N321 Care Plan # 2

Lakeview College of Nursing

Bao Cuong Tran

Demographics (3 points)

Date of Admission 9/26/2021	Patient Initials JK	Age 63 (8/16/1958)	Gender Male
Race/Ethnicity Caucasian	Occupation University of Illinois	Marital Status Married	Allergies Baclofen
Code Status Full Code	Height 182 cm	Weight 141 lbs	

Medical History (5 Points)

Past Medical History: GERD, chronic kidney disease, tinnitus, hyperlipidemia, Hodgkin's lymphoma.

Past Surgical History: nasal septum, colonoscopy.

Family History: Mother – heart failure, cancer; Father – heart failure

Social History (tobacco/alcohol/drugs): former smoker; no alcohol; no drug

Assistive Devices: None

Living Situation: Living with wife

Education Level: Master degree

Admission Assessment

Chief Complaint (2 points): Persistent fever, fatigue

History of present Illness (10 points):A 63-year-old male with history of Hodgkin's lymphoma currently on chemotherapy came to the hospital because of persistent fever and extreme fatigue. The patient reported recent 102f fever, weakness, and fatigue which gradually got worsen with body ache even with prolong resting time. The patient also complained of intermittent cough. The patients also noticed recent formed stools after taken Dificid twice a day.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonitis

Secondary Diagnosis (if applicable):Hodgkin's lymphoma

Pathophysiology of the Disease, APA format (20 points): Pneumonitis is a broad term that relates to lung tissue inflammation. Pneumonitis is a kind of pneumonia because the infection produces inflammation in the lungs. Doctors, on the other hand, commonly use the term pneumonitis to refer to noninfectious causes of lung inflammation. (Pamela, 2019). Pneumonitis is commonly caused by airborne irritants at work or through hobbies. Pneumonitis can be caused by a variety of cancer treatments as well as a variety of medications. My patient is currently going through treatment for cancer, so I think that might be one of the reasons why he is having pneumonitis.

Pneumonitis is a condition in which the small air sacs (alveoli) in the lungs become inflamed due to an irritating chemical. Because of the inflammation, oxygen cannot flow through the alveoli and into the bloodstream. Pneumonitis has been related to a variety of irritants, ranging from airborne molds to chemotherapy medications. However, for the vast majority of people, the exact component that causes inflammation is never determined (Capriotti,2018). Pneumonitis can develop in persons who get chest radiation therapy, such as for breast or lung cancer. Pneumonitis can also develop after a person has whole-body radiation therapy to preparation for a bone marrow transplant. This might be the reason my patient develops pneumonitis.

The most common symptom of pneumonitis is shortness of breath, which may be accompanied by a dry cough. If pneumonitis is undetected or left untreated, the patient may

gradually develop chronic pneumonitis, which can result in scarring (fibrosis) in the lungs. Signs and symptoms of chronic pneumonitis include shortness of breath, cough, fatigue, loss of appetite, unintentional weight loss (Capriotti,2018). The patient came to the hospital because of extreme fatigue, and he complained of intermittent cough.

One or more of the following tests will most likely be performed to identify pneumonitis from other lung illnesses. Certain blood tests can be useful for pinpointing a diagnosis. Because pneumonia usually affects only a small, localized region of the lungs, imaging tests are helpful, but the consequences of noninfectious pneumonitis are commonly diffused over all five lobes of the lungs. A chest X-ray is a harmless diagnostic that uses a little quantity of radiation to make images of the lungs by passing it through the chest. X-rays only take a few minutes to complete. This is the test that helps the doctor to get the diagnosis for my patient. CT scans combine many X-ray images from various angles to create comprehensive cross-sectional images. This simple exam requires you to lie down on a narrow table that slides inside a big doughnut-shaped machine. CT scans are usually completed in less than 15 minutes. A chest X-ray cannot provide as much data about abnormalities in the lung as computerized tomography does. The patient has both Chest X-ray, and CT test to identify pneumonitis.

Pathophysiology References (2) (APA):

Capriotti, Theresa M. and Frizzell, Joan Parker, “Pathophysiology: Introductory Concepts and Clinical Perspectives” (2018). *Faculty Bookshelf 75.*

Pamela, Swearingen L. and Jacqueline, Wright D, “All-in-One Nursing Care Planning Resource” (2019). *Faculty Bookshelf 75.*

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	4.10 – 5.7	2.99	2.91	Chemotherapy kills RBC
Hgb	12.0 – 20.0	8.0	8.1	Due to decrease RBC from chemotherapy
Hct	37% - 51%	25.5%	25.2%	Due to decrease RBC from chemotherapy
Platelets	140 – 400	400	397	
WBC	4.0 – 11.0	8.36	13.56	Infection from bacteria that causes pneumonia
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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-	136 – 145	140		
K+	3.5 – 5.1	4.1		
Cl-	98 – 107	101		
CO2	21 – 32	26		
Glucose	60 – 99	141		Elevated blood glucose due to chemotherapy as cells may be damaged including those that produce insulin

BUN	**7 – 18**	**18**		
Creatinine	**0.70 – 1.3**	**0.74**		
Albumin	**3.4 – 8.0**			
Calcium	**8.5 – 10.1**	**10**		
Mag	**1.6 – 2.6**	**1.9**		
Phosphate				
Bilirubin				
Alk Phos				
AST				
ALT				
Amylase				
Lipase				
Lactic Acid				

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				
PT				
PTT				
D-Dimer				
BNP				

HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c				
TSH				

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				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). Mosby's diagnostic and laboratory test reference. St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

XR Chest AP or PA only: mid left lower airspace opacities

CT CTA PE chest: ground glass attenuation opacity

Diagnostic Test Correlation (5 points): purpose

XR Chest AP or PA only: the test is ordered to confirm pneumonitis.

CT CTA PE chest: the test is ordered to confirm pneumonitis.

Diagnostic Test Reference (1) (APA):

Mayo Clinic. (2018). *CT scan.* Mayoclinic.org. https://www.mayoclinic.org/tests-procedures/ct-scan/about/pac-20393675

Mayo Clinic. (2018). *Chest X-rays.* Mayoclinic.org. https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

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

Hospital Medications (5 required)

Brand/ Generic	**Azithromycin/ Zithromax**	**Fidaxomicin/ Dificid**	**Lactobacillus rhamnous/ Culturelle**	**Potassium chloride/ Klor-Con**	**Prednisone / Deltasone**
Dose	**500mg**	**200mg**	**1 cap (10 bill cells)**	**20mEg**	**10mg**
Frequency	**Daily**	**2 per day**	**Once**	**Daily**	**2 per day**
Route	**Oral**	**Oral**	**IV**	**Oral**	**Oral**
Classification	**antibiotic**	**Macrolide antibiotic**	**Antidiarrheals, Probiotics**	**Minerals and electrolytes**	**Glucocorticoids**
Mechanism of Action	**stopping the growth of bacteria**	**stopping the growth of bacteria (C diff)**	**prevent the growth of harmful bacteria in the stomach and intestines**	**Replacing loss potassium**	**Prevent the release of substances in the body that cause inflammation**
Reason Client Taking	**Treat infection**	**Treat infection**	**treating or preventing diarrhea**	**Replace potassium**	**Treat cancer**
Contraindications (2)	**Liver problem; severe stomach pain**	**Gastrointestinal bleeding, Low numbers of red or white blood cells**	**hypersensitive**	**Dysrhythmia; hyperkalemia**	**allergic to prednisone, fungal infection**
Side Effects/ Adverse Reactions (2)	**shortness of breath, dizziness**	**nausea and vomiting**	**Bloating; gas**	**severe throat irritation, chest pain**	**rash, itching, swelling of the face, tongue or throat**
Nursing Considerations (2)	**jaundice or liver problems**	**Different dose for children, expensive**	**Not use if having short**	**Not use if taking a "potassiu**	**Long-term use of steroids**

			bowel syndrome; or weak immune system	**m-sparing" diuretic**	**may lead to bone loss**

Home Medications (5 required)

Brand/Generic	**Morphine/ MSContin**	**Metoclopramide HCl/Reglan**			
Dose	**15mg**	**10mg**			
Frequency	**2 per day**	**3 per day**			
Route	**oral**	**oral**			
Classification	**Narcotic analgesics**	**GI stimulants, Miscellaneous antiemetics**			
Mechanism of Action	**round-the-clock treatment of pain**	**increases muscle contractions in the upper digestive tract**			
Reason Client Taking	**Deal with pain from chemo**	**For GERD**			
Contraindications (2)	**Addiction; OD**	**tardive dyskinesia; seizure**			
Side Effects/Adverse Reactions (2)	**slow heart rate, sighing, weak or shallow breathing**	**confusion, depression**			
Nursing Considerations (2)	**Naloxone as antidote**	**Drinking alcohol with this medicine can cause side effects**			

I could only find 2 medication that are different from the one he takes in the hospital from his chart. I expect him to have more as he is going through chemo, but I could not find the information, and he could not recall them.

Medications Reference (1) (APA):

Institute for Safe Medication Practice: ISMP Medication Safety Alert. http://www.ismp.org/.

Jones & Barlett Learning. (2020). 2020 Nurse's Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alerted and oriented to person, place, time** **No acute physical distress**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	**Skin is warm, dry, no rashes, or lesions on exposed skin, or bruise.** **No palpable cervical or supraclavicular adenopathy bilaterally** **Normal turgor**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head atraumatic and normocephalic** **Neck supple** **Pupils equal bilaterally, no icterus, conjunctival exudate bilaterally** **No ear discharge, no facial swelling, no external otitis/rhinitis/pharyngitis/oral thrush**
ARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:**	**Clear S1&S2 sound, no murmurs, gallops, or rubs** **No chest pain** **Peripheral pulses are palpable** **Cap refill is less than 3 second** **Present of non-pitting edema on both feet**

Neck Vein Distention: Y ☐ N ☐ **Edema Y ☒ N ☐** **Location of Edema: Both feet**	**No cyanosis**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Clear but diminished lungs sound** **Expected to hear crackle but none** **No cough, choking** **No distress in breathing**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM: 9/29/2021** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**Abdomen is soft, nontender, normal bowel sounds, no hepatosplenomegaly** **No nausea** **Stool got former, but still soft**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Urine output adequate** **Voiding with no difficulty** **Urine is yellow, clear, no bad odor**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐**	**Negative for myalgias, joint swelling, and arthralgias** **Patient independent, standby assist** **Limbs independent**

Fall Score: 10 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☐ N☒** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Alert, oriented** **No focal weakness, cranial nerves normal** **No seizures, or numbness** **No complain of pain** **Can communicate clearly** **Oriented x 4** **Speech clear**
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):**	**Healthy relationship with wife who is very supportive** **Patient is quiet, but very positive and reasonable**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0735	**80**	**108/62**	**18**	**96.9 F** **Oral**	**94**
1105	**71**	**95/59**	**18**	**97.9 F** **Oral**	**96**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0735	**None**				

1115	**None**				

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 **Location of IV: brachial (left)** **Date on IV: 9/26/2021 2018** **Patency of IV:** **Signs of erythema, drainage, etc.: None** **IV dressing assessment: dry/new/clean**	None

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
720p.o.	**1225**

Nursing Care

Summary of Care (2 points)

Overview of care: pneumonitis

Procedures/testing done: CBC, covid, CMB, Chest X-ray, CT

Complaints/Issues: fever, fatigue

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: regular diet

Physician notifications: none

Future plans for patient: prevent injury, infection

Discharge Planning (2 points)

Discharge location: home

Home health needs (if applicable): none

Equipment needs (if applicable): none

Follow up plan: chemotherapy

Education needs: joint strength; home safety, injury, infection

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

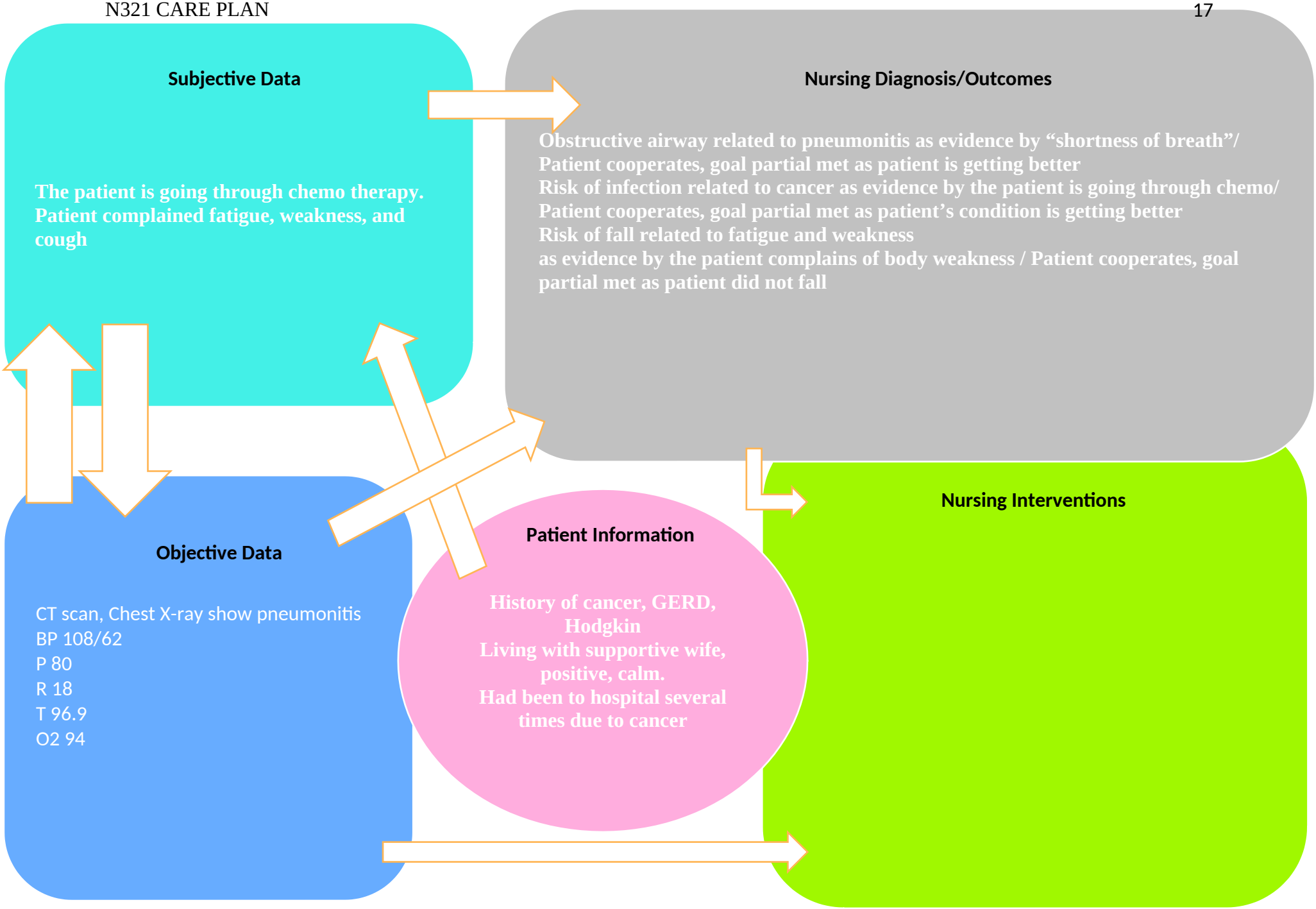
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Obstructive airway related to pneumonitis as evidence by "shortness of breath"	**Patient complains of "shortness of breath"**	**1.give oxygen** **2.raise head of the bed**	**Patient cooperates, goal partial met as patient is getting better**
2. Risk of infection related to cancer as evidence by the patient is going through chemo	**The patient is going through chemo. The patient got pneumonitis.**	**1. perform hand hygiene** **2.Monitor and report any signs and symptoms of infection**	**Patient cooperates, goal partial met as patient's condition is getting better**
3. **Risk of fall related to fatigue and weakness as evidence by the patient**	**The patient complains of body weakness**	**1.gait belt** **2.bed and chair alarm**	**Patient cooperates, goal partial met as patient did not fall**

complains of body weakness			

Other References (APA):

Pamela, Swearingen L. and Jacqueline, Wright D, “All-in-One Nursing Care Planning Resource” (2019). *Faculty Bookshelf 75.*

Concept Map (20 Points):


Subjective Data
The patient is going through chemo therapy.
Patient complained fatigue, weakness, and cough
Nursing Diagnosis/Outcomes
Obstructive airway related to pneumonitis as evidence by "shortness of breath"/ Patient cooperates, goal partial met as patient is getting better
Risk of infection related to cancer as evidence by the patient is going through chemo/ Patient cooperates, goal partial met as patient's condition is getting better
Risk of fall related to fatigue and weakness
as evidence by the patient complains of body weakness / Patient cooperates, goal partial met as patient did not fall
Objective Data
CT scan, Chest X-ray show pneumonitis
BP 108/62
P 80
R 18
T 96.9
O2 94
Patient Information
History of cancer, GERD, Hodgkin
Living with supportive wife, positive, calm.
Had been to hospital several times due to cancer
Nursing Interventions