N431 Care Plan #1

Lakeview College of Nursing

Deanna Braden

Demographics (3 points)

Date of Admission 9-26-21	Patient Initials D.A.	Age 1-13-1968 53 years old	Gender Male
Race/Ethnicity Caucasian	Occupation Disabled	Marital Status Divorced	Allergies Lisinopril, penicillin, Polytrim, Valsartan
Code Status Full	Height 182.4 cm	Weight 119.1 kg	

Medical History (5 Points)

Past Medical History: Non-insulin dependent diabetes mellitus type 2; Chronic grade 1 diastolic heart failure; Hyperlipidemia; Hypertensive cardiovascular disease; First degree AV block; Obstructive sleep apnea; History of anemia; Parkinson's disease; schizoaffective disorder; Obesity.

Past Surgical History: Open reduction and internal fixation (ORIF) femur surgery (Date unknown); Tonsillectomy (Date unknown).

Family History: No known family history.

Social History (tobacco/alcohol/drugs): ¼ pack of cigarettes daily for 30 years (7.5 pack years). Patient denies any alcohol or substance use.

Assistive Devices: Gait Belt.

Living Situation: The patient is currently a resident at the Arcola Health Care Center in Arcola, IL.

Education Level: Attended high school.

Admission Assessment

Chief Complaint (2 points): Weakness; Decreased oxygen level; Altered mental status.

History of present Illness (10 points): History was obtained from chart review and nursing staff because the patient was a poor historian. He was unable to give details of why he was brought to the hospital, when his symptoms began, pain he was experiencing, or the severity of his symptoms, except for that his legs quit working.

The patient is a 53-year-old Caucasian male with a history of non-insulin-dependent diabetes mellites type 2, hyperlipidemia, chronic grade 1 diastolic heart failure, hypertensive cardiovascular disease, schizoaffective disorder, and Parkinson's disease. He currently resides at the Arcola Health Care Center in Arcola, IL. On 09/26/2021 he arrived by ambulance to the emergency department with hypoxia and altered mental status after nursing home staff called the Emergency Medical Staff (EMS) because the patient was not acting himself. After EMS arrived, they noticed that the patient's pupils were pinpoint, so they administered 1 mg of Narcan. EMS reported that after administering Narcan, the patient became more responsive. The patient had an oxygen saturation of 83% on room air, so he was placed on 2 L nasal cannula.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): Hypoxia; Acute kidney injury; Rhabdomyolysis.

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

Pneumonia can be hospital acquired (HAP) or community acquired (CAP). It can be caused by a fungal, viral, or bacterial infection that is spread by droplets or by contact. The lungs parenchyma becomes inflamed causing congestion and alveolar edema which impairs the exchange of gas (Capriotti, 2020). Purulent material (pus or fluid) may fill the air sacs causing

breathing difficulties, cough with pus or phlegm, fever, and/or chills. Pneumonia can range from mild to life-threatening. The severity depends on a person's age, overall health, and the type of bacteria, virus, or fungus that is the cause of the infection. The elderly that are 65 and older, young children and infants, and people with weakened immune systems and health problems are at the highest risk for the highest levels of severity.

Pneumonia can develop secondary from viral infections such as the flu or a cold. There are many different types of bacteria that can cause pneumonia such as: Mycoplasma pneumonia, Chlamydia pneumonia, Haemophiles influenzae, Streptococcus pneumonia, and Legionella pneumophila (Hinkle, 2018). The most common symptoms of pneumonia are coughing, pleuritic chest pain, rapid shallow breathing, sputum production, fever, shortness of breath, and fatigue. If left untreated, pneumonia could complicate respiratory failure, hypoxemia, pleural effusion, lung abscess, empyema, and bacteremia (Capriotti, 2020). The patient was hypoxic, showing signs of fatigue, had diminished breath sounds, and was experiencing chest pain.

Diagnosing pneumonia can be difficult because it has the same symptoms as the flu and the common cold. The following procedures, tests, and assessments are used to diagnose pneumonia: a complete medical history, list of symptoms, physical assessment, vital signs, auscultation of the lungs, chest x-ray, complete blood count (to see how your immune system is reacting and its ability to fight infection), and a blood culture to look for bacterial infection (Capriotti, 2020). The patient's labs showed elevated total CK: 1087 Intl Unit/L, elevated creatinine: 1.36 mg/dL, elevated monocytes: 13.9%, low RBC: 3.24 x10^6/mcL, low hgb: 10.3 g/dL, low hct: 31.0%, and elevated WBC: 18.4 K/mcL Sarah Bush Lab (2021). The patient presented with hypoxia, altered mental status, and an SaO2 of 83% on room air. These findings are all indicative of pneumonia. A chest X-ray was performed on the patient on 09/26/2021 with

results showing signs of pneumonia. The patient also had a CT of the head without contrast that

was performed on 09/26/2021 due to the patient having altered mental status, memory loss, and

confusion. If a patient presents with more serious symptoms and/or if they have already been

admitted to the hospital, the following tests might be performed: sputum test, computed

tomography (CT) scan (to see the total amount of the lungs that are affected), pleural fluid

culture (to see if there is bacteria), bronchoscopy (looks at the airways in your lungs), and/or a

blood oxygen level test (to see what your oxygen level is).

Treatment plans for patients with pneumonia will be based on severity, the type of

pneumonia a person has, and which virus, bacteria, or fungi is the cause. The goal for treatment

is to prevent complications and cure the infection. It is important to teach the patient to follow

the treatment plan carefully until they are fully recovered (Hinkle, 2018). Nursing care

management for pneumonia patients consist of performing respiratory assessment every 4 hours,

ABG measurements, a physical assessment, and a medical history. Supportive interventions

include suctioning, oxygen therapy, coughing, deep breathing, mechanical ventilation, and

adequate hydration (Capriotti, 2020). The patient was placed on 2 L nasal cannula and was

taught how to do deep breathing and coughing exercises.

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. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed). Walters Kluwer

Sarah Bush Lab (2021).

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	4.28 – 5.56 x10^6/mcL	==3.57 x10^6/mcL Low==	==3.24 x10^6/mcL Low==	Anemia is a result of less oxygen reaching the body's tissues and cells (hypoxia). Hemoglobin carries oxygen in red blood cells. Fewer red blood cells lead to hypoxia (Capriotti, 2020).
Hgb	13.0 – 17.0 g/dL	==11.3 g/dL Low==	==10.3 g/dL Low==	Hemoglobin is the main protein in red blood cells. This patient has low red blood cells which results in a low hemoglobin value (Capriotti, 2020).
Hct	38.1 – 48.9 %	==33.6 % Low==	==31.0 % Low==	A lower-than-normal hematocrit can indicate an insufficient supply of healthy red blood cells (anemia). This patient has low red blood cells (Capriotti, 2020).
Platelets	149 – 393 K/mcL	268 K/mcL	246 K/mcL	Normal Values (Sarah Bush Lab, 2021).
WBC	4.0 – 11.7 K/mcL	==18.4 High==	==12.6 High==	Having an elevated white blood cell count is a common finding in patients with pneumonia. The bodies immune system sends white blood cells to the alveoli to fight infection caused by multiplying micro-organisms (Capriotti, 2020). The alveoli become inflamed and fill with white blood cells and fluid which results in the symptoms of pneumonia (Capriotti, 2020).
Neutrophils	45.3 – 79.0 %	60.5 %	58.9 %	Normal Values (Sarah Bush Lab, 2021).
Lymphocytes	11.8 – 45.9%	24.7 %	26.5 %	Normal Values (Sarah Bush Lab, 2021).
Monocytes	4.4 – 12 %	==13.9 % High==	==13.5 % High==	An infection by a virus, fungus, or bacteria can cause monocyte levels to increase because the body makes more monocytes to fight the invader (Capriotti, 2020).
Eosinophils	0.0 – 6.3 %	0.4 %	0.8 %	Normal Values (Sarah Bush Lab, 2021).
Bands	0.0 – 10.0%	0.5 %	0.3 %	Normal Values (Sarah Bush Lab,

				2021).

Chemistry <mark>Highlight All Abnormal Labs</mark>—**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 mmol/L	139 mmol/L	138 mmol/L	Normal Values (Sarah Bush Lab, 2021).
K+	3.5 – 5.1 mmol/L	4.6 mmol/L	4.6 mmol/L	Normal Values (Sarah Bush Lab, 2021).
Cl-	98 – 107 mmol/L	105 mmol/L	102 mmol/L	Normal Values (Sarah Bush Lab, 2021).
CO2	21 – 31 mmol/L	28 mmol/L	27 mmol/L	Normal Values (Sarah Bush Lab, 2021).
Glucose	74 – 109 mg/dL	98 mg/dL	104 mg/dL	Normal Values (Sarah Bush Lab, 2021).
BUN	7 – 25 mg/dL	23 mg/dL	15 mg/dL	Normal Values (Sarah Bush Lab, 2021).
Creatinine	0.70 – 1.30 mg/dL	<mark>1.36 mg/dL High</mark>	0.80 mg/dL	Abrupt deterioration in kidney function is manifested by increased creatinine (Capriotti, 2020).
Albumin	3.4 – 5.0 g/dL	3.8 g/dL	N/A	Normal Values (Sarah Bush Lab, 2021).
Calcium	8.6 – 10.3 mg/dL	9.1 mg/dL	N/A	Normal Values (Sarah Bush Lab, 2021).
Mag	1.6 - 2.6 mg/dL	2.4 mg/dL	N/A	Normal Values (Sarah Bush Lab, 2021).
Phosphate	45 – 117 units/L	35 units/L	N/A	Normal Values (Sarah Bush Lab, 2021).
Bilirubin	0.2 – 1.0 mg/dL	0.4 mg/dL	N/A	Normal Values (Sarah Bush Lab, 2021).
Alk Phos	34 – 104 units/L	35 units/L	N/A	Normal Values (Sarah Bush Lab, 2021).
AST	5 – 40 unit/L	35 unit/L	N/A	Normal Values (Sarah Bush Lab, 2021).
ALT	7 – 56 unit/L	17 unit/L	N/A	Normal Values (Sarah Bush Lab, 2021).
Amylase	30 – 110 U/dL	N/A	N/A	N/A (Sarah Bush Lab, 2021).

Lipase	0 – 160 U/L	N/A	N/A	N/A (Sarah Bush Lab, 2021).
Lactic Acid	0.5 – 2.0 mmol/L	1.0 mmol/L	N/A	Normal Values (Sarah Bush Lab, 2021).
Troponin	0 – 0.04 ng/mL	< 0.010 ng/mL	N/A	Normal Values (Sarah Bush Lab, 2021).
CK-MB	0.60 – 6.30 ng/mL	4.3 ng/mL	N/A	Normal Values (Sarah Bush Lab, 2021).
Total CK	30 – 223 unit/L	==1087 Intl Unit/L High==	==816 Intl Unit/L High==	Elevated creatinine is a result of acute kidney injury in rhabdomyolysis (Capriotti, 2020).

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	Normal: 1 Therapeutic 2.0 – 3.0	N/A	N/A	N/A (Sarah Bush Lab, 2021).
PT	10 – 12 seconds	N/A	N/A	N/A (Sarah Bush Lab, 2021).
PTT	30 – 45 seconds	N/A	N/A	N/A (Sarah Bush Lab, 2021).
D-Dimer	Negative, < 250 mg/mL	N/A	N/A	N/A (Sarah Bush Lab, 2021).
BNP	0 - 100 pq/mL	72 pg/mL	N/A	Normal Values (Sarah Bush Lab, 2021).
HDL	< 60 md/dL	N/A	N/A	N/A (Sarah Bush Lab, 2021).
LDL	< 100 mg/dL	N/A	N/A	N/A (Sarah Bush Lab, 2021).
Cholesterol	125 - 200 mg/dL	N/A	N/A	N/A (Sarah Bush Lab, 2021).
Triglycerides	< 150 mg/dL	N/A	N/A	N/A (Sarah Bush Lab, 2021).
Hgb A1c	< 5.7%	N/A	N/A	N/A (Sarah Bush Lab, 2021).
TSH	0.5 – 5.0	N/A	N/A	N/A (Sarah Bush Lab, 2021).

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 Light Yellow	**N/A**	**N/A**	*No other tests were performed during this admission
pH	5.0 – 8.0	**N/A**	**N/A**	N/A (Sarah Bush Lab, 2021).
Specific Gravity	1.003 – 1.030	**N/A**	**N/A**	N/A (Sarah Bush Lab, 2021).
Glucose	0-0.8 mmol/L	**N/A**	**N/A**	N/A (Sarah Bush Lab, 2021).
Protein	NEGATIVE	**N/A**	**N/A**	N/A (Sarah Bush Lab, 2021).
Ketones	NEGATIVE	**N/A**	**N/A**	N/A (Sarah Bush Lab, 2021).
WBC	**0 - 5**	**N/A**	**N/A**	N/A (Sarah Bush Lab, 2021).
RBC	**0 - 5**	**N/A**	**N/A**	N/A (Sarah Bush Lab, 2021).
Leukoesterase	NEGATIVE	**N/A**	**N/A**	N/A (Sarah Bush Lab, 2021).

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	7.39	N/A	Normal Values (Sarah Bush Lab, 2021).
PaO2	80- 100 mmHg	N/A	N/A	N/A (Sarah Bush Lab, 2021).
PaCO2	40.0 – 50.0 mmHg	N/A	N/A	N/A (Sarah Bush Lab, 2021).
HCO3	22 - 26	N/A	N/A	N/A (Sarah Bush Lab, 2021).
SaO2	95 – 100 %	83 % Low	95%	Low SaO2 can happen when the body is not getting enough oxygen resulting in hypoxia or hypoxemia (Capriotti, 2020).

Cultures <mark>Highlight All Abnormal Labs</mark>—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	No Growth / Negative	**N/A**	**N/A**	N/A (Sarah Bush Lab, 2021)
Blood Culture	No Growth / Negative	**N/A**	**N/A**	N/A (Sarah Bush Lab, 2021)
Sputum Culture	No Growth / Negative	**N/A**	**N/A**	N/A (Sarah Bush Lab, 2021)
Stool Culture	No Growth / Negative	**N/A**	**N/A**	N/A (Sarah Bush Lab, 2021)

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 Lab (2021).

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

09/26/2021

Computed tomography (CT) of the head without contrast.

The results show no acute intracranial abnormality, no hemorrhage, no mass effect, no ventriculomegaly, no fluid level, no acute fracture, unremarkable soft tissues, visualized mastoid air cells are well aerated, visualized sinuses are unremarkable, and white matter is unremarkable (Sarah Bush Lab, 2021).

09/26/2021

Energetic high-frequency electromagnetic radiation (X-Ray) CHEST 1 VIEW.

The results show mild heart enlargement, patchy perihilar opacities, most pronounced at the bases, and suspected superimposed streaky bibasilar atelectasis (Sarah Bush Lab, 2021). Findings may be related to pneumonia, pneumonitis, or edema (Sarah Bush Lab, 2021).

Diagnostic Test Correlation (5 points):

The CT of the head without contrast was performed on 09/26/2021 due to the patient having altered mental status, memory loss, and confusion. The CT scan can be used to differentiate among possible causes of altered mental status with their indications (Capriotti, 2020).

The chest X-Ray was performed on 09/26/2021 due to the patient showing signs of pneumonia. The patient had altered mental status, hypoxia, and oxygen saturation of 83% on room air. The chest X-Ray allows the doctor to see the heart, blood vessels, and lungs. This helps determine the diagnosis of pneumonia and rule out other issues (Capriotti, 2020).

Diagnostic Test Reference (1) (APA):

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

Sarah Bush Lab (2021).

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

Home Medications (5 required)

Brand/Generic	Acetaminophen (Tylenol)	Amlodipine (Norvasc)	Atenolol (Tenormin)	atorvastatin (Lipitor)	Docusate (Colace)

	(Jones and Bartlett, 2020).	(Jones and Bartlett, 2020).	(Jones and Bartlett, 2020).	(Jones, Bartlett, 2020).	(Jones and Bartlett, 2020).
Dose	325 mg	5 mg	100 mg	80 mg	100 mg
Frequency	Every 4 hours PRN	Daily	Daily	Every Evening	Twice a day (BID) PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification	<u>Pharmacological:</u> Non salicylate, para-aminophenol derivative <u>Therapeutic:</u> Antipyretic, nonopioid analgesic (Jones, Bartlett, 2020).	<u>Pharmacological:</u> Calcium Channel Blocker <u>Therapeutic:</u> Antianginal, antihypertensive (Jones, Bartlett, 2020).	<u>Pharmacological:</u> Beta-adrenergic blocker <u>Therapeutic:</u> Antianginal, antihypertensive (Jones, Bartlett, 2020).	<u>Pharmacological:</u> HMG-CoA reductase inhibitors (statins) <u>Therapeutic:</u> Antihyperlipidemic (Jones and Bartlett, 2020).	<u>Pharmacological:</u> Surfactant <u>Therapeutic:</u> Laxative, stool softener (Jones, Bartlett, 2020).
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. It also acts directly on temperature-regulating	Inhibits influx of extracellular calcium ions across slow calcium channels. This decreases intracellular calcium level, inhibiting smooth muscle cell contractions and relaxing coronary and vascular	Inhibits stimulation of beta-receptor sites, located mainly in the heart, decreasing cardiac excitability, cardiac output, and myocardial oxygen demand. Atenolol also acts to decrease release of	Lipitor blocks HMG-CoA reductase, a liver enzyme the body needs to produce low-density lipoproteins (LDL), or "bad" cholesterol. By lowering the amount of LDL in the blood, the medication prevents atherosclerosis, a condition in	Acts as a surfactant that softens stool by decreasing surface tension between oil and water in feces. This action lets more fluid penetrate stool, forming a softer fecal mass (Jones and Bartlett,

					2020).
	center in the hypothalamus by inhibiting synthesis of prostaglandin (Jones and Bartlett, 2020).	smooth muscles, decreasing peripheral vascular resistance, and reducing systolic and diastolic blood pressure (Jones and Bartlett, 2020).	renin from the kidneys, aiding in reducing blood pressure (Jones and Bartlett, 2020).	which plaque deposits accumulate on the inner walls of arteries, causing them to stiffen and narrow. In turn, this reduces the risk of atherosclerosis complications like heart attack, stroke, chest pain and aneurysms (Jones and Bartlett, 2020).	
Reason Client Taking	The patient is taking this as a pain reliever (Jones and Bartlett, 2020).	The patient is taking this medication for hypertension (Jones and Bartlett, 2020).	The patient is taking this medication for hypertension (Jones and Bartlett, 2020).	The patient is taking this medication to prevent heart disease, heart attacks, and strokes (Jones and Bartlett, 2020).	The patient is taking this medication for constipation (Jones and Bartlett, 2020).
Contraindications (2)	Severe hepatic impairment. Severe active liver disease (Jones and Bartlett, 2020).	Patient with cardiogenic shock, severe aortic stenosis, and unstable angina. Patient with severe hypotension (Jones and Bartlett, 2020).	Cardiogenic shock and heart block greater than first degree. Sinus bradycardia (Jones and Bartlett, 2020).	Active hepatic disease. Unexplained persistent rise in serum transaminase level (Jones and Bartlett, 2020).	Fecal impaction. Intestinal obstruction (Jones and Bartlett, 2020).
Side Effects/Adverse Reactions (2)	Hepatotoxicity, hemolytic anemia	Arrhythmias, hypotension (Jones and	Myocardial reinfarction, renal failure	Joint pain, confusion, memory	Dizziness, syncope, palpitations

	(Jones and Bartlett, 2020).	Bartlett, 2020).	(Jones and Bartlett, 2020).	problems (Jones and Bartlett, 2020).	(Jones and Bartlett, 2020).
Nursing Considerations (2)	Monitor renal function in patient on long term therapy. Use cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment (Jones and Bartlett, 2020).	Assess patient frequently for chest pain. Monitor patient with impaired hepatic function closely because amlodipine is extensively metabolized by the liver (Jones and Bartlett, 2020).	Use alcohol cautiously in patients with heart failure. Stop atenolol and notify prescriber if patient develops bradycardia, hypotension, or other serious adverse reaction (Jones and Bartlett, 2020).	Assess muscle pain, tenderness, or weakness, especially if accompanied by fever malaise, and dark-colored urine. (Jones and Bartlett, 2020).	Expect excessive or long-term use of docusate to cause dependence on laxatives for bowel movements, electrolyte imbalances, and vitamin and mineral deficiencies. Assess for laxative abuse syndrome, especially in women with anorexia nervosa, depression, or personality disorders (Jones and Bartlett, 2020).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Before and during long-term therapy including parenteral therapy, liver function test results, including AST, ALT, bilirubin,	Monitor blood pressure (Jones and Bartlett, 2020).	Monitor blood pressure (Jones and Bartlett, 2020).	Expect liver function tests to be performed before atorvastatin therapy starts and then thereafter as clinically necessary.	Evaluate therapeutic response (decreased constipation), abdominal distention, presence of bowel sounds, and usual pattern

				Monitor serum cholesterol before, about 4 weeks after starting, and frequently during drug therapy. (Jones and Bartlett, 2020).	of bowel function (Jones and Bartlett, 2020).
Client Teaching needs (2)	Tell patient that tablets may be crushed or swallowed whole. Caution patient to not exceed recommended dosage or take other drugs containing acetaminophen at the same time because of risk of liver damage (Jones and Bartlett, 2020).	Tell patient to take missed dose as soon as remembered and next dose in 24 hours. Tell patient to immediately notify prescriber of dizziness, arm, or leg swelling, difficulty breathing, hives, or rash (Jones and Bartlett, 2020).	Instruct patent not to stop taking atenolol abruptly. Otherwise, angina may worsen, and a myocardial infarction or arrhythmia may occur. Inform the patient that he may experience fatigue and reduced tolerance to exercise and that he should notify his prescriber if this interferes with his normal lifestyle (Jones and Bartlett,	Instruct patient to report muscle weakness (sign of rhabdomyolysis). Avoid eating foods high in fat or cholesterol (atorvastatin will not be as effective). (Jones and Bartlett, 2020).	Tell patient not to use docusate if experiencing abdominal pain, nausea, or vomiting. Encourage patient to increase fiber intake, exercise regularly, and drink 6 to 8 glasses (240 ml/glass) of water daily to help prevent constipation (Jones and Bartlett, 2020).

			2020).		

Hospital Medications (5 required)

Brand/Generic	promethazine (Phenergan) (Jones and Bartlett, 2020).	aspirin (Acetylsalicylic acid) (Jones and Bartlett, 2020).	tramadol (Ultram) (Jones and Bartlett, 2020).	ondansetron (Zofran) (Jones and Bartlett, 2020).	azithromycin (Zithromax) (Jones and Bartlett, 2020).
Dose	12.5 mg = 0.5 mL	81 mg = 1 tabs	50 mg = 1 tabs	4 mg = 2 mL	500 mg
Frequency	Every 4 hours PRN	Daily	Every 6 hours PRN	Every 6 hours PRN	Every 24 hours. Administer over 60 minutes.
Route	Intra-Muscular Injectable	Oral	Oral	IV Push Injectable	IV Piggyback Injectable
Classification	<u>Pharmacological:</u> Phenothiazine <u>Therapeutic:</u> Antiemetic, antihistamine, antivertigo, sedative-hypnotic (Jones, Bartlett, 2020).	<u>Pharmacological:</u> Salicylate <u>Therapeutic:</u> NSAID (Jones, Bartlett, 2020).	<u>Pharmacological:</u> Opioid agonist <u>Therapeutic:</u> Opioid analgesic (Jones, Bartlett, 2020).	<u>Pharmacological:</u> Selective serotonin receptor antagonist <u>Therapeutic:</u> Antiemetic (Jones, Bartlett, 2020).	<u>Pharmacological:</u> Macrolide <u>Therapeutic:</u> Antibiotic (Jones, Bartlett, 2020).
Mechanism of Action	Prevents motion sickness, nausea, and vertigo by acting	Blocks the activity of cyclooxygenase, the enzyme needed for	Binds with mu receptors and inhibits the reuptake of norepinephri	Blocks serotonin receptors centrally in the chemorecept	Binds to a ribosomal subunit of susceptible bacteria, blocking

	centrally on medullary chemoreceptive trigger zone and by decreasing vestibular stimulation and labyrinthine function in the inner ear (Jones and Bartlett, 2020).	prostaglandin synthesis. With blocking of cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside. Pain is also relieved because prostaglandins play a role in pain transmission from the periphery to the spinal cord. Aspiring inhibits platelet aggregation by interfering with production of thromboxane A2. (Jones and Bartlett, 2020).	ne and serotonin, which may account for tramadol's analgesic effect (Jones and Bartlett, 2020).	or trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestines (Jones and Bartlett, 2020).	peptide translocation and inhibiting RNA-dependent protein synthesis. Drug concentrates in phagocytes, macrophages, and fibroblasts, which release it slowly and may help move it to infection sites (Jones and Bartlett, 2020).
Reason Client Taking	The patient is taking this medication to prevent nausea and vomiting (Jones and Bartlett, 2020).	Analgesic, Anti-Inflammatory, Anti-pyretic, Anti-thrombotic (Jones and Bartlett, 2020).	The patient is taking this medication to relieve pain (Jones and Bartlett, 2020).	The patient is taking this medication to prevent nausea and vomiting (Jones and Bartlett, 2020).	This medication is given to treat mild community-acquired pneumonia (Jones and Bartlett, 2020).
Contraindications (2)	Angle-closure	Active bleeding or	Acute or severe	Concomitant use of	History of cholestatic

	glaucoma.\n\nBenign prostatic hyperplasia, bladder neck obstruction (Jones and Bartlett, 2020).	coagulation disorders.\n\nRecent GI bleed or ulcers (Jones and Bartlett, 2020).	bronchial asthma in the absence of resuscitative equipment or unmonitored setting.\n\nAlcohol intoxication (Jones and Bartlett, 2020).	apomorphine.\nCongenital long QT syndrome (Jones and Bartlett, 2020).	jaundice or hepatic dysfunction associated with prior use of azithromycin.\n\nPatient with electrolyte imbalances. Especially low potassium and magnesium (Jones and Bartlett, 2020).
Side Effects/Adverse Reactions (2)	Neuroleptic malignant syndrome, bradycardia, hypotension (Jones and Bartlett, 2020).	CNS depressing, GI bleeding, hepatotoxicity (Jones and Bartlett, 2020).	Serotonin syndrome, severe respiratory depression, anaphylaxis (Jones and Bartlett, 2020).	Hypotension, serotonin syndrome, arrhythmias (Jones and Bartlett, 2020).	Arrhythmias, hepatic necrosis, or failure (Jones and Bartlett, 2020).
Nursing Considerations (2)	Avoid inadvertent intra-arterial injection of promethazine because it can cause arterio-spasm.\n\nGive I.V. injection at no more than 25 mg/min; rapid I.V. administration may	Do not crush timed-release or controlled-release aspiring tablets unless directed.\n\nAsk about tinnitus (Jones and Bartlett, 2020).	Tramadol should not be given to patients with a history of anaphylactoid reactions to codeine or other opioids.\n\nAvoid giving tramadol to patients with acute abdominal conditions	Oral disintegrating tablets may contain aspartame, which is metabolized to phenylalanine and must be avoided in patients with phenylketonuria.\n\nKnow that if hypokalemia	Monitor elderly patients closely for arrhythmias because they are more susceptible to drug effects on the QT interval.\n\nGive azithromycin capsules 1 hour before or 2 to 3

	produce a transient drop in blood pressure (Jones and Bartlett, 2020).		because it may mask evidence and disrupt assessment of the abdomen (Jones and Bartlett, 2020).	or hypomagnes emia is present, these electrolyte imbalances should be corrected before ondansetron is administered because of increased risk for QT-interval prolongation, which could predispose the patient to develop torsade de pointes (Jones and Bartlett, 2020).	hours after food. Give tablets or suspension without regard to food (Jones and Bartlett, 2020).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess patient for signs and symptoms of infection or bleeding. Monitor respiratory function, blood pressure, and temperature (Jones and Bartlett, 2020).	Assess pain and/or pyrexia one hour before or after medication. Assess other medications for possible interactions – especially warfarin. PT/ INR should also be looked at for bleeding (Jones and Bartlett, 2020).	Assess the patient's pain level, incoordinatio n, or increased muscle tone. Liver function, blood pressure, respiratory system, and mental status should also be assessed (Jones and Bartlett, 2020).	Electrolytes should be assessed. Especially potassium and magnesium (Jones and Bartlett, 2020).	Obtain culture and sensitivity test results before starting therapy (Jones and Bartlett, 2020).
Client Teaching	Urge patient	Advise adult	Urge patient	Advise	Urge patient

| needs (2) | to avoid alcohol and other CNS depressants during therapy.

Suggest rinsing and use of sugarless gum or hard candy to relieve dry mouth (Jones and Bartlett, 2020). | patient taking low-dose aspirin not to also take ibuprofen because it may reduce the cardioprotective and stroke preventive effects of aspirin.

Instruct patient to stop taking aspirin and notify prescriber if any symptoms of stomach or intestinal bleeding occur such as passage of bloody or tarry stools or if patient is coughing up blood or vomit that looks like coffee grounds (Jones and Bartlett, 2020). | to follow prescribed dose limits and dosing intervals to prevent respiratory depression and seizures.

Instruct patient not to stop tramadol abruptly (Jones and Bartlett, 2020). | patient to immediately report signs of hypersensitivity, such as a rash.

Instruct patient to place ondansetron disintegrating tablet or oral soluble film on his tongue immediately after opening package and let it dissolve on his tongue before swallowing (Jones and Bartlett, 2020). | to consult prescriber before taking over the counter drugs, including antacids. If they are prescribed, tell patient to take azithromycin 1 hour before or 2 to 3 hours after taking antacids.

Tell patient to report signs and symptoms of allergic reaction (such as rash, itching, hives, chest tightness, and trouble breathing) immediately (Jones and Bartlett, 2020). |
|---|---|---|---|---|---|

Medications Reference (1) (APA):

Jones and Bartlett, 2020. *Jones & Bartlett Learning: 2020 Nurse's Drug Handbook*.

19th ed. Burlington, MA: S4 Carlisle Publishing Services.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented x 2. He identifies self and is oriented to place. He is not oriented to situation or time. Patient responds to verbal and painful stimuli and is in no acute distress. Patient is calm and cooperative, well groomed, and has a clean appearance with appropriate affect. He maintains appropriate eye contact, demonstrates articulate speech, but is very slow in response to questions.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y**☐ **N** ☒ **Type:**	**Skin color:** The skin color is pale. **Character:** The skin is dry on his elbows, heels, knees, and feet. **Temperature:** The skin is warm to the touch on his upper and lower extremities. **Turgor:** Elasticity. **Rashes/Bruises:** The patient has no areas of rashes or bruises on his body. **Wounds:** The patient has stage 1 pressure ulcers on his right heel, left heel, and coccyx/sacrum. **Braden Score:** 19. **Drains:** No drains present.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head/Neck:** Normocephalic atraumatic, active range of motion, supple, non-tender, no carotid bruits, no jugular venous distention (JVD), no lymphadenopathy, and no thyromegaly. There is no obvious abnormalities or contusions on the patient's head. **Ears:** The right and left ear are symmetrical and bilaterally placed. They are clear with ability to hear out of both ears. Tympanic membrane is a pearly gray color in the right and left ear. There is no drainage or cerumen present inside of the ears (right and left). **Eyes:** For the right and left eye, pupil size 3mm, pupils equal, round, and reactive to light and

	accommodation (PERRLA), extraocular movements intact (EOMI), conjunctiva has no abnormalities, no scleral icterus. **Nose** Symmetrical, clear with no drainage, no sinus tenderness, and no deviated septum. **Mouth/teeth:** Pink, moist oral mucous membranes with no signs of dental caries. Oropharynx is clear and moist.
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:**	**Heart Sounds:** S1 and S2 sounds from the aortic, pulmonic, Erb's point, tricuspid, and mitral locations of the heart. There was no friction rubs, gallops, or murmurs detected or heard on S3 and S4. **Cardiac rhythm:** Regular rhythm, no murmurs. **Peripheral Pulses:** Right and left radial +3 (full and brisk, easily palpable), right and left brachial +3 (full and brisk, easily palpable), right and left carotid +3 (full and brisk, easily palpable), right and left femoral +3 (full and brisk, easily palpable), right and left popliteal +3 (full and brisk, easily palpable), right posterior tibial +3 (full and brisk, easily palpable), left posterior tibial +3 (full and brisk, easily palpable), right dorsalis pedis +3 (full and brisk, easily palpable), left dorsalis pedis +3 (full and brisk, easily palpable). **Capillary Refill:** Less than 3 seconds for the upper right and left extremities and lower right and left extremities. **Edema:** The patient has no signs of edema on his body.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Breath Sounds:** Clear/diminished to auscultation and percussion (inspiratory and expiratory) on the right and left lungs. **Respirations:** Non-labored, regular, accessory muscle not used. **Lung aeration:** Equal. **Oxygen Therapy Device:** Nasal cannula 2 L/min Titrated.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:**	**Diet at home:** Patient is on a regular diet at the nursing home. **Current Diet:** Patient is on a regular diet. **Height**: 182.4 cm

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:**	**Weight:** 119.1 kg **Bowel Sounds:** Active in all 4 quadrants. **Last BM:** 09/27/21 at 0900 (brown, soft, medium in size). **Palpation:** Abdomen is soft with no masses. No palpable hernias. **Tenderness:** Patient denies any tenderness. **Distention:** No distention. **Incisions:** No incisions. **Scars:** No scars. **Drains:** No drains. **Wounds:** No wounds. **Ostomy:** No **Nasogastric:** No **Feeding tube:** No
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination:　Y ☐　　N ☒** **Dialysis:　Y ☐　　N ☒** **Inspection of genitals:** **Catheter: Y ☐　　N ☒** 　**Type:** 　**Size:**	**Color/Character:** Urine is clear, light yellow with no odor. **Quantity:** Voided 1 time in the toilet. Unable to measure output. **Pain with urination:** Patient denies any difficulty or pain with urination. **Dialysis:** No Dialysis **Genitals:** No abnormalities. **Catheter:** No catheter.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance:　Y ☐　N ☐** **Fall Risk:　　Y ☒　N ☐** **Fall Score: 45** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☒	**Neurovascular:** Nails are smooth without pits or grooves. They are uniform in consistency and in color. They are free of discoloration and spots. The patient's skin is warm on his upper right and left extremities and lower right and left extremities. **ROM:** Patient has active range of motion on his upper right and left extremities and lower right and left extremities. **Strength** Patient shows equal strength on his upper right and left extremities and lower right and left extremities. **Supportive devices:** The patient is up with one assist with a gait belt. **Fall Risk Score:** The patient is a fall risk with a score of 45 (Morse Fall Scale). Safety needs managed per basic protocol. Bed exit alarm, fall risk bracelet, and side rails: upper x 2, lower left. **Personal care provided:** Bed bath, gown change, hair care, linen change, and peri care.

	Patient needs support to stand and walk. Up with 1 assist with gait belt.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Orientation:** Patient identifies self and is oriented to place. He is not oriented to situation or time. **Cognition/mental:** Impaired cognition. Slowed complex response and inconsistently reliable. **Speech:** Clear and understandable, but slow in response. **Sensory**: Patient has sensation that is equal on his right and left upper extremities and on his right and left lower extremities. **Level of Consciousness (LOC):** The patient shows signs of confusion, disorientation, and drowsiness.
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 method(s):** The patient was unable to answer and showed signs of confusion. **Developmental level:** The patient attended high school but has impaired cognition and memory. He can speak and respond to questions, but he is slow in response. Patient was unable to tell me if he could read or write. He shows signs of confusion with making fully informed decisions. **Religion & what it means to pt.:** The patient informed me that he is Lutheran and likes to go to church. **Personal/Family Data:** The patient currently lives at the Arcola Health Care Center. The patient informed me that he does not communicate with his family, and he has no visitors at the nursing home.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	81 beats per minute	140/71 (Systolic High)	20 breaths per minute	36.1 C (Temporal Artery)	96% SpO2 - Room air
1100	78 beats per minute	138/75 (Systolic High)	18 breaths per minute	36.2 (Temporal Artery)	95% SpO2 - Room air

Vital Sign Trends:

Systolic blood pressure is elevated. All other vital signs are stable. I am going to continue to

monitor.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Numeric	N/A	0 out of 10	N/A	N/A
1100	Numeric	N/A	0 out of 10	N/A	N/A

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:**	**Size of IV:** Peripheral 18-gauge intravenous catheter. **Location of IV:** Right AC **Date on IV:** 09/26/21 **Patency of IV:** Patent **Signs of erythema, drainage, etc**.: No signs of erythema, phlebitis, drainage, or infiltration present (clear, dry, intact). IV site is free from pain, tenderness, redness, or swelling. **IV dressing assessment:** The dressing is clear, dry, and intact.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL at 0900 240 mL at 1100 Total: 480 mL	Voided in the toilet. Unable to measure amount of output.

Nursing Care

Summary of Care (2 points)

  Overview of care: In paragraph below.

  Procedures/testing done: In paragraph below.

  Complaints/Issues: In paragraph below.

  Vital signs (stable/unstable): In paragraph below.

  Tolerating diet, activity, etc.: In paragraph below.

  Physician notifications: In paragraph below.

  Future plans for patient: In paragraph below.

  Patient is sitting up in bed at the time of assessment and is alert and oriented x 2. He identifies self and is oriented to place. He is not oriented to situation or time. He answers questions but is very slow to respond and falls back to sleep mid-conversation. The patient has no complaints or issues and rates his pain 0 out of 10 using the numeric scale. All vitals are within normal range except for having a high systolic blood pressure. The nurse will continue to monitor. Patient up with one assist to void in the toilet and up in chair to eat breakfast. Respiratory therapy administered a breathing treatment and Physical therapy did range of motion exercises and walking exercises with the patient. There are no physician notifications. Nurse will continue to monitor this patient.

Discharge Planning (2 points)

Discharge location: The patient will be discharged to the Arcola Health Care Center in Arcola, IL.

Home health needs (if applicable): Home health care is not needed for this patient because he is being discharged to the Arcola Health Care Center where he will have 24-hour nursing care.

Equipment needs (if applicable): The patient will be discharged with an incentive spirometer.

Follow up plan: The patient will be discharged with referrals to see a Pulmonologist who specializes in treating respiratory tract diseases. The patient should also follow up with his primary care provider.

Education needs: The patient will be educated on removing mucus from his lungs through coughing and deep breathing exercises (incentive spirometer). He will also be educated on the importance of hand hygiene. Hand hygiene is especially important after using the restroom and before and after eating.

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" decreased energy/fatigue "as evidenced by" decreased breath sounds over affected lung areas.	I chose this nursing diagnosis because inflammation and increased secretions in pneumonia can make it difficult to maintain a patent airway. Maintaining airway clearance is the top priority.	**1.** Assist and teach the patient deep breathing and effective coughing exercises to promote full aeration and removal of secretions (Capriotti, 2020). **2.**Encourage ambulation frequently to help mobilize secretions and to reduce atelectasis (Capriotti, 2020).	**1.**Goal met. After a few attempts the patient was able to follow my instructions and was successful with the deep breathing and effective coughing exercises. 2.Goal met. The patient was cooperative and ambulated to the bathroom and back to his chair.

2. Ineffective breathing pattern "related to" hypoxia "as evidenced by" changes in rate, depth of respirations.	I chose this nursing diagnosis because changes in breathing patterns means that the alveoli are not effectively exchanging oxygen and carbon dioxide.	**1.** Place the patient with proper body alignment, such as sitting upright, for maximum breathing pattern (Capriotti, 2020).

2.Encourage the patient to have frequent rest periods and to pace himself with activities (Capriotti, 2020). | **1.**Goal met. Patient was cooperative and moved from his bed to his chair. The sitting position permitted maximum chest expansion and lung excursion.

2.Goal in progress. Patient appeared to understand that he should frequently rest and pace himself with activities. After ambulating to his chair, he closed his eyes to rest. |
| 3. Deficient knowledge "related to" altered recall "as evidenced by" confusion about treatment. | I chose this nursing diagnosis because is important for the patient to have an understanding of the disease condition, prognosis, treatment, and preventative measures. | **1.** Provide information about pneumonia prevention verbally, pamphlets, and/or videos to aid in understanding (Capriotti, 2020).

2.Inform the patient of the importance of continuing medical follow up and obtaining vaccinations to help prevent recurrence of pneumonia (Capriotti, 2020). | 1.Goal in progress. Patient was given pamphlets and informed verbally about pneumonia prevention. The patient appeared to understand.

2.Goal met. The patient appeared to understand the importance of following up medical care and possible vaccination for pneumonia. |
| 4. Activity intolerance "related to" general weakness "as evidenced by "verbal reports of weakness, fatigue, and exhaustion. | I chose this nursing diagnosis because activity intolerance can be related to decreased oxygen levels for metabolic demands. | **1.** Assist the patient with comfortable positions for rest and sleep (Capriotti, 2020).

2. Schedule activities after treatment or medications and provide emotional support to reduce | **1.**Goal met. The patient was positioned with the head of the bed elevated. The patient informed me that he was more comfortable.

2.Goal met. Patient was given his medications before he did his physical therapy. The patient appeared to have no |

		anxiety and promote rest (Capriotti, 2020).	anxiety.

Other References (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory*

    concepts and clinical perspectives. Philadelphia: F.A. Davis.

Concept Map (20 Points):

Subjective Data

Patient states, "I took an Amish pill".
Patient states, "I do not remember what happened except for that my legs would not work".
Patient states, "I feel like I am out of breath".
Patient rates pain 0 out of 10 using the numeric pain scale.

Nursing Diagnosis/Outcomes

Ineffective airway clearance "related to" decreased energy/fatigue "as evidenced by" decreased breath sounds over affected lung areas.
Goal met. After a few attempts the patient was able to follow my instructions and was successful with the deep breathing and effective coughing exercises.
Goal met. The patient was cooperative and ambulated to the bathroom and back to his chair.
Ineffective breathing pattern "related to" hypoxia "as evidenced by" changes in rate, depth of respirations.
Goal met. Patient was cooperative and moved from his bed to his chair. The sitting position permitted maximum chest expansion and lung excursion.
Goal in progress. Goal in progress. Patient appeared to understand that he should frequently rest and pace himself with activities. After ambulating to his chair, he closed his eyes to rest.
Deficient knowledge "related to" altered recall "as evidenced by" confusion about treatment.
Goal in progress. Patient was given pamphlets and informed verbally about pneumonia prevention. The patient appeared to understand.
Goal met. The patient appeared to understand the importance of following up medical care and possible vaccination for pneumonia.
Activity intolerance "related to" general weakness "as evidenced by "verbal reports of weakness, fatigue, and exhaustion.
Goal met. The patient was positioned with the head of the bed elevated. The patient informed me that he was more comfortable.
Goal met. Patient was given his medications before he did his physical therapy. The patient appeared to have no anxiety.

Objective Data

Vital Signs:
Blood pressure: 140/71
SaO2: 83% on room air.

Labs:
Total CK: 1087 Intl Unit/L
Creatinine: 1.36 mg/dL
Monocytes: 13.9%
RBC: 3.24 x10^6/mcL
Hgb: 10.3 g/dL
Hct: 31.0%
WBC: 18.4 K/mcL

Patient Information

On September 26, 2021, a 53-year-old Caucasian male with a history of hyperlipidemia, chronic grade 1 diastolic heart failure, hypertensive cardiovascular disease, obstructive sleep apnea, and schizoaffective disorder was admitted to Sarah Bush Hospital with hypoxia and altered mental status. The patient currently resides at the Arcola Health Care Center where he receives 24-hour care.

Nursing Interventions

1. Assist and teach the patient deep breathing and effective coughing exercises to promote full aeration and removal of secretions (Capriotti, 2020).
2. Encourage ambulation frequently to help mobilize secretions and to reduce atelectasis (Capriotti, 2020).
3. Place the patient with proper body alignment, such as sitting upright, for maximum breathing pattern (Capriotti, 2020).
4. Encourage the patient to have frequent rest periods and to pace himself with activities
(Capriotti, 2020).
5. Provide information about pneumonia prevention verbally, pamphlets, and/or videos to aid in understanding (Capriotti, 2020).
6. Inform the patient of the importance of continuing medical follow up and obtaining vaccinations to help prevent recurrence of pneumonia (Capriotti, 2020).
7. Assist the patient with comfortable positions for rest and sleep (Capriotti, 2020).
8. Schedule activities after treatment or medications and provide emotional support to reduce anxiety and promote rest (Capriotti, 2020).