N431 Care Plan #2

Lakeview College of Nursing

Name: Christine

Demographics (3 points)

Date of Admission 09/29/21	Patient Initials TG	Age 77 years old	Gender F
Race/Ethnicity White	Occupation Retired teacher	Marital Status Single	Allergies Ciprofloxacin Morphine Gabapentin Acetaminophen Diclofenac sodium Gadolinium Nitrofurantoin
Code Status DNR, No CPR	Height 4'9"	Weight 100lb 4.8 OZ	

Medical History (5 Points)

Past Medical History: Anxiety, rheumatoid arthritis, back pain, congestive cardiac failure, COPD, atrial fibrillation, panic attack, hypertension, and acute kidney injury.

Past Surgical History: Back surgery, Carpal tunnel release, cholecystectomy, hammer repair, hernia repair, hysterectomy (total abdominal) due to endometrial cancer, incontinence surgery, joint repair, knee repair, paravaginal prolapse repair.

Family History: heart disease: father, mother, and siblings. Some siblings also have hypertension.

Social History (tobacco/alcohol/drugs): Former smoker, cigarette quit 55 years ago.

Assistive Devices: Walker

Living Situation: The client lives home alone in Urbana.

Education Level: Bachelor

Admission Assessment

Chief Complaint (2 points): Generalized weakness and chest pain

History of present Illness (10 points):On September 29th, a single white female was admitted to the ED for low hemoglobin (Hgb). About one day earlier, the patient visited her primary provider for a follow-up appointment. After the client left the provider's office, she received a phone call to go to the emergency room because her Hgb was 7.3. Upon arrival at ED, the client complained about generalized weakness and chest pain. The client stated that she could not do her daily activity due to fatigue. The client is under chemotherapy treatment and did not take anything at home to relieve her symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Anemia (no specific type)

Secondary Diagnosis (if applicable):N/A

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

Anemia is a condition in which the hemoglobin concentration and red blood cells decrease in the bloodstream. As a result, the amount of oxygen delivery diminishes in body tissue. Anemia is not a specific disease but a sign of an underlying disorder. It is the most common hematologic disorder (Hinkle & Cheever, 2018). Anemia classification depends on an underlying cause. First, anemia can be caused by hypo proliferative, resulting in a deficiency of red blood cells. This type of anemia is characterized by iron deficiency, which results from inadequate iron intake or absorption. Other types of deficiency include diminished erythropoietin production from the kidney, vitamin B12, and folate. Cancer and inflammation can also cause anemia. The second cause of anemia is bleeding. Bleeding can result from the gastrointestinal tract, epistaxis, trauma, and genitourinary tract. The

last cause of bleeding is due to hemolytic of red blood cells. Hemolytic causes of anemia include sickle cell disease, thalassemia, hypersplenism, drug-induced anemia, autoimmune anemia, and mechanical heart valve-related to anemia (Hinkle & Cheever, 2018).

Clinical manifestations of anemia are tachycardia on exertion, fatigue, chest pain, dyspnea, palpitation, syncope, dizziness, shortness of breath, muscle pain, pale nail color, eyes, and moth. Risk factors of anemia including, acute or chronic blood loss, menorrhagia, gastrointestinal bleed, increased hemolysis, inadequate diet, bone marrow suppression, and age (Hinkle & Cheever, 2018). Anemia can be diagnosed by iron studies, reticulocyte count, hemoglobin, and hematocrit. Complications of anemia include congestive heart failure, confusion, injury related to falling, paresthesia, angina, and delirium. Anemia can be managed by controlling the underlying cause of the disease. Management of anemia involves immunosuppression therapy, treatment of each specific type of anemia like dietary therapy, supplement, and transfusion (Capriotti, 2020).

In this client, hemoglobin, hematocrit, red blood cells count, and iron studies were used to diagnose the disease. Bonne marrow biopsy was performed to rule out the cause of the origin of the disease. Other tests done to rule out other diseases were CT scan, colonoscopy, and radiography. Chest X-rays show pulmonary infiltration. The client was given 3 units of red blood cells packed blood, oxygen supply 12 L/min, fentanyl for panic attacks, and vitamin B12. Clinical data states that a normal person can tolerate as much as 50 % of blood reduction without symptoms where area, the rapid loss of little as 30 % may precipitate a profound vascular collapse in an ill person (Hinkle & Cheever, 2018).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). ***Pathophysiology: introductory concepts and clinical perspectives*****. Philadelphia: F.A. Davis Company.**

Hinkle, J. L., & Cheever, K. H. (2018). ***Brunner & Suddarth's textbook of medical-surgical nursing*** **(14th ed.). Wolters Kluwer.**

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	F: 4-5.5 million	2.32	3.54	RBCs are low when there is decreased production in the bone marrow, kidney impairment, anemia, and bleeding. The client has hematuria, anemia and an active renal impairment (Hinkle & Cheever, 2018).
Hgb	F: 12-15 g/dl	7.1 L	10.3	Hgb decreases during anemia, fluid retention, renal failure, chronic diseases, and recent hemorrhage. Client has anemia, acute renal, and some chronic diseases (Hinkle & Cheever, 2018)
Hct	M: 35-47% F: 42-52%	22.1 L	32.6	Hct is low during anemia, bleeding, pregnancy, chronic disease, and renal failure. The client has an acute kidney injury, anemia, bruising and hematuria (Hinkle & Cheever, 2018)
Platelets	150,000-400,000 cells mm3	101 L	392	Platelets decrease during transfusion reaction, sepsis, decreased production from the bonne marrow, and overactive spleen. This client has anemia, and she is under chemotherapy (Hinkle & Cheever, 2018)
WBC	4,500-11,000 cell/mm3	29.67	28.85	Elevated WBC is due to infection, inflammation, leukemia, stress, and

				steroid use. Client has inflammation from the rheumatoid arthritis (Hinkle & Cheever, 2018)
Neutrophils	**45-75%**	**N/A**	**N/A**	
Lymphocytes	**20-40%**	**30.8**	**8.7**	**Lymphocytes decrease in immunosuppression, HIV/AIDS, and bonne morrow suppression. The client is under chemotherapy, which suppress immune system (Hinkle & Cheever, 2018).**
Monocytes	**4-6%**	**0.7**	**3.5**	**Monocytes decrease during chemotherapy, bonne marrow suppression, and immunosuppression. The client is receiving chemotherapy (Hinkle & Cheever, 2018).**
Eosinophils	**¿ 7%**	**9.8**	**0.0**	**Eosinophils increase during nonspecific allergic reaction, respond to parasitic infection, and asthma attack. The client has a history of allergic reaction to some medicine (Hinkle & Cheever, 2018).**
Bands	**¿ 0-5%**	**N/A**	**4.4**	

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-	**135-145 mmol/L**	**137**	**144**	
K+	**3.5-5.0 mmol/L**	**3.7**	**3.9**	
Cl-	**98-107 mmol/L**	**101**	**106**	
CO2	**35-45 mm Hg**	**23.0**	**27.0**	**CO2 is lost during hyperventilation, tachycardia, hypokalemia, numbness, muscle cramp, seizure, and anxiety. The patient has a history of anxiety and an active panic attack (Hinkle & Cheever, 2018).**

Glucose	**70-100 mg/ dL**	**93**	**120**	**A high sugar level in the blood indicates diabetes, medicine side effect, or stress. A normal fasting glucose is 70-100. Client is anxious and has an acute kidney disease (Hinkle & Cheever, 2018).**
BUN	**8-25 mg/dL**	**35**	**62**	**Elevated BUN can be caused by hypertension, diabetes that could affecting the kidneys. This client has hypertension and acute kidneys (AKI) injury patient (Hinkle & Cheever, 2018).**
Creatinine	**0.6-1.3 mg/ dL**	**2.45**	**1.94**	**The serum creatine increases when the renal function decreases. Patient has a history of with AKI (Hinkle & Cheever, 2018).**
Albumin	**3.5-5.2 mg/ dL**	**3.1**	**2.4**	**Decreased albumin is shown in patient with liver disease, kidney disease, low protein diet, celiac disease, Crohn disease. Patient has AKI and anemia (Hinkle & Cheever, 2018).**
Calcium	**8.6-10 mg/dL**	**14.1**	**11.0**	**Calcium increases during cancer, renal transplant, vitamin D toxicity, and dehydration. This patient has a history of cancer (Hinkle & Cheever, 2018).**
Mag	**1.3-2.3 mEq/L**	**1.6**	**2.1**	
Phosphate	**2.5-4.5 mg/ dL**	**3.4**	**2.4**	**Phosphate decreases during starvation, alcoholism, burns, ketoacidosis, kidney disorder, diarrhea, and hyperparathyroidism. This client has AKI (Hinkle & Cheever, 2018).**
Bilirubin	**0.1-1.4 mg/ dL**	**N/A**	**N/A**	
Alk Phos	**44-147 U/L**	**138**	**144**	
AST	**10-30 U/L**	**56**	**22**	**AST increases from cell death (necrosis) because the AST enzyme is released into the blood. This client has cells necrosis due to cancer or chemotherapy**

				(Hinkle & Cheever, 2018)
ALT	**10-40 U/L**	**59**	**19**	**ALT increases when liver is damaged, hepatocellular injury and inflammation of the liver and to monitor improvement or worsening of the disease. This patient has inflammatory processes due to rheumatoid arthritis (Hinkle & Cheever, 2018)**
Amylase	**30-110U/L**	**N/A**	**N/A**	
Lipase	**0-160 U/L**	**N/A**	**N/A**	
Lactic Acid	**0.5-2.2 mmol/L**	**N/A**	**N/A**	
Troponin	**I: < 0.03 ng/ml T:<0.1 ng/ml**	**0.03**	**0.03**	
CK-MB	**3-5 % of the total CK**	**N/A**	**N/A**	
Total CK	**26-174 U/L**	**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	**2-3**	**N/A**	**N/A**	
PT	**M:9.6-11.8 sec F:9.5-11.3 sec**	**N/A**	**N/A**	
PTT	**30-40 sec**	**N/A**	**N/A**	
D-Dimer	**¿ 250 ng/mL**	**N/A**	**N/A**	
BNP	¿ 100 *ng*/*L*	**N/A**	**N/A**	
HDL	**> 60**	**N/A**	**504**	**HDL increases during heart attack. The client is having panic attacks in the hospital (Hinkle &**

				Cheever, 2018)
LDL	¿ 130 *mg*/*dL*	**N/A**	**N/A**	
Cholesterol	¿ 200 *mg*/*dL*	**N/A**	**N/A**	
Triglycerides	¿ **150 mg/dL**	**N/A**	**N/A**	
Hgb A1c	**4-5.6 %**	**N/A**	**N/A**	
TSH	**0.5-5.0 mlU/ L**	**N/A**	**1.961**	

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	**Colorless-yellow, clear**	**Straw clear**	**Yellow, clear**	
pH	**4.5-8**	**6.0**	**7.0**	**The urine Ph is elevated when it is more alkaline, which caused by kidney stones, urinary tract infection and kidney disease. The patient has AKI (Hinkle & Cheever, 2018)**
Specific Gravity	**1.005-1.035**	**1.003**	**1.005**	
Glucose	**none**	**Negative**	**Negative**	
Protein	**none**	**Negative**	**Negative**	
Ketones	**none**	**Negative**	**Negative**	
WBC	**none**	**15**	**9**	**WBC is present in the urine when there is an inflammation in the urinary track or kidneys. The client has AKI (Hinkle & Cheever, 2018)**
RBC	**none**	**13**	**3**	**RBC is present in the urine during bladder, urinary tract cancer and urinary tract problems. The client has AKI and history of cancer (Hinkle & Cheever, 2018)**
Leukoesterase	**none**	**Trace**	**Negative**	

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**	**7.468**	**7.467**	**It increases during metabolic acidosis; lungs do not expel enough carbon. This client has a history of COPD (Hinkle & Cheever, 2018).**
PaO2	**80-100**	**63.8**	**129.3**	**Pa O2 decreases during heart decompensation, COPD, low oxygen inhaler air. The patient has a history of COPD (Hinkle & Cheever, 2018).**
PaCO2	**35-45**	**41.2**	**34.6**	**CO2 is lost during hyperventilation, tachycardia, hypoxia, pulmonary embolism, hypokalemia, numbness, muscle cramp, seizure, and anxiety. The patient has a history of anxiety and an active panic attack**

				(Hinkle & Cheever, 2018).
HCO3	**22-26**	**29.2**	**24.4**	**This elevation indicates metabolic alkalosis. The client maybe going through metabolic alkalosis (Hinkle & Cheever, 2018).**
SaO2	**92-100%**	**92.0 %**	**91.0%**	**Oxygen saturation decreased during sleep, alveoli issues, heart conditions, asthma, emphysema, bronchitis, and COPD. The patient has a history of COPD (Hinkle & Cheever, 2018).**

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	**≥ 100,000/ml**	**No drawn**	**No drawn**	
Blood Culture	**Negative**	**No drawn**	**No growth at 5 days**	
Sputum Culture	**Negative**	**No drawn**	**No drawn**	
Stool Culture	**Negative**	**No drawn**	**No drawn**	

Lab Correlations Reference (1) (APA):

Hinkle, J. L., & Cheever, K. H. (2018). ***Brunner & Suddarth's textbook of medical-surgical nursing*** **(14th ed.). Wolters Kluwer.**

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest XR: Severe left glenohumeral joint degeneration change, gas distended stomach. ARDS, extensive bilateral infiltration, diffuse pulmonary infiltrates patchy consolidation, severe arthritis in the left shoulder. Possible sclerosis in the first rib.

CT without contrast: Septal thickening crazy paving pattern, pulmonary edema, enlarged lymphadenopathy.

Diagnostic Test Correlation (5 points): CT scan and chest x-rays were performed to rule out heart or lung conditions. These two tests Show infiltration and septal thickness, enlarged lymphadenopathy, and pulmonary edema. Both tests make sense why the client is on oxygen 12 L/minute, and the oxygen saturation is only 91%. This is means there is ineffective gas exchange, less pulmonary expansion that results in abnormal breathing patterns and shortness of breath.

Diagnostic Test Reference (1) (APA):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

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

Home Medications (5 required)

Brand/Generic	**Pantoprazole / Protonic Mirapex (Jones & Bartlett, L, 2020, P. 950-953)**	**Metoprolol tartrate/ Lopressor (Jones & Bartlett, L, 2020, P. 794-797).**	**Ondansetron/ Zofran (Jones & Bartlett, L, 2020, P. 794-797).**	**Acetaminophen Tylenol (Jones & Bartlett, L, 2020, P. 9-12).**	**Prochlorperazine/ Compazine (Jones & Bartlett, L, 2020, P. 1036-1039)**
Dose	**40 mg**	**50 mg**	**4 mg**	**650 mg**	**10 mg**
Frequency	**Daily**	**Twice daily**	**Once daily PRN**	**6 hrs PRN**	**Once a day**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Proton pump inhibitor, antiulcer**	**Beta1 adrenergic blocker**	**Antiemetic**	**Antipyretic, nonopioid analgesic.**	**Antiemetic**
Mechanism of Action	**Interfere with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphate enzyme system.**	**Inhibits stimulation of beta 1 receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand.**	**This medicine blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine.**	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.**	**This drug alleviates psychotic symptoms by blocking dopamine receptors, depressing release of selected hormones and producing alpha adrenergic blocking effect in the brain.**

Reason Client Taking	**To treat neoplastic condition**	**To treat hypertension**	**To prevent nausea and vomiting before chemotherapy (outpatient)**	**To relieve pain and fever.**	**To control nausea and vomiting.**
Contraindications (2)	**Contra indicted with concurrent therapy with dipivefrine-containing products &hypersensitivity to pantoprazole.**	**Sick sinus syndrome & acute heart failure**	**Hypersensitivity to ondansetron & Congenital QT syndrome.**	**Sever hepatic impairment & active liver disease.**	**Bonne marrow depression & Severe hypertension.**
Side Effects/Adverse Reactions (2)	**Anxiety & chest pain**	**Arrhythmias &confusion**	**Hypotension & serotonin syndrome.**	**Neutropenia & hemolytic anemia**	**Hypotension & akathisia**
Nursing Considerations (2)	**Flush IV line with D5W normal saline solution & Giving the IV over two minutes reconstitute with 10 ml of normal saline.**	**Monitor client for signs of poor glucose control in client with diabetes & monitor patient with peripheral vascular disease for evidence of arterial insufficiency.**	**Monitor for torsade de pointes & use oral syringe to monitor dose of oral solution.**	**Long-term use monitor liver enzyme (AST, ALT) and renal function.**	**Avoid contact with skin & expect antipsychotic effects to occur in 2 to 3 weeks.**
Key Nursing Assessment(s)/Lab(s) Prior to	**Monitor electrolytes imbalance.**	**Monitor blood pressure**	**Monitor for electrolytes imbalance**	**Monitor for liver and renal**	**Monitor for CNS and blood**

Administration				**function**	**pressure.**
Client Teaching needs (2)	**Swallow tablet as whole & monitor diarrhea from c. difficile.**	**Do not stop abruptly and notify the provider if pulse is less than 60 bpm.**	**Seek of immediate care if worsening of symptoms & This medicine causes transilient blindness that resolves within few minutes.**	**Teach client to recognize signs of hepatoxicity & do not exceed the prescribed dose, take as directed.**	**Take the medicine with drug & avoid alcohol.**

Hospital Medications (5 required)

Brand/Generic	**Cyanocobalamin /Vitamin B12** **(Jones & Bartlett, L, 2020)**	**Hydrocodone/ acetaminophen/ Norco** **(Jones & Bartlett, L, 2020, P. 585-588).**	**Fentanyl/ Duragesic** **(Jones & Bartlett, 2020, P. 485-490).**	**Folic acid/ Folicet** **(Jones & Bartlett, L, 2020)**	**Lorazepam/ Ativan** **(Jones & Bartlett, L, 2020, P. 726-728).**
Dose	**1000 ml**	**5-325 mg**	**25 mcg**	**1 mg**	**1 mg**
Frequency	**Once daily**	**Every 4 hours PRN**	**Every 4 hours PRN**	**Daily**	**2 hr PRN**
Route	**Oral**	**Oral**	**IV**	**Oral**	**Oral**
Classification	**Vitamins, water soluble.**	**Opioid analgesic**	**Opioid**	**Vitamins, water soluble.**	**Benzodiazepine or Anxiolytic**
Mechanism of	**Vitamin B12**	**Binds to**	**Fentanyl**		**Lorazepam**

Action	**binds to protein, transcobalamin1 and 2 allowing it to enter the cells. It is essential for DNA synthesis and energy production, particularly in erythroid progenitor cells.**	**and activates opioid receptors at sites in the periaqueductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to produce pain relief.**	**binds to opioid receptor sites in the central nervous system, altering the perception of and emotional response to pain by inhibiting ascending pain pathway.**	**Folic acid an exogenous source of folate required for nucleoprotein synthesis and maintenance of normal erythropoiesis. It stimulates the production of red blood cells, white blood cells, and platelets.**	**has the effect on GABA and other neurotransmitters by binding to specific benzodiazepine receptor in cortisol and limbic areas of CNS, which helps control emotion.**
Reason Client Taking	**Low vitamin B12 level or pernicious anemia.**	**To manage pain.**	**panic attack and to relieve chronic pain due to malignancy.**	**To treat Anemia**	**To treat anxiety.**
Contraindications (2)	**Cyanocobalamin hypersensitivity & also in client with cobalt hypersensitivity.**	**Acute or chronic bronchial asthma & respiratory depression**	**Respiratory depression & upper airway obstruction.**	**Hypersensitivity to folic acid & use caution in client with undiagnosed anemia.**	**acute angle-closure glaucoma & hypersensitivity to drug.**
Side Effects/Adverse Reactions (2)	**Dizziness & headache.**	**Hypotension & coma**	**Seizure & anaphylaxis.**	**Stomach upset & confusion.**	**Suicidal ideation & anaphylaxis**
Nursing Considerations (2)	**Avoid IV injection & IM or**	**Do not give to patient with impair**	**Monitor tachycardia &**	**Do not administer more than 1**	**Do not give lorazepam concomitant**

	subcutaneous injection may be give once a day for the first week of treatment in the provider office.	**conscious & use caution in client with COPD.**	**diarrhea.**	**mg when administering by moth. Instruct patient to take the drug at the same time each day.**	**with opioid due to adverse effect. Use extreme caution in elderly because it can cause respiratory depression.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess for vitamin B12, folate, and iron levels**	**Monitor for respiration depression when initiating therapy.**	**Monitor client for adrenal insufficiency and blood glucose**	**Check CBC count before. administration and during treatment.**	**Monitor for respiratory depression before administration.**
Client Teaching needs (2)	**Instruct the client to take the medicine as directed & dose may change because the client is vegetarian.**	**Take the capsules or tablets as whole & avoid alcohol.**	**Take medicine as prescribed & avoid alcohol.**	**This medicine causes unpleasant taste in the moth & take exactly as directed.**	**Take exactly as prescribed & avoid alcohol during treatment.**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *Nurse's drug handbook* (19th ed.). Burlington, MA.1

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:**	**Patient appears alert and oriented to person, place, and time. Well groomed, no acute distress. Pt speaks English well and slightly slow.**

Overall appearance:	
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Braden score: 15.** **Patient's skin is warm, pink, and dry. The patient gets bruises easily in IV site, no lesion or wound, hair normal distribution. No clubbing finger, normal skin turgor.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck symmetrical, tracheal midline without deviation, carotid pulse 2+ bilateral pulses are palpable throughout bilateral. Ear canal clear and tympanic membrane pearly grey. PERLA, Conjunctive pink, does not wear glasses, nose midline no polyp, does not use denture** .
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:**	**Normal S1 and S2. The patient is on telemetry, no murmur, rubs, or gallops noted. Slight weak peripheral pulse throughout bilateral, capillary refill less than 3, no cyanosis and edema. The client does not complain feeling cold, but the body temperature is slightly low.**
RESPIRATORY (2 points): **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	**Abnormal rates and pattern of respiration; respiration is labored bilateral, lungs sounds are diminished bilateral with crackles no wheezes, or friction noted. The client is on 12L/min of oxygen and has shortness of breath.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height: 4'9"** **Weight: 100 lb 4.8 oz** **Auscultation Bowel sounds** **Last BM:** **Palpation: Pain, Mass etc.: Patient denied any pain.** **Inspection: Normal skin no ascites or**	**The client is a vegetarian. Abdomen is soft, nontender, no mass, noted during palpation for all four quadrants. Normal bowel sound, bilateral, no CVA tenderness noted. The patient had bowel movement for more than 24 hours.**

hernia with bruises. **Distention: none noted** **Incisions: N/A** **Scars: N/A** **Drains: none** **Wounds: none** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine: No measured** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**The patient reported that the urine was yellow, normal quantity, no pain during urination. The genital area is dry and clean.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 35** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Patient is alert and oriented to person, place, and time. She tested negative for Homan sign. Diminish ROM, equal strength 4/5 uses walker. Patient is not able to do ADL and is on-bed rest.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**The patient is awake, oriented, PERLA, equal strength, normal LOC, no sensory deficit, and slow pace of speech.**
PSYCHOSOCIAL/CULTURAL (2	**Pt is using family support for coping method,**

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):**	**has a bachelor's degree, does not have religion preference, she lives home alone. She has a good family support. Normal developmental level for her age.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0747	**115**	**135/86**	**22**	**97.6 F** **Axially**	**100 % Nasal** **cannula**
1030	**76**	**130/70**	**24**	**95.6 F** **Axially**	**91% Nasal** **cannula**

Vital Sign Trends: Vital signs are unstable, and some abnormal values were noted.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0747	**0/10**	**Client denial any pain**	**Client denial any pain**	**Client denial any pain**	**Client denial any pain**
1030	**0/10**	**Client denial any pain**	**Client denial any pain**	**Client denial any pain**	**Client denial any pain**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 G **Location of IV: Dorsal venous network of**	The IVs were locked with normal saline noted.

right arm. **Date on IV: 10/15/21** **Patency of IV: Easy flushed** **Signs of erythema, drainage, etc.: Bruises** **IV dressing assessment: Clear, dry, and intact.**	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
480	**The patient is using pads.**

Nursing Care

Summary of Care (2 points)

Overview of care: The client will be discharged after being weaned from oxygen. The family is looking for an available nursing home because home is not longer an option for this time. The care is progressing through the goal.

Procedures/testing done: CT, radiology, chest x-ray, and other labs.

Complaints/Issues: Shortness of breath.

Vital signs (stable/unstable): Vital signs are unstable.

Tolerating diet, activity, etc.: The client tolerated diet, but dos does not eat enough.

Physician notifications: Weaning the oxygen before discharge and do not attempt CPR.

Future plans for patient: The health care team is working on discharge plan when possible, so client can go to the nursing home.

Discharge Planning (2 points)

Discharge location: Nursing home

Home health needs (if applicable): N/A

Equipment needs (if applicable): Walker

Follow up plan: The client is on palliative and comfort care.

Education needs: The client was told to report pain and express any fear or concern that she may have.

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 altered oxygen supply (COPD) as evidenced by patient being on 12 L O2.	**This diagnosis was chosen because client exhibit signs of respiratory distress.**	**1. Administer O2 therapy and monitor O2 saturation** **2. Elevate the head of the bed, assist client to assume a position to ease work breathing.**	**Patient demonstrates improved ventilation and adequate oxygenation and is free of symptoms of respiratory distress.**
2. Impaired tissue perfusion related to decrease blood flow as evidenced by bruising in the abdomen and upper extremities.	**This diagnosis was chosen because low blood flow cause ecchymosis, capillary refill more last more than 2, and low pulse in the extremities.**	**1. Monitor arterial blood gasses values as ordered.** **2. Assess pallor, cyanosis, and quality of pulse rate.**	**Patient shows signs of improving peripheral blood flow.**

3. Fatigue related to decreased hemoglobin and diminished oxygen-carrying capacity of the blood as evidenced by inability to perform daily activities.	**This diagnosis was chosen because decreased hemoglobin is associated with tissue hypoxia, which causes fatigue. Patient complains about inability to perform her self-care.**	**1. Assess the client's ability to participate in self-care. 2 Educate energy-conservation techniques such as organization and time management to conserve energy and reduce fatigue.**	**Client verbalizes reduction of fatigue, evidenced by increased ability to perform desired activities.**
4. Ineffective coping mechanism related to unexpected nursing care outcomes as evidenced by constant panic attacks during hospitalization .	**This diagnosis was chosen because unfavorable nursing diagnosis or nursing care can be potential exhausting stressors.**	**1. Be supportive to the patient and use empathetic communication. 2. Encourage use of cognitive behavioral relaxation such as music therapy, guided imagery.**	**Patient positively responds to supportive presence of care givers. Patient developed coping skills and utilized relaxation techniques to deal with the illness.**

Other References (APA):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

SOB
Chest pain
Generalized weakness

Nursing Diagnosis/Outcomes

Impaired gas exchange
Outcome: Ventilation is improved, client is getting adequate oxygen, and is free from respiratory symptoms.
Impaired tissue perfusion
Outcome: The client will show signs of improvement peripheral blood flow.
Fatigue
Outcome: Client verbalizes reduction of fatigue and changes position without help in the bed.
Ineffective coping mechanism
Outcome: Patient positively responds to supportive presence of caregivers and verbalizes techniques to deal with stress.

Objective Data

HDL
AST
ALT
CBC
CT
PaO2
PaCO2
PH
O2

Patient Information

A 77-year-old, white female brought to ED due to low hemoglobin, diagnosed during routine follow up. The patient has a history of RA, CHF, A fib, HTN, AKI, panic attack, and COPD.

Nursing Interventions

Elevated the head of bed.
Assess speech
Administering medication.
Assist with ADL
Relieve pain
Support
Answer family questions