N311 Care Plan # 2

Lakeview College of Nursing

Name Brianna Lilly

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
08/03/2007	M.L.	72	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Retired	Divorced	NKA
Code Status	**Height**	**Weight**	
DNR	5'3"	164 lbs	

Medical History (5 Points)

Past Medical History: UTI, respiratory acidosis, obesity hypoventilation, COPD exacerbation, CO2 narcosis, acute chronic respiratory failure with hypoxia and hypercapnia, Alzheimer's, Schizophrenia, depression, diabetes mellitus, osteoporosis, Acute encephalopathy

Surgical History: No significant surgical history available in chart.

Family History: No significant family history available in chart.

Social History (tobacco/alcohol/drugs): history of tobacco use- cigarettes 1/2 pack per day, no alcohol use, no drug use.

Admission Assessment

Chief Complaint (2 points): Acute encephalopathy secondary to CO2 narcosis/hypoxia secondary to noncompliance with O2 use.

History of present Illness (10 points):.The Patient is a former smoker and diagnosed with COPD. Patient had been ordered to be on 2L of O2 nasal cannula, and a bipap at night. Patient had been noncompliant with oxygen use, frequently removing her oxygen to go smoke cigarettes or go the bathroom and forgetting to put it back on. The lack of oxygenation caused an alteration in mental status. The mental status alteration was first noticed 8/9/2021 when nurse noticed

patient could no longer tell what time of day it was, and was slurring her speech. Patient was brought to the hospital where her acute encephalopathy was resolved due to oxygen administration.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute encephalopathy secondary to CO2 narcosis/hypoxia secondary to noncompliance with O2 use

Secondary Diagnosis (if applicable): COPD

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

The patient's specific case of acute encephalopathy was caused by an imbalance of CO2 and oxygen in the body. Inadequate oxygenation to the cells of the brain creates an inhabitable environment to facilitate the normal functional pattern of the brain cells resulting in a varying range of diminished functional ability. In this case excess CO2 and insufficient oxygen in the brain cells created an alteration of mental status in this case to the point of encephalopathy. CO2 binds to the same receptors as oxygen but has a greater affinity, therefore CO2 in excess can be very dangerous to the human body, especially the brain.

Risk factors include (in this patient; COPD, former smoking, and congestive heart failure), respiratory disfunction, and cardiac disfunction. The treatment required for the patient was oxygen (bipap till therapeutic level was reached, then nasal cannula with titrated oxygen). Signs and symptoms the patient displayed was a loss of sense of time, as well as confusion.

There are currently no accurate tests or diagnostic tools to diagnosis acute encephalopathy. The manifestation of encephalopathy will be an alteration in

consciousness. This will be similar to delirium, patients may hallucinate, become confused, or become unable to carry a coherent conversation.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). ***Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*****. F.A. Davis.**

National Institute of Neurological Disorders and Stroke. (2019, March 23). ***Encephalopathy information page*****. National Institute of Neurological Disorders and Stroke. Retrieved October 21, 2021, from https://www.ninds.nih.gov/Disorders/All-Disorders/Encephalopathy-Information-Page.**

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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	4.2-5.4	4.31	4.42	
Hgb	12-16	13.0	13.0	
Hct	37-47	42.7	43.0	
Platelets	150-400	173	173	
WBC	4.5-11.0	5.90	6.0	
Neutrophils	55-70	N/A	N/A	No past history of lab ever per patient's chart
Lymphocytes	20-40	37.3	37.0	

Monocytes	**2-8**	**2.2**	**2.2**	
Eosinophils	**1-4**	**1.1**	**1.1**	
Bands	**<10%**	**N/A**	**N/A**	**No past history of lab ever per patient's chart**

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**	**142**	**140**	
K+	**3.5-5.0**	**3.8**	**3.8**	
Cl-	**98-106**	**95**	**95**	
CO2	**23-30**	**39.0**	**26**	**Elevated CO2 related to COPD and hypercapnia diagnosis (Pagana 2019).**
Glucose	**74-106**	**123**	**100**	**Elevated glucose related to patient's diagnosis of diabetes mellitus (Pagana 2019).**
BUN	**10-20**	**13**	**13**	
Creatinine	**0.5-1.1**	**0.66**	**0.64**	
Albumin	**3.5-5.0**	**3.0**	**4.0**	**Low albumin related to inflammation (Pangana 2019).**
Calcium	**4.5-5.6**	**6.7**	**5.6**	
Mag	**1.3-2.1**	**1.8**	**1.9**	
Phosphate	**3.0-4.5**	**N/A**	**N/A**	**No past history of lab ever per patient's chart**
Bilirubin	**0.3-1**	**N/A**	**N/A**	**No past history of lab ever per patient's chart**
Alk Phos	**30-120**	**44**	**44**	

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 yellow**	**Yellow**	**Yellow**	
pH	**4.6-8**	**5.0**	**5.0**	
Specific Gravity	**1.005-1.030**	**1.008**	**1.008**	
Glucose	**Negative**	**Negative**	**Negative**	
Protein	**0-8**	**5.0**	**5.0**	
Ketones	**Negative**	**Negative**	**Negative**	
WBC	**Negative**	**Negative**	**Negative**	
RBC	**Negative**	**Negative**	**Negative**	
Leukoesterase	**Negative**	**Negative**	**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 <10,000 positive>10,000**	**N/A**	**N/A**	**Patient has no history of culture per patient's chart**

Blood Culture	**Negative**	**N/A**	**N/A**	**Patient has no history of culture per patient's chart**
Sputum Culture	**Normal culture**	**N/A**	**N/A**	**Patient has no history of culture per patient's chart**
Stool Culture	**Normal intestinal flora**	**N/A**	**N/A**	**Patient has no history of culture per patient's chart**

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). ***Mosby's Diagnostic & Laboratory Test Reference*** **(14th ed.). Elsevier.**

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

8/12/2020 echocardiogram upon admittance to hospital due to cc of encephalopathy results showed congestive heart failure.

8/10/2021 CT scene brain with out contrast due to incidence of minor head trauma (hitting a wall) results showed no acute intracranial hemorrhage.

8/10/2021 XR chest AP due to complaints of dyspnea results showed normal clear lungs.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**Lisinopril**	**Oxcarbazepine**	**risperiDONE**	**Gabapentin**	**Prednisone**
Dose	**2.5mg**	**1,500mg**	**3mg**	**300mg**	**40mg**
Frequency	**Daily**	**Every 12 hours**	**B.I.D.**	**Daily**	**Daily**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Antihypertensive**	**Anticonvulsant**	**Antipsychotic**	**Anticonvulsant**	**Immunosuppressant**
Mechanism of Action	**Decreases aldosterone increases exception of sodium-reduces blood pressure**	**Halts seizures by closing sodium receptors**	**Selectively blocks serotonin and dopamine receptors suppressing psychotic symptoms**	**Built like GABA acts like the neurotransmitter in the brain to inhibit the exaggerated stimuli.**	**Binds to intracellular glucorticoid receptors to supporss inflammation**
Reason Client Taking	**Hypertension**	**Seizures**	**Anxiety**	**Neuropathy pain**	**COPD**
Contraindications (2)	**Aliskiren use ACE**	**Hypersensitivity, render oral**	**Hypersensitivity, severe hepatic or**	**Hypersensitivity, renal failure**	**Hypersensitivity, systemic**

	inhibitor use	**contraceptives less effective**	**renal disfunction**		**fungal infections**
Side Effects/Adverse Reactions (2)	**Ataxia, hypotension**	**Agitation, hypotension**	**aggressiveness, hypothermia**	**Seizures, hypotension**	**Heart failure, GI bleeding**

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert and oriented x4, in no acute distress, appears well groomed, clothed appropriately for season.**

INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Skin color appropriate for ethnicity, warm, dry and thin skin, sluggish skin turgor, no rashes, two small bruises on each arm below the elbow (patient bruises easy due to blood thinner use), no open wounds, Braden score of 20 (mild risk), no drains present. Nails slightly clubbed.**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Full range of motion of the neck, head and neck are symmetrical. Head is normocephalic, hair is thinning on the scalp. Ears are symmetric without lesions or bumps, TM intact, hearing is moderately impaired due to age but hearing aids are not used. PERRLA, EOM intact, pupils 3mm, conjunctiva pink and moist, scalera white, no discharge present, lids are symmetric without lesions, redness, or swelling. Glasses used. Nose is patent without drainage, redness, swelling. Nasal canal is pink and moist, septum undeviated. Sinuses palpated without tenderness. Patient has natural teeth and good dentition.**
CARDIOVASCULAR: **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:**	**Regular rate and rhythm with S1 and S2 sounds auscultated. Peripheral pulses present 2+, capillary refill of <3 secs, no neck vein distention, pitting edema +1 on lower limbs.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**No accessory muscle use. Shallow short breaths with equal expansion, mild rhonchi. Patient is on 2L O2.**

GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	**Cardiac and diabetic diet currently/at residency.** **5'3", 164** **Bowel sounds active in all 4 quadrants** **Last Bm last night** **No tenderness or masses noted upon palpitation** **No distention, incisions, scars, drains, wounds upon inspection** **No stony present** **No NG tube** **No feeding/PEG tube**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**Genital exam deferred** **No catheter in place, no dialysis, patient urinated once and did not complain of pain or sensitivity, stated "color was the usual yellow".**

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	Cranial nerves intact, full ROM, uses wheelchair, glasses, has weakness in legs, ambulates with gait belt 1 assist. Assistance with ADLs, fall risk, fall score 20, impaired mobility, needs a gait belt and 1 assist to stand and walk.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAE,PERLA,Strength equal, alert and orientated x4, speech is organized, senses intact-vision impaired corrected with glasses, hearing mildly impaired not corrected. No LOC
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient talks to friends and family as a coping mechanism, adult developmental level, christian but does not regularly attend service, lives alone in nursing home facility, family visits occasionally but live out of state.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
800	**72 right radial**	**130/74 left arm sitting**	**16**	**97.5 f temporal**	**98% on 2L O2**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
800	**0-10**	**N/A**	**N/A**	**N/A**	**N/A**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
(90mL) 30ML in water 30ML in milk 30ML in juice	**240ML (in urine)**

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. Decreased cardiac output, related to Congestive heart failure as evidenced by pitting edema +1 in lower extremities, a positive ECG for CHF, rhonchi breath sounds present	**Decreased cardiac output is an important consideration in the patient's care due to the effects on the body decreased cardiac output can have such as edema, chest pain, arrhythmias, hypo/ hyper blood pressure, and ineffective oxygen perfusion to the tissues.**	**1. The student nurse will have the patient maintain a cardiac diet throughout the duration of my clinical time.** **2. The student nurse will maintain patient's oxygen per doctor's orders (2L nasal cannula) throughout the duration of my clinical time.**	**Patient was accepting and tolerant of the nurses actions. Patient demonstrated adherence and understanding of the care plan by maintaining a cardiac diet and keeping their oxygen on throughout my clinical time.**
2. Activity intolerance related to COPD as evidenced by complaints of being SOB and requesting to "hurry up and sit down" upon standing.	**Activity intolerance drastically affects one's ability to preform ADLs and affects the lifestyle of the patient.**	**1. Patient will perform ADLs as tolerated throughout my clinical time.** **2. Patient will communicate her need for assistance of ADLs to the student nurse as needed throughout the duration of my clinical time.**	**Patient was accepting and tolerant of the care plan. Patient demonstrated effective adherence to the care plan by asking for assistance when needed, and doing as much as she could of her ADLs as tolerable.**

Other References (APA): Phelps, Linda. (2020). ***Sparks and Taylor's Nursing Diagnosis Reference Manual (11th ed).*** **Wolters Kluwer.**

Concept Map (20 Points):

N311 RE PLAN

Subjective Data
Patient stated she needs to"hurry up and sit down"
Patient complains of SOB

Nursing Diagnosis/Outcomes

Decreased cardiac output, related to Congestive heart failure as evidenced by pitting edema +1 in lower extremities, a positive ECG for CHF, rhonchi breath sounds present
Activity intolerance related to COPD as evidenced by complaints of being SOB and requesting to "hurry up and sit down" upon standing.

Objective Data
ECG positive finding of CHF
Rhonchi auscultated
Pitting Edema +1 in lower extremities

Patient Information
72yr old white female 5'3", 164 lbs admitted for Acute encephalopathy secondary to CO2 narcosis/hypoxia secondary to noncompliance with O2 use, with a medical diagnosis of CHF, and COPD

Nursing Interventions

1. The student nurse will have the patient maintain a cardiac diet throughout the duration of my clinical time.
2. The student nurse will maintain patient's oxygen per doctor's orders (2L nasal cannula) throughout the duration of my clinical time.
1. Patient will perform ADLs as tolerated throughout my clinical time.
2. Patient will communicate her need for assistance of ADLs to the student nurse as needed throughout the duration of my clinical time.