning, 2020).

				ns, inflammatory systems subside. (Jones & Bartlett Learning, 2020),	
Reason Client Taking	Pt states, "I take it for anxiety and depression".	Depression	COPD	Prevention of a heart attack or stroke.	Depression
Contraindications (2)	Acute angle-closure glaucoma, hypersensitivity to alprazolam, its components, or other benzodiazepine; itraconazole or ketoconazole therapy.	Concurrent therapy with pimozide or thioridazine & hypersensitivity to fluoxetine	Hypersensitivity to amlodipine or its components.	Active bleeding or coagulation disorders, fever, or flu-like symptoms.	Hypersensitivity to trazodone or its components & recovery from acute MI
Side Effects/Adverse Reactions (2)	Upper respiratory tract infection & hyperventilation	Dyspnea & fatigue	Dyspnea & anxiety	Confusion, CNS depression, prolonged bleeding time or decreased blood iron levels.	Urinary retention & anxiety
Nursing Considerations (2)	Expect to give higher dosage if pt's panic attack occur unexpectedly or during such activities as driving.	Avoid giving fluoxetine within 14 days if an MAO inhibitor or starting MAO inhibitor	Tell the patient to take with food to help reduce GI upset & call you doctor immediately notify prescriber of dizziness, arm	Do not crush timed-released or controlled-release aspirin tablets unless directed to and ask	Give shortly after meal or with a snack to reduce nausea & most pts who respond to the medication will do so by

	Teach pt no to stop abruptly because withdrawal symptoms may occur (Jones & Bartlett Learning, 2020).	therapy within 5 weeks of discontinuing fluoxetine. Know that pts with depression should be screened for bipolar disorder beforehand (Jones & Bartlett Learning, 2020).	or leg swelling, difficultly breathing, hives, or rash (Jones & Bartlett Learning, 2020).	about tinnitus, this reaction usually occurs when blood aspirin levels reach or exceeds maximum dosage for therapeutic effect (Jones & Bartlett Learning, 2020).	the end of the second week of therapy (Jones & Bartlett Learning, 2020).

Hospital Medications (5 required)

Brand: **Generic:**	Cozaar losartan potassium	Protonix pantoprazole	Lasix furosemide	Carafate sucralfate	Lidoderm lidocaine 5% patch
Dose	100mg	40mg	40mg	10mL/1g	1 patch
Frequency	Daily	Daily	Once	Four times a day	Every 24hrs
Route	PO	PO	IV push	PO	Transdermal
Classification	Antihypertensive, angiotensin II receptor blocker (ARB)	Antiulcer, proton pump inhibitor.	Loop diuretic, antihypertensive diuretic.	GI protectant & antiulcer	Local anesthetic

Mechanism of Action	Blocks the binding of angiotensin II to receptor sites in many tissues, including the adrenal glands and vascular smooth muscle (Jones & Bartlett Learning, 2020).	Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system, or proton pump, in gastric parietal cells (Jones & Bartlett Learning, 2020).	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation. It also helps increase the excretion of calcium, magnesium, bicarbonate, ammonium, and phosphate. (Jones & Bartlett Learning, 2020).	May react with hydrochloric acid in the stomach to form a complex that buffers acid (Jones & Bartlett Learning, 2020).	Lidocaine blocks nerve impulses by decreasing the permeability of neuronal membranes to sodium, which produces local anesthesia (Jones & Bartlett Learning, 2020).
Reason Client Taking	Hypertension	Prevent stomach irritation.	Dr. ordered to try and get fluid off the lungs.	Prevent stomach irritation	Pain relief
Contraindications (2)	Concurrent aliskiren therapy, hypersensitivity to losartan or its components.	Concurrent therapy with rilpivirine-containing products & hypersensitivity to pantoprazole.	Anuria, hypersensitivity to furosemide or its components.	Chronic kidney failure, high blood sugar, & aluminum poisoning.	Adams-Stokes syndrome, hypersensitivity to lidocaine & severe heart block.
Side Effects/Adverse Reactions (2)	Nasal congestion, back pain, upper respiratory tract infection & cough.	Increased cough & upper respiratory tract infection.	Bladder spasms, dizziness, oral irritation, tinnitus, and elevated cholesterol and triglyceride levels.	Back pain, dry mouth, and headache.	Respiratory arrest or depression, tachycardia & anxiety.
Nursing Considerations	Monitor patients blood	Monitor patient for C.	Be cautious of those	Use with caution	Monitor vital signs as well

(2)	pressure and renal functions & monitor for muscle pain (Jones & Bartlett Learning, 2020).	diff which can occur in patients with or without taking antibiotics but can occur in patients taking pantoprazole. Know that proton pump inhibitors should not be given longer than medically necessary (Jones & Bartlett Learning, 2020).	patients who are allergic to sulfonamides or furosemide. Obtain patient's weight before and periodically during furosemide therapy to monitor fluid loss or retention (Jones & Bartlett Learning, 2020).	with patients who have chronic renal failure due to increased risk of aluminum toxicity. Administer the drug to patient when he or she has an empty stomach (Jones & Bartlett Learning, 2020).	as BUN and serum creatinine and electrolyte levels during therapy. Tell patient to wash hands thoroughly after handling lidocaine patch and avoid getting drug in eyes (Jones & Bartlett Learning, 2020).

Medications Reference (1) (APA): (Jones & Bartlett Learning, 2020)

Jones & Bartlett Learning. (2020). *2021 Nurse's Drug Handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Pt appears alert and oriented times 4 to person, place, time, and situation (A & Ox4), pt was well groomed, and no acute distress.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:**	All extremities pink, warm, dry, and symmetrical. Pulses 2+ throughout bilaterally. Capillary refill less than 3 seconds in fingers and toes bilaterally. Normal skin turgor. No edema present in upper and lower extremities bilaterally. Epitrochlear lymph nodes nonpalpable bilaterally. Pt had a negative Homan's sign. Pt

Wounds: . **Braden Score:** 21 **Drains present: Y☐ N ☒** **Type:**	had no rashes, lesions, bruises, or wounds. Pt's Braden score is 21 which indicates the pt is at no risk for skin breakdown.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, red light reflex and Rosenberg 20/20 was unable to obtain due to not having proper equipment. EOMs intact bilaterally. Bilateral auricles moist and pink without lesions. Did not have proper equipment to be able to look in pt ear canals or in the septum. Septum is midline with no deviation, no bleeding noted and could not see polyps due to not being able to see inside septum. Bilateral sinuses are nontender to palpation. Pt has dentures on both top and bottom. .
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:**	.Clear S1 & S2 without murmurs, gallops, or rubs. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm. Pulses are 2+ throughout bilaterally. Capillary refill is less than 3 seconds in fingers and toes bilaterally. Pt had no signs of edema.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Decreased breathing sounds anterior/posterior with crackles noted at the base of the right lung and left lung was clear anterior/posterior. Normal rate and pattern of respirations, respirations are symmetrical and non-labored. .
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:**	Pt has a general diet at home and in the hospital. Pt's height is 5'6" and her weight is 116lbs. Abdomen is soft, nontender, no organomegaly or masses notes upon palpation of all four quadrants. No CVA tenderness noted bilaterally. Bowel sounds are normoactive in all four quadrants, pt's last bowel movement was the

Palpation: Pain, Mass etc.: **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	night before on 6-13-21. Pt had no scars, wounds, rashes, lesions, or drains noted.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Pt's urine is clear and yellow, pt states, "No pain when peeing". Pt had 1260 mL of output.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☐ N☒** **Fall Score:** 20 **Activity/Mobility Status:** **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	.All extremities have full range of motion (ROM). Hand grips and pedal pushes and pulls demonstrated normal and equal strength. Pt's balance is steady. Pt used a bed pan and bedside commode. PERRLA intact bilaterally. Pt had a fall score of 20 on the Morse Fall Scale, which means the pt is not a fall risk.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	All extremities have full range of motion (ROM). Hand grips and pedal pushes and pulls demonstrated normal and equal strength. Pt's balance is steady. Pt used a bed pan and bedside commode. PERRLA intact bilaterally. Pt is A&Ox4. Pt was able to talk with me and others. Pt did not have sensory abnormalities and pt never 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):**	Pt stated, “I am a Catholic”, “I have good family support”, “I have some college education”, “I pray a lot to help cope”.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	89	153/80	18	98.2	90 With pt on 4L of oxygen via nasal cannula.
1100	89	133/61	17	97.3	93 With pt on 4L of oxygen via nasal cannula.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0912	0-10	Pt states, “My back”.	5	Pt did not say	Pt was given acetaminophen for pain.
1030	0-10	Pt states. “I still have pain in my back, but the medications did help a	4	Pt did not say	n/a

		little".			

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** 06/12/21 **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	Pt's IV size is a 22 gage, located in the median vein in the underside of the right arm, pt's IV flushed without difficulty, IV dressing is dry and intact and no signs of drainage or erythema.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
960mL	1260mL

Nursing Care

Summary of Care (2 points)

Overview of care: I helped pass medications to the pt, I handed her the bedpan when needed and emptied it. I helped decrease the level of pain for my pt.

Procedures/testing done: Doctor had us IV push 40 mg of furosemide to help with fluid buildup in pt's lungs.

Complaints/Issues: Pt complained of pain on a 5 out of 10, and I was able to help decrease the level of pain with some acetaminophen.

Vital signs (stable/unstable): Pt's vitals were unstable; her blood pressure was high and her oxygen levels were low on 4L of oxygen. Her oxygen levels are in the normal range for the pt's normal due to her having COPD.

Tolerating diet, activity, etc.: Pt is capable of moving on own and dependent. Only called when she needed something. She has a general diet at home and in the hospital.

Physician notifications: The doctor had us IV push 40 mg of furosemide to help reduce fluid in lungs.

Future plans for patient: Pt would like to go back home after some rehabilitation.

Discharge Planning (2 points)

Discharge location: Pt may go to long-term care facility to do some rehabilitation, but then go home after rehab is done.

Home health needs (if applicable): No, pt does not want it.

Equipment needs (if applicable): No, pt does not use any at home or at the hospital.

Follow up plan: Follow up will come at a different time due to unsure of discharge date.

Education needs: Smoking cessation and more knowledge on treatment for possible lung biopsy.

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

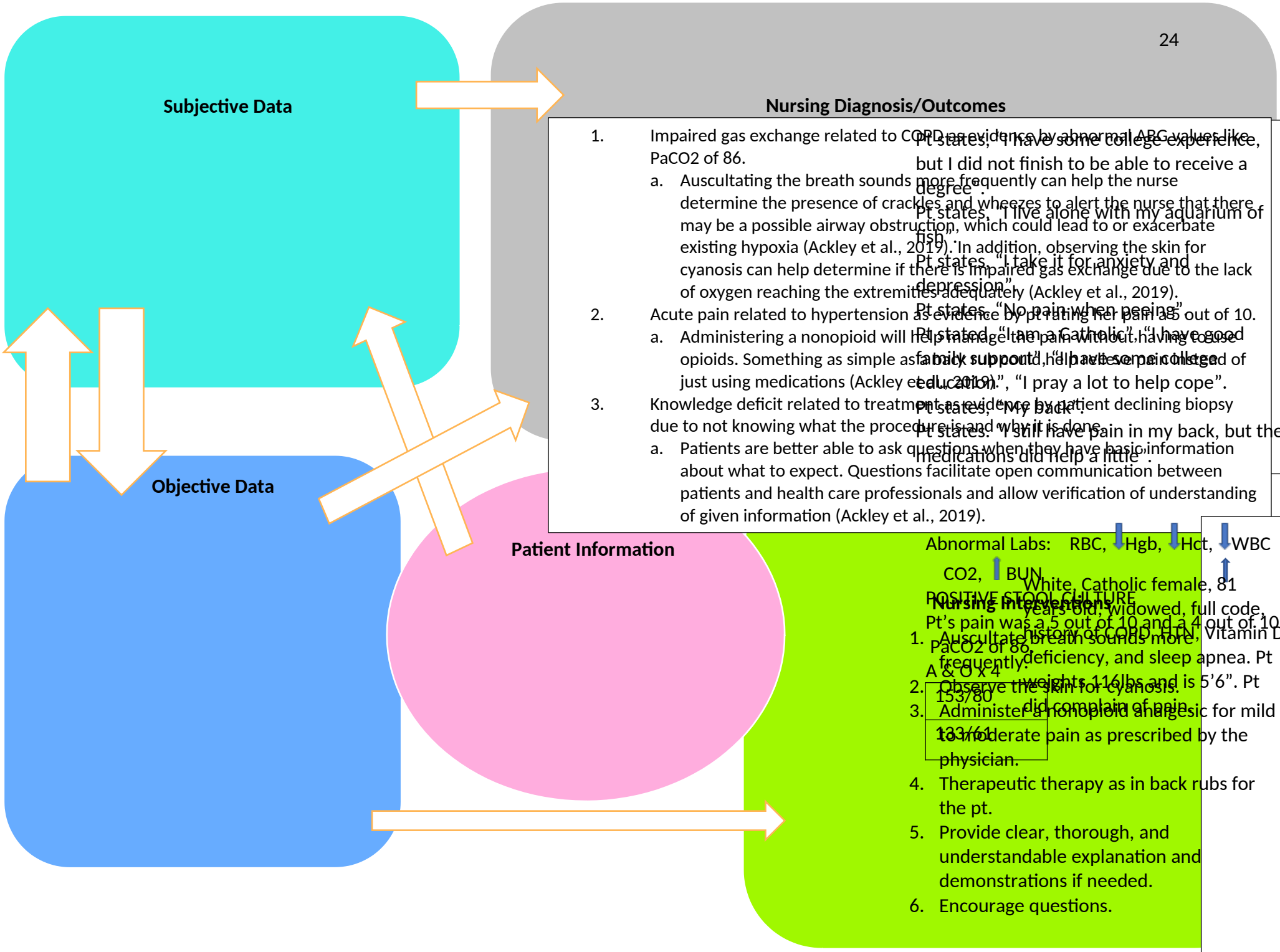
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired gas exchange related to COPD as evidence by abnormal ABG values like PaCO2	I chose this nursing diagnosis due to the patients being in respiratory acidosis because their pH was low, and their PaCO2	1. Auscultate breath sounds more frequently. 2. Observe the skin for cyanosis.	Auscultating the breath sounds more frequently can help the nurse determine the presence of crackles and wheezes to alert the nurse that there may be a possible airway obstruction, which could

of 86.	was significantly higher than the normal range. Thus, the pt's difficulty breathing.		lead to or exacerbate existing hypoxia (Ackley et al., 2019). In addition, observing the skin for cyanosis can help determine if there is impaired gas exchange due to the lack of oxygen reaching the extremities adequately (Ackley et al., 2019).
2. Acute pain related to hypertension as evidence by pt rating her pain a 5 out of 10.	Pt stating, "My back hurts", and rated it on a scale of 5 out of 10.	**1.** Administer a nonopioid analgesic for mild to moderate pain as prescribed by the physician. **2.**Therapeutic therapy as in back rubs for the pt.	Administering a nonopioid will help manage the pain without having to use opioids. Something as simple as a back rub could help relieve pain instead of just using medications (Ackley et al., 2019).
3. Knowledge deficit related to treatment as evidence by patient declining biopsy due to not knowing what the procedure is and why it is done.	I chose this as a nursing diagnosis due to when I was passing medications, the doctor came in and talked about a lung biopsy for the mass that was noted, and she denied it. The doctor did not take the time to explain the procedure to the patient. Therefore, the patient did not understand the meaning of the procedure.	**1.** Provide clear, thorough, and understandable explanation and demonstrations if needed. **2** Encourage questions.	Patients are better able to ask questions when they have basic information about what to expect. Questions facilitate open communication between patients and health care professionals and allow verification of understanding of given information (Ackley et al., 2019).

Other References (APA):

Ackley, B. J., Ladwig, G. B., Makic, M. B. F., Martinez-Kratz, M., & Zanotti, M. (2019). *Nursing Diagnosis Handbook* (12th ed.). Elsevier Gezondheidszorg.

Concept Map (20 Points):


Subjective Data
Pt states, "I have some college experience, but I did not finish to be able to receive a degree".
Pt states, "I live alone with my aquarium of fish".
Pt states, "I take it for anxiety and depression".
Pt states, "No pain when peeing".
Pt stated, "I am a Catholic", "I have good family support", "I have some college education", "My back".
Pt states, "I still have pain in my back, but the medications did help a little".
Nursing Diagnosis/Outcomes
1. Impaired gas exchange related to COPD as evidence by abnormal ABG values like PaCO2 of 86.
a. Auscultating the breath sounds more frequently can help the nurse determine the presence of crackles and wheezes to alert the nurse that there may be a possible airway obstruction, which could lead to or exacerbate existing hypoxia (Ackley et al., 2019). In addition, observing the skin for cyanosis can help determine if there is impaired gas exchange due to the lack of oxygen reaching the extremities adequately (Ackley et al., 2019).
2. Acute pain related to hypertension as evidence by pt rating her pain as 5 out of 10.
a. Administering a nonopioid will help manage the pain without having to use opioids. Something as simple as a back rub could help relieve pain instead of just using medications (Ackley et al., 2019).
3. Knowledge deficit related to treatment as evidence by patient declining biopsy due to not knowing what the procedure is and why it is done.
a. Patients are better able to ask questions when they have basic information about what to expect. Questions facilitate open communication between patients and health care professionals and allow verification of understanding of given information (Ackley et al., 2019).
Objective Data
Patient Information
Abnormal Labs: RBC, Hgb, Hct, WBC
CO2, BUN
POSITIVE STOOL CULTURE
A & O x 4
153/80
133/61
White, Catholic female, 81 years old, widowed, full code, history of COPD, HTN, Vitamin D deficiency, and sleep apnea. Pt weights 116lbs and is 5'6". Pt did complain of pain.
Pt's pain was a 5 out of 10 and a 4 out of 10.
Nursing Interventions
1. Auscultate breath sounds more frequently.
2. Observe the skin for cyanosis.
3. Administer a nonopioid analgesic for mild to moderate pain as prescribed by the physician.
4. Therapeutic therapy as in back rubs for the pt.
5. Provide clear, thorough, and understandable explanation and demonstrations if needed.
6. Encourage questions.