N321 Care Plan #

Lakeview College of Nursing

Riley Black

Demographics (3 points)

Date of Admission 10/15/2021	Patient Initials CME	Age 05/09/1932 (89 yo)	Gender Female
Race/Ethnicity White	Occupation Unemployed	Marital Status Married	Allergies NKA
Code Status Full	Height 152.4 cm (5’ 0”)	Weight 52.6 kg	

Medical History (5 Points)

PATIENT IS A POOR HISTORIAN

Past Medical History: asthma, HTN

Past Surgical History: None documented or recalled

Family History: None documented or reported

Social History (tobacco/alcohol/drugs): patient denies ever using tobacco, alcohol, and any other drugs

Assistive Devices: walker

Living Situation: home with spouse (pending placement in a skilled nursing facility)

Education Level: high school

Admission Assessment

Chief Complaint (2 points): SOB and confusion

History of present Illness (10 points): The 89-year-old female patient reported to the emergency department on 10/15/2021 with shortness of breath and confusion. She arrived with her daughter-in-law. The patient claims to have been experiencing the unbroken shortness of breath for three days (beginning 10/12/2021) with coughing spells. The daughter-in-law stated that the confusion had a sudden onset the day of admission. The

patient claims that there were no relieving factors, but it was worsened with exertion. Her breathing improved quickly after a nebulizer treatment.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute asthma exacerbation

Secondary Diagnosis (if applicable): N/A

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

Asthma is a common disease that results in 106 new diagnoses per 1,00 people in the United States (Capriotti, 2020). Asthma is a reversible but dangerous airway obstruction due to acute bronchoconstriction, or bronchospasm. Although the bronchospasms are reversible, they can be fatal if not treated promptly. There are about 5,000 deaths annually from poorly controlled asthma (Capriotti, 2020). There are several different types of asthma and causes for exacerbations. There are also several treatments, ranging from preventative to rescue.

Asthma is a genetic disorder, but it can be exacerbated by many different environmental factors. The most common triggers for asthma are allergens, including pollen, grasses, pet dander, cigarette smoke, molds, and many more (Capriotti, 2020). Other triggers can be occupational exposure to chemical agents, viral infections, and gastroesophageal reflux disease (Capriotti, 2020). There is also exercise-induced asthma and nocturnal asthma, which is caused by decreased respiratory function in the morning, decreased cortisol, and increased eosinophil activity (Capriotti, 2020).

With allergy induce asthma, allergens trigger the immune system to cause bronchoconstriction, inflammation, and an increase in the number of goblet cells, leading to more mucus production. The main cellular action is initiated by T lymphocytes, which include

Th1 and Th2. The Th1 cells are stimulated by allergens. They assist B cells in producing immunoglobulin E (IgE). Th2 cells promote inflammation by attracting mast cells, eosinophils, and basophils. Once the IgE and mast cells interact, they release histamine and leukotrienes. The histamine promotes bronchospasm and inflammation, while the leukotrienes promote bronchoconstriction, bronchial hyperreactivity, edema, and eosinophilia. The T cells also release interleukins, which prolong the asthma attack. The eosinophils also add to the damage and edema in the airway. Repeated episodes of asthma exacerbation can lead to a remodeling of the airways, which can lead to a fixed airway obstruction and exposes the airway to more triggers for the hyperreaction, causing more frequent episodes (Capriotti, 2020).

Asthma mainly affects the airways, so the signs and symptoms to look for have to do with breathing. The most prevalent symptoms of asthma are wheezing, dyspnea, chest tightness, and coughing (Capriotti, 2020). The more severe the attack is, the more symptoms may be present. In the more severe cases, patients may be using accessory muscle, have distant breath sounds, and show diaphoresis (Capriotti, 2020). On top of this, patients may present with rhonchi, signs of chronic rhinitis, nasal edema, nasal polyps, rhinorrhea, oropharyngeal erythema, and eczema (Capriotti, 2020). My patient only presented with dyspnea and a persistent cough, but she also was experiencing confusion likely due to decreased perfusion in her brain.

To diagnose asthma in a patient for the first time, the patient must undergo a thorough history and physical examination, have labs completed, and complete a pulmonary function test to assess the forced expiratory volume and forced vital capacity (Capriotti, 2020). During an acute asthma attack, the ratio of the pulmonary function test is assessed before and after the use of a bronchodilator to evaluate the severity of the attack (Capriotti, 2020). Other testing that should be completed includes a chest x-ray and arterial or venous blood gases (Swearingen &

Wright, 2019). Another possible test to be completed is a sputum culture to determine if there is a bacterial or viral infection present. Vital signs to monitor include respirations, pulse oximetry, and heart rate (Swearingen & Wright, 2019). Pulse oximetry should be assessed to ensure the patient's oxygen saturation does not drop below a certain percentage decided by the provider. Respirations and pulse are likely to be increased due to the patient trying to compensate for the shortness of breath and lack of perfusion. The tests that my patient completed were a chest x-ray to rule out pneumonia, a venous blood gas to assess the oxygen and carbon dioxide status in the blood, and a CoVid-19 test to rule out a viral infection. Her vitals were monitored, and she was stable. She also underwent a CT of the head to assess her confusion and an echocardiogram to assess her cardiac output and ejection fraction. Through3 the testing, there was no significant clinical data to show any underlying condition or anything worse than an acute exacerbation of her asthma that was not controlled by her normal medications.

There are many facets to treating asthma. The main goal is to prevent exacerbations. This is accomplished through educating the patient, managing comorbidities, controlling the patient's environment, and prescribing medication (Capriotti, 2020). There are two types of medications: maintenance and rescue. The maintenance medications are meant for daily use and are intended to prevent exacerbations. The rescue medications are meant for use during acute episodes only and are fast acting to reverse the bronchospasm and other symptoms quickly to promote easy airflow. Some of the maintenance drugs include beta-2 agonists, corticosteroids, leukotriene antagonists, and possibly a phosphodiesterase (Capriotti, 2020). Rescue drugs are bronchodilators, which are commonly short-acting beta-agonists (Capriotti, 2020). These may be administered through metered-dose inhalers or through nebulizers. In some situations where the rescue drug is not enough to solve the problem, corticosteroids may be initiated. In extreme

cases, epinephrine may need to be administered (Capriotti, 2020). My patient takes oral montelukast, which is a leukotriene antagonist, and has an albuterol metered-dose inhaler, which is the short-acting beta-agonist rescue drug. These were ineffective in treating the episode the patient was hospitalized for, so she received prednisone (a corticosteroid) and a formoterol (a bronchodilator) nebulizer.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology* (2nd ed.). F. A. Davis.

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource* (5th ed.). Elsevier.

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	**3.80-5.41**	**4.49**	**4.50**	
Hgb	**11.3-15.2**	**13.2**	**13.2**	
Hct	**33.2-45.3**	**39.6**	**39.5**	
Platelets	**149-393**	**290**	**326**	
WBC	**4.0-11.7**	**5.8**	**9.4**	
Neutrophils	**45.3-79.0**	**52.9**	**69.0**	
Lymphocytes	**11.8-45.9**	**30.0**	**18.4**	
Monocytes	**4.4-12.0**	**12.0**	**11.3**	
Eosinophils	**0.0-6.3**	**4.5**	**1.2**	
Bands	**0.0-10.0**	**N/A**	**N/A**	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145	139	140	
K+	3.5-5.1	3.7	3.8	
Cl-	98-107	104	108	Elevated chloride has several possible causes, but one that is relevant to this patient could be respiratory alkalosis due to her asthma exacerbation currently being treated. It could also be due to dehydration or kidney dysfunction. She is not on fluids, which could explain dehydration. She does not have a known renal impairment, but it is common in older adults (Pagana et al., 2019).
CO2	21-31	23	27	
Glucose	74-109	91	78	
BUN	7-25	14	21	
Creatinine	0.60-1.20	0.73	0.74	
Albumin	3.5-5.2	4.2	N/A	
Calcium	8.6	8.9	9.0	
Mag	1.6-2.4	N/A	N/A	
Phosphate	3.0-4.5	N/A	N/A	
Bilirubin	0.3-1.0	0.7	N/A	
Alk Phos	34-104	82	N/A	
AST	13-39	23	N/A	

ALT	**7-52**	**11**	**N/A**	
Amylase	**30-220**	**N/A**	**N/A**	
Lipase	**0-160**	**N/A**	**N/A**	
Lactic Acid	**5-20**	**N/A**	**N/A**	

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**0.86-1.14**	**N/A**	**N/A**	
PT	**11.9-15.0**	**N/A**	**N/A**	
PTT	**22.6-35.3**	**N/A**	**N/A**	
D-Dimer	**<250**	**N/A**	**N/A**	
BNP	**0-100**	**140**	**N/A**	
HDL	**23-92**	**N/A**	**N/A**	
LDL	**<100**	**N/A**	**N/A**	
Cholesterol	**<199**	**N/A**	**N/A**	
Triglycerides	**0-149**	**N/A**	**N/A**	
Hgb A1c	**0.45-5.33**	**N/A**	**N/A**	
TSH	**2-10**	**N/A**	**N/A**	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Light yellow & clear**	**Pale yellow &**	**N/A**	

		clear		
Ph	**5.0-8.0**	**6.0**	**N/A**	
Specific Gravity	**1.005-1.034**	**1.010**	**N/A**	
Glucose	**Negative**	**Negative**	**N/A**	
Protein	**Normal**	**Normal**	**N/A**	
Ketones	**Negative**	**Negative**	**N/A**	
WBC	**Negative**	**Negative**	**N/A**	
RBC	**Negative**	**Negative**	**N/A**	
Leukoesterase	**Negative**	**Negative**	**N/A**	

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**	**N/A**	**N/A**	
Blood Culture	**Negative**	**N/A**	**N/A**	
Sputum Culture	**Negative**	**N/A**	**N/A**	
Stool Culture	**Negative**	**N/A**	**N/A**	

Lab Correlations Reference (1) (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 (5 points):

Chest X-Ray: Negative for pneumonia

CT of head: No evidence of injury or disorder

Covid: Negative

Echocardiogram: 55-65% ejection fraction

Venous Blood Gas (on admission):

- pH = 7.31-7.41 | 7.48
- pCO2 = 40.0-50.0 | 32.2
- pO2 = 40.0-50.0 | 69.7
- HCO3 = 22.0-26.0 | 25.3
- Base Excess = -3.0 – 3.0 | 0.3
- Venous O2 sat = 60.0-75.0 | 96.3
- Oxyhgb = 94.0-98.0 | 94.5
- CO = 0.0-8.0 | 1.6
- Meth = 0.2-0.6 | 0.3

Diagnostic Test Correlation (5 points):

- **Chest x-ray was to rule out any possible signs of inflammation or infection in the lungs because of the patient's dyspnea and cough**
- **CT of the head was to assess for any possible causes of the altered mental status**
- **Covid test was to rule out viral infection because this is a standard procedure and because the patient was experiencing difficulty breathing and had a cough**
- **Echocardiogram was done to analyze the function of the heart to detect an issue with blood flow that could show heart failure or a valve disorder or a blockage or**

any other reason oxygenated blood was not pumping throughout the body or to and from the lungs since the patient was having dyspnea and experiencing confusion (Pagana et al., 2019)

- **Venous blood gas was to analyze the concentration of oxygen, carbon dioxide, and venous oxygen saturation in the patient's blood to evaluate her tissue perfusion since her ventilation was impaired**

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana T. J., & Pagana T. N. (2019). *Mosby's diagnostic & laboratory test reference* (14th ed.) Elsevier.

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

Home Medications (5 required)

Brand/Generic	**Sandostatin octreotide**	**Tylenol acetaminophen**	**Antivert meclizine**	**Prinivil lisinopril**	**Singulair montelukast**
Dose	**100 mcg**	**500 mg**	**25 mg**	**10 mg**	**10 mg**
Frequency	**TID**	**PRN**	**Daily**	**Daily**	**QPM**
Route	**Subcutaneous**	**PO**	**PO**	**PO**	**PO**
Classification	**Somatostatin analog / antidiarrheal**	**Non-salicylate / Antipyretic and non-opioid analgesic**	**Antiemetic agent / antihistamine**	**Angiotensin-converting enzyme inhibitor / Antihypertensive**	**Leukotriene receptor antagonist / Anti-asthmatic**
Mechanism of Action	**Binds to somatostatin receptors to promote smooth muscle contractions / also suppresses luteinizing hormone to provide relief for GI tract (*Nurse's Drug Handbook,* 2021)**	**Inhibits cyclooxygenase to interfere with pain impulse and acts on temperature regulating center in hypothalamus by inhibiting synthesis of prostaglandin E2 (*Nurse's Drug Handbook,* 2021)**	**Binds to H1 receptors to inhibit the nuclei that are activated by motion sickness from reaching the medullary vomiting center (*Nurse's Drug Handbook,* 2021)**	**Inhibits conversion of angiotensin 1 to angiotensin 2 to prevent vasoconstrictive. It also stimulates the release of aldosterone to reduce sodium and water reabsorption to further decrease (*Nurse's Drug Handbook,* 2021)blood pressure**	**Antagonizes receptors for cysteinyl leukotrienes to prevent airway edema, smooth muscle contraction, and inflammation (*Nurse's Drug Handbook,* 2021)**
Reason Client	**Prevent**	**Relieve pain**	**Prevent**	**Hypertension**	**To prevent**

Taking	**diarrhea**		**motion sickness**		**asthma attacks**
Contraindications (2)	**Diabetes mellitus, untreated decreased level of thyroid hormones**	**Severe active liver disease / hepatic impairment**	**Asthma / renal impairment**	**History of angioedema related to ACE inhibitor use / concurrent aliskiren use for diabetic atients**	**Hypersensitivity only**
Side Effects/Adverse Reactions (2)	**Constant need to empty bowels / N/V/D**	**Hepatotoxicity / hypokalemia**	**Impaired cognition / confusion**	**Arrythmias / bronchospasm**	**Suicidal ideation / increased bleeding tendency**
Nursing Considerations (2)	**Monitor I&O / assess for possible dehydration if excessive diarrhea**	**Use cautiously with hepatic impairment / monitor renal function in long term use**	**Educate patient to avoid alcohol / advise patient of the risk of drowsiness to prevent falls or other complications**	**Use cautiously with fluid volume deficit, heart failure, and impaired renal function / us cautiously with severe aortic stenosis or hypertrophic cardiomyopathy to prevent hypotension**	**This drug is not for acute asthma attacks / Corticosteroids must be tapered when being replaced with montelukast**

Hospital Medications (5 required)

Brand/ Generic	**Coreg carvedilol**	**Lovenox enoxaparin**	**Pepcid famotidine**	**Risperdal risperidone**	**Prednisone Intensol prednisone**
Dose	**3.125 mg**	**40 mg**	**20 mg**	**0.25 mg**	**20 mg**
Frequency	**BID**	**Daily**	**BID**	**BID**	**Daily**
Route	**PO**	**Subcutaneous**	**PO**	**PO**	**PO**
Classification	**Beta-blocker / anti-hypertensive**	**Low-molecular-weight-heparin / anticoagulant**	**Histamine-2 blocker / antiulcer agent**	**Benzisoxazole derivative / antipsychotic**	**Glucocorticoid / immunosuppressant**
Mechanism of Action	**Reduces cardiac output and tachycardia, vasodilates, decreases peripheral vascular resistance / this all reduces blood pressure and cardiac workload (*Nurse's Drug Handbook*, 2021)**	**Binds with prothrombin III to prevent fibrinogen from becoming fibrin, thus inhibiting the ability to form clots (*Nurse's Drug Handbook*, 2021)**	**Reduces HCl formation by preventing histamine from binding with H2 receptors, preventing the development of peptic ulcers (*Nurse's Drug Handbook*, 2021)**	**Selectively blocks serotonin and dopamine receptors to suppress psychotic symptoms (*Nurse's Drug Handbook*, 2021)**	**Binds to glucocorticoid receptors and inhibits inflammation and immune responses (*Nurse's Drug Handbook*, 2021)**
Reason Client Taking	**Reduce cardiac workload and reduce**	**Prevent possible DVT**	**Prevent formation of peptic ulcers**	**Prevent psychotic symptoms**	**Help treat acute asthma exacerbation**

	blood pressure				
Contraindications (2)	**Bronchial asthma / severe hepatic impairment**	**Active bleeding / hypersensitivity**	**Hypersensitivity only**	**Hypersensitivity only**	**Hypersensitivity / systemic fungal infection**
Side Effects/ Adverse Reactions (2)	**Heart failure / renal insufficiency**	**Pulmonary edema / atrial fibrillation**	**Bronchospasm / interstitial pneumonia**	**Pulmonary embolism / cardiopulmonary arrest**	**Heart failure / adrenal insufficiency**
Nursing Considerations (2)	**Monitor for hypoglycemia / avoid stopping abruptly in patients with angina because MI can occur**	**Use with extreme caution in those with history of heparin induced thrombocytopenia / use with extreme caution in those at risk for hemorrhage**	**Shake vigorously for 5-10 seconds before administering / Pepcid AC chewable contains aspartame, so avoid in patients with phenylketonuria**	**Use cautiously in elderly patients because of their increased sensitivity to the drug / should not be used in dementia patients because it increases the risk of death**	**Withdraw gradually as ordered to prevent acute renal insufficiency / administer in the morning to match the body's normal cortisol secretion schedule**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**A&O x 2** **Alert** **Oriented to person and place but nothing else** **No signs of distress** **Happy, confused, pleasant, good hygiene**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Appropriate for ethnicity** **Dry, loose, wrinkled** **Cool to touch** **Loose without tenting** **None** **Several bruises bilaterally in upper extremities** **None** **19**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Head and neck symmetrical** **No drainage from ears** **PERRLA** **No nasal drainage or epistaxis** **Good oral hygiene, mucosa pink 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:**	 **No abnormal heart sounds heard** **S1 and S2** **Regular rhythm** **Pulses +3 bilaterally upper and lower** **<3 seconds**

RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**No adventitious breath sounds heard, but breath sounds were slightly diminished bilaterally on anterior and posterior locations**
GASTROINTESTINAL (2 points): **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:**	 **No restrictions** **No restrictions** **152.4 cm** **52.6 kg** **Normoactive in all 4 quadrants** **10-18-2021 @ 1000** **No tenderness or masses noted** **No** **No** **No** **No** **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:**	 **Pale yellow** **Clear** **300 mL and one unobserved void** **Appropriate for age and ethnicity**
MUSCULOSKELETAL (2 points): **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 ☒**	 **Skin cool to touch, pink nail beds** **Full active ROM** **Walker** **4/5 in all extremities** **75 = high 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:**	 **A&O x2 person, place only** **Confused** **Clear** **Sensation intact** **Alert**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	 **Patient has an altered mental status** **Developmental level is regressing** **Christian but patient is not actively practicing** **Daughter-in-law is her main support, her son is on hospice and her husband is not in shape to care for her**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0720	**83 bpm**	**180/92**	**18 rpm**	**36.3 C**	**96%**
.0910	**84 bpm**	**162/84**	**18 rpm**	**37.0 C**	**97%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0720	**Numeric**	**N/A**	**0**	**N/A**	**N/A**
0910	**Numeric**	**N/A**	**0**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	18 gauge

Location of IV:	Right Forearm
Date on IV:	10/15/2021
Patency of IV:	Flushes well
Signs of erythema, drainage, etc.:	No signs of redness or swelling or drainage
IV dressing assessment:	Clean, dry, intact Saline Lock

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
51-75% breakfast **300 ml water**	**1 unobserved void** **1 unobserved defecation** **300 ml void**

Nursing Care

Summary of Care (2 points)

Overview of care:

Passed all medications to the patient and completed a head-to-toe, also helped patient ambulate to the bathroom

Procedures/testing done:

None during shift

Complaints/Issues:

Patient claimed to feel somewhat confused still and didn't expect to receive a lovenox shot

Vital signs (stable/unstable):

Vital signs were stable except for blood pressure, which was briefly elevated from her baseline of around 160/80 up to 180/90, but this was corrected

Tolerating diet, activity, etc.:

Patient has no dietary issues, but she does get short of breath with ambulation

Physician notifications:

Hospitalist was notified of increased blood pressure. Provider ordered to check blood pressure again after administering daily medications

Future plans for patient:

Patient will likely be discharged to a skilled nursing facility

Discharge Planning (2 points)

Discharge location: location pending (Hilltop was requested by the patient and her daughter-in-law)

Home health needs (if applicable):

N/A if placed in Hilltop

Equipment needs (if applicable): Patient will likely need to keep her walker and possible a portable nebulizer. Supplemental oxygen may be needed in her future if her condition becomes more chronic or complications arise

Follow up plan:

Patient will likely be placed in a skilled nursing facility where her provider will check in with her routinely

Education needs:

Patient will need to be educated on how she can properly use a nebulizer to treat future exacerbations if she is prescribed a nebulizer. If she is prescribed a steroidal inhaler, she will need proper education on how to use it, including rinsing her mouth after inhaling the drug to prevent thrush

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 bronchoconstriction as evidenced by acute asthma exacerbation	**The asthma exacerbation caused a decrease in ventilation, which in turn causes decreased perfusion in the lungs. This causes a decrease in tissue perfusion as well**	**1. Monitor patient's oxygen saturation with pulse oximetry** **2. Administered montelukast and prednisone to assist in bronchodilation to improve perfusion**	**- Patient took all medications and breathing improved** **- Patient did not have trouble keeping oxygen saturation at or above 95%**
2. Acute confusion related to asthma exacerbation as evidenced by the patient's lack of orientation to situation and time	**The patient's daughter-in-law claims the patient is typically A&O x 4, but she has been A&O x 2 since arriving at the hospital**	**1. Monitor patient's mental status for any changes** **2. Patient always had a sitter with her to ensure patient safety**	**- Daughter-in-law was pleased knowing the patient would be closely monitored for safety** **- Patient did not experience any falls or other complications associated with altered mental status**
3. Risk for frail elderly syndrome related to	**Patient's mental status is not**	**1. Patient always had a sitter**	**- Patient stated feeling more comfortable**

progressing age as evidenced by altered mental state, use of a walker, and the need to be placed in a skilled nursing facility	**improving, she has weakness in all extremities, she is advancing in age, her comorbidities are worsening, and she is pending placement in a skilled nursing facility due to her lack of the ability to take care of her ADLs**	**2. Case management was contacted to try to find placement in a skilled nursing facility**	**with always having someone in her room with her** **- Patient is compliant with the need for placement in a skilled nursing facility**

Other References (APA):

Concept Map (20 Points):

Subjective Data

Daughter-in-law claims that the patient's mentation has rapidly declined since she began experiencing the SOB
Pt stated to "feel back to normal" when asked if she felt better, but she still was showing signs of AMS
Pt denied any pain

Nursing Diagnosis/Outcomes

aired gas exchange related to [illegible]ction as evidenced by acute asthma exacerbation
Patient's oxygen saturation was maintained above or at 95%
Acute confusion related to asthma exacerbation as evidenced by the patient's lack of orientation to situation and time
Patient always had a sitter with her, so she did not have any complications associated with her altered mental status
Risk for frail elderly syndrome related to progressing age as evidenced by altered mental state, use of a walker, and the need to be placed in a skilled nursing facility
Patient was compliant with the need for a skilled nursing facility, so the placement process was initiated with the care team

Objective Data

Stable VS except for BP (fluctuated from baseline 160/80 to 180/90)
CXR was negative for pneumonia
Head CT shows no abnormalities
Covid test was negative
ABG had numbers outside of ranges but the doctor was not concerned

Patient Information

89-year-old female
Poor historian, only known history is asthma and HTN
Admitted for SOB, cough, and AMS

Nursing Interventions