

Medications

Hospital medications

- **Albuterol Sulfate nebulizer solution**

Therapeutic class: Bronchodilator

Nursing consideration: monitor patients' Blood pressure.

- **Levofloxacin tablet 500mg 3x daily**

Therapeutic class: Antibiotics

Nursing consideration: Monitor patients input and output closely. If urinary retention is suspected notify prescriber.

- **Sertraline (Zoloft) 50mg daily: SSRI**

- **Therapeutic class:** Antianxiety, anti-depressant.

Nursing consideration: Should not be given to patients with bradycardia

- **Pantoprazole(protonix) 40mg oral**

Pharmacological use: PPI

Amlodipine(Norvasc) 5mg daily

Pharmacologic class: Calcium

Chanel blocker

Patient is taking this medication to regulate blood pressure

Lab Values/Diagnostics

Imaging: CT Brain was carried out to find out patient has any brain bleeds. Results were negative.

CTA chest was negative for Pulmonary Embolism but showed mucus impaction and complete obstruction of the left mainstem bronchus with left lower lobe collapse and likely post obstructive pneumonia.

Demographic Data

Date of Admission: 10-13-2021

Admission Diagnosis/Chief Complaint: Syncope/ Pneumonia

Age: 20

Gender: Male

Race/Ethnicity: African American

Allergies: Cefpodoxime, Wellbutrin, Bupropion

Code Status: Full

Height in cm: 187.9 cm

Weight in kg: 60 kg

Psychosocial Developmental Stage: Patient lives with parents

Cognitive Developmental Stage: Pt is a high school graduate

Braden Score: 11

Morse Fall Score: >70

Infection Control Precautions: on droplet precaution

Admission History

Patient is a 20-year-old African American male with quadriplegia and has a permanent tracheostomy due to motor car accident. He presented to the Emergency department with complains of syncopal episodes during physical therapy session while transferring to wheelchair. Patient stated having to chill, nausea, vomiting. Patient admitted coughing with little or no mucus production.

Medical History

Previous Medical History: Asthma

Prior Hospitalizations: 06/11/2021 due to motor vehicle accident.

Previous Surgical History: Facial soft tissue procedure, Tracheostomy

Social History: Never smoked, never drank alcohol

Pathophysiology

Disease process: Pneumonia is inflammation and infection of air sacs in your lungs.

Pneumonia is mostly by caused inhalation of bacteria or other pathogens. The droplets enter the upper airways and then enter the lung tissues (Capriotti,2020).

S/S of disease: Cough (which may or may not have productive sputum), fever and chills, chest pain, dyspnea, hemoptysis (Capriotti, 2020).

Method of Diagnosis: The most important study for pneumonia is chest x-ray (Capriotti,2020). CBC differential will either suggest bacteria or viral infection. Sputum culture, Ultrasound and Thoracentesis

Treatment of disease: Antibiotic therapy and oxygenation of the patient are priorities in patient with Pneumonia (Capriotti, 2020)

Active Orders

- Patient on isolation- contact /droplet precautions. This is to protect(safety) the patient from any infection.
- Adult bronchoscopy, to examine the breathing passage airway.
- Patient on regular diet and one on one assistance with feeding

General: Patient is alerted and oriented to time person, place, and situation. No acute distress noted

Integument: Patient skin was warm Normal turgor 2+, No rashes
Bruise on left arm
No wounds

HEENT: Head and neck are symmetrical, tracheostomy with copious secretions, no deviation.

Patient's ears were free of discharge, slightly visible cerumen.

Patient did not cooperate for PERRLA assessment. Cornea clear, no drainage.

Septum is midline, turbinate's were dry and pink bilaterally.

Teeth were well maintained

Cardiovascular: S1 and S2 were present, No murmur

Pulses are 2+ throughout bilaterally
Capillary refill less 3 seconds in all extremities

No visible edema

Respiratory: Lung sound were clear, no wheezes or crackles, breathing appeared labored

Genitourinary: Patient is on regular diet at home and hospital with no restriction

Bowel sounds are normoactive
Last BM at 11am

Musculoskeletal: Patient is quadriplegia. Patient denied me performing any Musculoskeletal assessment

Neurological: Patient refused

Most recent VS (include date/time and highlight if abnormal):

7030: Blood pressure: 135/75, Pulse: 65, Respirations: 18, O2: 98% (room air), temperature: 98.6(oral)

1100: Blood pressure 140/75, pulse: 70, Respirations:18, O2: 98%(room air), temperature 98.4(oral)

Pain and pain scale used:

Scale: 0-10

Severity of patient =0

<p align="center">Nursing Diagnosis 1</p> <p align="center">Ineffective airway clearance as evidenced by increase sputum production.</p>	<p align="center">Nursing Diagnosis 2</p> <p align="center">Impaired verbal communication as evidenced by patient having difficulties maintaining the usual communication pattern.</p>	<p align="center">Nursing Diagnosis 3</p> <p align="center">Impaired gas exchange as evidenced by patient is not able the move the upper and lower parts of the body (Quadriplegia).</p>
<p align="center">Rationale</p> <p align="center">Patient with diagnosed Pneumonia with pneumonia and patient cough constantly</p>	<p align="center">Rationale</p> <p align="center">Patient has an artificial air way: tracheostomy</p>	<p align="center">Rational</p> <p align="center">Restricted lung expansion from immobility</p>
<p align="center">Interventions</p> <p>Intervention 1: Elevate head of bed</p> <p>Intervention 2: Reposition patient every two hours</p>	<p align="center">Interventions</p> <p>Intervention 1: Provide emotional support to client</p> <p>Intervention 2: Always Provide call light within easy reach and answer call light promptly.</p>	<p align="center">Interventions</p> <p>Intervention 1: Assess the respiratory rate, rhythm, quality, and effort.</p> <p>Intervention 2: Auscultate lung sounds, noting any areas of decreased ventilation or the presence of adventitious sounds.</p>
<p align="center">Evaluation of Interventions</p> <p align="center">Patient refused any nursing intervention</p>	<p align="center">Evaluation of Interventions</p> <p align="center">Patient did not want to be disturbed during the entire course of my shift.</p>	<p align="center">Evaluation of Interventions</p> <p align="center">Patient did not want to be disturbed.</p>

References (3) (APA):

Capriotti, Theresa M. and Frizzell, Joan Parker, "Pathophysiology: Introductory Concepts and Clinical Perspectives" (2020).

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

Swearingen, P. L. (2019). *All-in-one nursing care planning resource: Medical-surgical, pediatric,*

maternity, psychiatric nursing care plans. St. Louis, MO: Elsevier/Mosby.

