N321 Care Plan # 2

Lakeview College of Nursing

Cheyenne Gardner

Demographics (3 points)

Date of Admission 10/21/21	**Patient Initials** M.B.	**Age** 72 years old	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired/ Disabled	**Marital Status** Married	**Allergies** No Known Allergies
Code Status Full Code	**Height** 165.1 cm	**Weight** 127.6 kg	

Medical History (5 Points)

Past Medical History: HTN, Stroke, asthma, COPD, morbid obesity, breast cancer and pulmonary fibrosis

Past Surgical History: Left areola removal (2010)

Family History: Father- Colon cancer; Sister- Lung cancer

Social History (tobacco/alcohol/drugs): Client denies use of any tobacco, alcohol or drug use.

Assistive Devices: Client has a walker and braces for walking. Client states she also has a powered wheelchair that “cuts her huffing and puffing out”.

Living Situation: Client lives at home with her husband.

Education Level: Clients highest education level was 8th grade.

Admission Assessment

Chief Complaint (2 points): Shortness of breath and wheezing

History of present Illness (10 points): Client is a 72 year old Caucasian female that presented to the emergency room at Pana Hospital on 10/18/21 and found out she had a kidney infection. She was sent home with antibiotics, but then stated, “I found out they had given me the wrong antibiotics”. She then told her husband that she needed to go see the doctor. She made an appointment and the doctor then told her she needed to go back to the emergency room to get admitted to the hospital due to her shortness of breath and wheezing. She was then admitted to

Pana hospital. At Pana hospital in the middle of the night on the 10/20/2021, the client states they “lost me” and she quit breathing. Client says this is when she found out she had pneumonia on top of the kidney infection. The client did not report any pain upon admission. When assessing her pain on a numeric pain scale of 0 to 10, the client reported her pain was 0.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Community acquired pneumonia

Secondary Diagnosis (if applicable): COPD exacerbation and Acute chronic respiratory failure with hypercapnia

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

Pneumonia is an inflammation of the lungs that is caused by various microorganisms. These microorganisms like bacteria, fungi, mycobacteria, chemicals, and or viruses can all cause infection and inflammation of the lungs. When pneumonia happens, exudates fill the alveoli air-space and cause impaired gas exchange, resulting in hypoxia (Capriotti, 2020). If the person inhales the germs from droplets and invaders, this can put a client at risk for pneumonia. The different types of pneumonia are community-acquired, hospital-acquired, healthcare-associated, and ventilator-associated pneumonia (Hinkle & Cheever, 2018). In particular, this client had community-acquired pneumonia. Community-acquired pneumonia is when it has occurred from the clints community setting or within the first 48 hours of hospitalization (Hinkle & Cheever, 2018). *S. pneumoniae* is a gram-positive organism that is the most common cause of community-acquired pneumonia and is mainly in the upper respiratory tract, causing many invasive infections like pneumonia Hinkle & Cheever, 2018). Another type is *H. Influenzae*, and it can affect many clients with specific comorbidities like chronic obstructive pulmonary disease,

alcoholism, and diabetes (Hinkle & Cheever, 2018). In addition to having pneumonia, this client is experiencing symptoms of a COPD exacerbation which is the client's secondary diagnosis.

When a client is experiencing community-acquired pneumonia, the signs and symptoms are difficulty breathing, malaise, fever, cough, hypoxia, and myalgias. Other symptoms that could happen are pleuritic chest pain, bronchiectasis, crackles, and headache (Capriotti, 2020). The client had symptoms of wheezing, crackles, hypoxia, asthma, and chills. She was freezing. Pneumonia risk factors include chronic obstructive pulmonary disease, cancer, tumors, asthma, environmental exposure, and renal infection (Capriotti, 2020).

Expected lab values that can be seen with a client who has community-acquired pneumonia are pulse oximetry, sputum test, and blood tests (Capriotti, 2020). Particular diagnostic imaging would be a chest x-ray, CT scan, and a pleural fluid culture (Capriotti, 2020). Vitals that could be seen upon examination are tachypnea, fever, crackles, accessory muscles being used, tachycardia, and a cough (Capriotti, 2020). The client showed signs of decreased oxygen during the physical exam and had crackles while breathing in and wheezing while breathing out.

Treatment for pneumonia is antibiotics, antipyretics, bronchodilators, and oxygen are a priority (Capriotti, 2020). The client is taking two antibiotics called cephalexin and ciprofloxacin. The antibiotics will treat her pneumonia. The client is also taking a glucocorticoid to treat her chronic inflammation caused by pneumonia and chronic obstructive pulmonary disorder. During her stay, she can receive oxygen and use high fowlers as a noninvasive intervention. The client can be educated on the importance of receiving the pneumonia vaccine (Capriotti, 2020).. By getting vaccinated, it can prevent pneumonia in elderly patients.

Pathophysiology References (2) (APA):

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

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	**3.90-4.98 (mill/cumm)**	**3.94**	**4.03**	**N/A**
Hgb	**12.0-15.5 (gm/dL)**	**12.7**	**12.6**	**N/A**
Hct	**35-45%**	**37.9**	**38.9**	**N/A**
Platelets	**140-400 (1000/mm3)**	**271**	**260**	**N/A**
WBC	**4.0-9.0 (10 x 3/uL)**	**8.7**	**7.5**	**N/A**
Neutrophils	**40-70%**	**N/A**	**86.1**	**Increased levels could be due to infection caused by pneumonia (Pagana, 2018).**
Lymphocytes	**10-20%**	**4.0**	**9.9**	**Decreased levels could be due to renal infection (Pagana, 2018).**
Monocytes	**5%**	**2.0**	**3.8**	**Decreased levels could be due to inflammation of the lungs or kidneys (Pagana, 2018).**
Eosinophils	**1-4%**	**N/A**	**N/A**	**N/A**
Bands	**0.0-10.0%**	**N/A**	**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-	135-145 (mEq/L)	141	142	N/A
K+	3.5-5.1 (mEq/L)	3.5	3.9	N/A
Cl-	98-107 (mEq/L)	103	100	N/A
CO2	21-31 (mEq/L)	33	33	Increased because she is retaining too much CO2 due to her impaired gas exchange (Pagana, 2018).
Glucose	60-110 (mg/dL)	135	138	Increased levels could be a sign of diabetes (Pagana, 2018).
BUN	8-23 (mg/dL)	36	36	Increased levels due to her renal infection (Pagana, 2018).
Creatinine	0.05-1.00 (mg/dL)	0.91	0.88	N/A
Albumin	3.5-5.2 (gm/dL)	N/A	N/A	N/A
Calcium	8.4-10.0 (mg/dL)	7.1	N/A	Decreased levels due to renal infection (Pagana, 2018).
Mag	1.3 - 2.1 (mg/dL)	1.9	N/A	N/A
Phosphate	2.5-5 (mg/dL)	N/A	N/A	N/A
Bilirubin	0.0-1.2 (mg/dL)	N/A	N/A	N/A
Alk Phos	35-105 (U/L)	N/A	N/A	N/A
AST	13-39 U/L	N/A	N/A	N/A
ALT	7-52 U/L	N/A	N/A	N/A
Amylase	60-100 U/L	N/A	N/A	N/A
Lipase	0-160 U/L	N/A	N/A	N/A
Lactic Acid	0.5-1.5	N/A	N/A	N/A

	mEq/L venous			

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	**1-2**	**N/A**	**N/A**	**N/A**
PT	**10-12 seconds**	**N/A**	**N/A**	**N/A**
PTT	**30-45 seconds**	**N/A**	**N/A**	**N/A**
D-Dimer	**Negative, less than 250 mg/mL**	**N/A**	**N/A**	**N/A**
BNP	**Less than 100 pg/mL**	**N/A**	**N/A**	**N/A**
HDL	**< 60 md/dL**	**N/A**	**N/A**	**N/A**
LDL	**< 100 mg/mL**	**N/A**	**N/A**	**N/A**
Cholesterol	**< 200 mg/dL**	**N/A**	**N/A**	**N/A**
Triglycerides	**<150 mg/dL**	**N/A**	**N/A**	**N/A**
Hgb A1c	**< 5.7%**	**N/A**	**N/A**	**N/A**
TSH	**0.5-5.0**	**N/A**	**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	**Clear**	**N/A**	**N/A**	**N/A**
pH	**5.0-8.0**	**N/A**	**N/A**	**N/A**
Specific Gravity	**1.005-1.034**	**N/A**	**N/A**	**N/A**
Glucose	**Negative**	**N/A**	**N/A**	**N/A**

Protein	**Negative**	**N/A**	**N/A**	**N/A**
Ketones	**Negative**	**N/A**	**N/A**	**N/A**
WBC	**0-0.5**	**N/A**	**N/A**	**N/A**
RBC	**0-3**	**N/A**	**N/A**	**N/A**
Leukoesterase	**Negative**	**N/A**	**N/A**	**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**	**N/A**
Blood Culture	**Negative**	**N/A**	**N/A**	**N/A**
Sputum Culture	**Negative**	**N/A**	**N/A**	**N/A**
Stool Culture	**Negative**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Lakeview College of Nursing Diagnostic Lab Value Sheet

Sarah Bush Lincoln Center Hospital System. Medical Value

Pagana, K.D, Pagana, T. N. (2018). Mosby's diagnostic and laboratory test reference (6th ed.).

St. Louis, MO.: Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

1. 10/21/21 - ECG Electrocardiogram: Atrial fibrillation with rapid ventricular response, heart rate of 163 bpm. ST depression, nonspecific.
2. 10/21/21 - ECHO complete without contrast: Ejection fraction of 65 to 70%. Left ventricular hypertrophy. Aortic valve stenosis. Grade 1 diastolic dysfunction.

Diagnostic Test Correlation (5 points):

1. An electrocardiogram provides assistance with diagnosing an acute myocardial infarction (Hinkle & Cheever, 2018). The test needs to be obtained within 10 minutes of a client reporting pain or arriving at the emergency room (Hinkle & Cheever, 2018).. The electrocardiogram was negative for the ST elevation that is an indication of an MI, since the client had ST depression.
2. An echocardiogram is a noninvasive sonogram that can show the activity and structures of the heart (Capriotti, 2020). Another type can measure the cardiac output of the heart by using a transcutaneous wave doppler (Capriotti, 2020). It shows the function and sizes of each ventricle. The patient's echocardiogram showed left ventricular hypertrophy, aortic valve stenosis, and a grade 1 diastolic dysfunction.

Diagnostic Test Reference (1) (APA):

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

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	**Aspirin/ Acetylsalicylic acid**	**Hydrochlorothiazide/ Microzide**	**Naproxen sodium/ Aleve**	**Cephalexin/ monohydrate/ Keflex**	**Ciprofloxacin/ Cipro**
Dose	**81 mg Tablet**	**25 mg Tablet**	**220 mg Tablet**	**500 mg Capsule**	**500 mg Tablet**
Frequency	**Daily**	**Daily**	**Q8H PRN**	**Q8H**	**Q12H**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Salicylate; NSAID (Jones, 2021)**	**Thiazide diuretic; Diuretic (Jones, 2021)**	**NSAID; Analgesic (Jones, 2021)**	**First-generation cephalosporin and Antibiotic (Jones, 2021)**	**Fluoroquinolone derivative; Antibiotic (Jones, 2021)**
Mechanism of Action	**Blocks prostaglandin synthesis that aids in vasodilation with swelling and pain (Jones, 2021)**	**Promote movement of sodium chloride into the distal convoluted tubule (Jones, 2021)**	**Blocks cyclooxygenase which contribute to the inflammatory response and cause local pain (Jones, 2021)**	**Inhibits cross-linking of peptidoglycan strands which make the cell membrane rigid and protective, causing bacterial cells to die (Jones, 2021)**	**Stops the enzyme gyrase from unwinding before it replicates (Jones, 2021)**
Reason Client Taking	**To reduce the risk of recurrent transient ischemic attacks (Jones, 2021)**	**To manage hypertension (Jones, 2021)**	**To relieve mild to moderate musculoskeletal inflammation (Jones, 2021)**	**To treat genitourinary tract infections cause Escherichia coli (Jones, 2021)**	**To treat acute uncomplicated pyelonephritis (Jones, 2021)**
Contraindications (2)	**Active bleeding or coagulation disorders and**	**Anuria and hypersensitivity to**	**History of asthma or allergic**	**Hypersensitivity to cephalexin or**	**Concurrent therapy with tizanidine and**

	current or recent GI bleed or ulcers (Jones, 2021)	**hydrochlorothiazide (Jones, 2021)**	**reactions and hypersensitivity to naproxen or components (Jones, 2021)**	**hypersensitivity to other cephalosporins (Jones, 2021)**	**hypersensitivity to ciprofloxacin (Jones, 2021)**
Side Effects/Adverse Reactions (2)	**Hepatotoxicity and Bronchospasm (Jones, 2021)**	**Pneumonitis and Pulmonary edema (Jones, 2021)**	**Pneumonitis and Heart failure (Jones, 2021)**	**Renal failure and nephrotoxicity (Jones, 2021)**	**Acute renal failure or insufficiency and bronchospasm (Jones, 2021)**
Nursing Considerations (2)	**Do not crush timed release tablets and ask about tinnitus (Jones, 2021)**	**Monitor BUN and creatinine levels in patients with chronic kidney disease, renal artery stenosis and volume depletion and give in the morning to avoid nocturia (Jones, 2021)**	**Risk of heart failure increase with use and use cautiously in patients with hypertension (Jones, 2021)**	**Obtain culture and sensitivity results before administering and monitor patient's BUN and serum creatinine (Jones, 2021)**	**Assess patient's hematologic, hepatic, and renal functions periodically and obtain culture and sensitivity results before giving (Jones, 2021)**

Hospital Medications (5 required)

Brand/Generic	**Metoprolol succinate/ Kapspargo**	**Prednisone/ Prednisone Intensol**	**Enoxaparin Sodium/ Lovenox**	**Ipratropium bromide/ Atrovent**	**Morphine Sulfate/ Arymo ER**
Dose	**50 mg Tablet**	**40 mg Tablet**	**20 mg - 0.4 mL**	**3 mL**	**2 mg- 1 mL**
Frequency	**BID**	**Daily**	**Daily**	**TID**	**PRN Q4H**
Route	**PO**	**PO**	**Subcutaneous Injection**	**Inhalant**	**IV push**
Classification	**Beta-adrenergic blocker;**	**Glucocorticoid; Immunosupp**	**Low-molecular-weight**	**Anticholinergic; Bronchodilato**	**Opioid; Opioid analgesic (Jones, 2021)**

	Antianginal, antihypertensive (Jones, 2021)	**ressant (Jones, 2021)**	**heparin; Anticoagulant (Jones, 2021)**	**r (Jones, 2021)**	
Mechanism of Action	**Inhibits stimulation of beta receptor sites in the heart causing decreased cardiac output, cardiac excitability and myocardial oxygen demand (Jones, 2021)**	**Binds to glucocorticoid receptors and suppresses inflammatory and immune responses (Jones, 2021)**	**Binds with antithrombin III and rapidly binds with and inactivates clotting factors (Jones, 2021)**	**Blocks acetylcholine's effects in bronchi and bronchioles and relaxes smooth muscles and cause bronchodilation (Jones, 2021)**	**Binds with activates opioid receptors in brain and spinal cord to produce analgesia and euphoria (Jones, 2021)**
Reason Client Taking	**To manage hypertension (Jones, 2021)**	**To treat adrenal insufficiency and acute and chronic inflammatory and immunosuppression disorders (Jones, 2021)**	**To prevent deep vein thrombosis due to severely restricted mobility during acute illness (Jones, 2021)**	**To provide maintenance treatment for bronchospasm associated with chronic obstructive pulmonary disease (Jones, 2021)**	**To manage severe pain (Jones, 2021)**
Contraindications (2)	**Cardiogenic shock and sinus bradycardia (Jones, 2021)**	**Hypersensitivity to prednisone or its components and systemic fungal infection (Jones, 2021)**	**Major bleeding and history of heparin-induced thrombocytopenia (Jones, 2021)**	**Hypersensitivity to atropine or hypersensitivity to ipratropium bromide (Jones, 2021)**	**Significant respiratory depression and acute or severe bronchial asthma without resuscitation equipment (Jones, 2021)**
Side Effects/Adverse Reactions (2)	**Arrhythmias and bronchospasm (Jones, 2021)**	**Hypertension and ecchymosis (Jones, 2021)**	**Atrial fibrillation and thrombocytopenia (Jones, 2021)**	**Atrial fibrillation and bronchospasm (Jones, 2021)**	**Respiratory depression and bronchospasm (Jones, 2021)**
Nursing	**Beta blocker**	**Monitor fluid**	**Use with**	**Use cautiously**	**Can lead to**

Considerations (2)	**therapy should not be discontinued prior to major surgery and use cautiously in patients with hypertension who have congestive heart failure because it can worsen heart failure (Jones, 2021)**	**intake and output and daily weight. Prolonged use may cause hypothalamic-pituitary-adrenal suppression (Jones, 2021)**	**caution in clients with hepatic or renal failure and do not give by an intramuscular injection (Jones, 2021)**	**in clients with hepatic or renal dysfunction and use a mouthpiece when administering to prevent leaking (Jones, 2021)**	**abuse or addiction and to make sure therapy outweighs risks (Jones, 2021)**

Medications Reference (1) (APA):

Jones, D. W. (2021). *Nurse's drug handbook.* (A. Barlett, Ed.) (20th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The client was alert and oriented to person, place, time and situation (x4). The client did not appear to be in any distress. The client had good overall appearance and hygiene, she was clean due to just having a bed bath.
INTEGUMENTARY (2 points): **Skin color:**	The client's skin was warm, pink, dry and intact. Her skin turgor was less than 3 seconds. No

Character: **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N X** **Type: N/A**	rashes or wounds noted, but she did have large purple bruising across her entire abdomen due to the lovenox injections. The client also had a bruise on her left hand from her IV. No drains present. The client had a braden score of 18.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The Client's head was normocephalic. The client's neck was midline with no tracheal deviation. The client's ears were symmetrical and midline. The client had no drainage in her ears and no hearing impairment. She was able to hear me clearly. The clients eyes were symmetrical and sclera was white, no conjunctivitis was noted. Client exhibited PERLA and her eyes accommodated. The client wears glasses. The client's teeth were intact. No discoloration or the use of dentures noted. The client's tongue was pink and midline. .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X** **Edema Y ☐ N X** **Location of Edema: N/A**	S1 and S2 heard upon auscultation. No signs of murmur or atrial fibrillation noted. Peripheral pulses were +3 bilaterally in radial, carotid and dorsalis pedis. Capillary refill was less than three seconds. No edema or neck vein distention noted in the upper and lower extremities.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character**	When auscultating lung sounds in four lobes, the client had abnormal lung sounds of wheezing during expiration and crackles during inspiration. The client's lung sounds were not clear. The client did not use accessory muscles. The client's chest raised and lowered evenly with no deformities.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:**	The client stated her diet at home was not specific and she could eat whatever she wanted. In the hospital she was on a regular diet. The client's height is 165.1 cm and weighs 127.6 kg. Clients' bowel sounds were normoactive with 5-30 sounds in all four quadrants. Client stated her last bowel movement was this morning,

Palpation: Pain, Mass etc.: **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N X** **Nasogastric: Y ☐ N X** **Size: N/A** **Feeding tubes/PEG tube Y ☐ N X** **Type: N/A**	10/25/21. The client had a scar across her left breast from her areola removal.. The client had no distention, incisions, drains or wounds on her abdomen. The client did not have any feeding tubes, nasogastric or ostomy present.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N X** **Dialysis: Y ☐ N X** **Inspection of genitals:** **Catheter: Y X N ☐** **Type: Purewick** **Size: N/A**	The client's urine was clear and yellow. The client voided 520 mL total during my shift. The client stated she had no pain with urination. She was not on dialysis. The client wore an external catheter, Purewick.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: YX N ☐** **Fall Risk: Y X N☐** **Fall Score: 60** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Neurovascular status is intact and in control. The client's pallor was pale. The client's pain was a 0 out of 10. No signs of paralysis or paresthesia noted. Clients' pulses were palpable +2. The client had a passive range of motion due to obesity and being sedentary. The supportive devices that she uses are a powered wheelchair, walker, and gait belt. Her strength is a 4 out of 5 bilaterally on upper and lower extremities. The client was mostly one assist, but did need two at times. The client was sitting in the chair most of my shift. The client has a fall risk score of 60.
NEUROLOGICAL (2 points): **MAEW: Y X N☐** **PERLA: Y X N☐** **Strength Equal: Y X N ☐ if no - Legs ☐ Arms ☐ Both X** **Orientation:** **Mental Status:** **Speech:** **Sensory:**	The client is able to move all of her extremities well, but due to her obesity she relies on her supportive devices for assistance walking. Clients strength is equal in both upper and lower extremities. The client exhibited PERLA. Clients orientation is alert and oriented (x4). The Client's mental status is appropriate for her age. She was able to answer all questions clearly. Client's speech was clear, concise and at a volume within

LOC:	range. Clients' senses are well developed for her age. The Client's level of consciousness was 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):**	The client has five kids, 1 daughter and 4 sons. She has 13 grandkids that visit her, but with covid it has been hard. The client is married and her husband visits her whenever he can. To occupy her time she plays games on her phone, watches TV and goes on Facebook. The client's developmental level is appropriate for her age. The clients religion is penecostal and it is important to her. She used to attend church in person, but now they come to her home. She has her drivers license, but is scared to drive because of her braces. The client says she has a good support system.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	**83 bpm**	**171/82**	**18 rpm**	**98.2 F**	**91 %**
1030	**80 bpm**	**178/79**	**16 rpm**	**98.0 F**	**92 %**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	**0-10 Numeric**	**N/A**	**0**	**N/A**	**Client has morphine if needed for severe pain.**
1030	**0-10 Numeric**	**N/A**	**0**	**N/A**	**Client has morphine if needed for severe pain.**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:**	Client has a 20-gauge IV in her left antecubital fossa. IV was placed on 10/21/21. IV site is dry and intact. IV is patent.

Patency of IV: **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	No signs of drainage, swelling, inflammation, warmth or erythema. IV dressing was dry and intact. Client had 0.9% Normal Saline at 75 mL/hr and no other fluids running.
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	Client has a second 20-gauge IV in her cephalic vein on top of her right hand. IV was placed on 10/21/21. IV is patent. IV site is dry and intact. No signs of drainage, swelling, inflammation, warmth or erythema. IV dressing was dry and intact. Saline locked.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Oral Intake- 180 mL **Client did not eat any of her breakfast yet.**	**Void - 520 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: Client care consisted of giving medication and making sure the client's needs were met. The client needed help keeping her blanket over her so she was not cold. The client was being monitored for her low oxygen saturation levels when ambulating.

Procedures/testing done: The client had a six minute walk test done with the respiratory therapy the previous day (10/24/21), but she had failed. She was unable to maintain an oxygen saturation above 92% while on 3L of nasal cannula oxygen.

Complaints/Issues: The client had complaints that she felt like she was wet and that her the external catheter was leaking. The client was also complaining of being cold and needing her blanket fixed to cover her. There were no other complaints or issues during my shift.

Vital signs (stable/unstable): Vital signs were stable upon both vital signs checks between 0900 and 1030.

Tolerating diet, activity, etc.: Client was not tolerating activity due to her pneumonia and low oxygen saturation. Client was tolerating a regular diet, but she stated she "just was not that hungry yet."

Physician notifications: N/A

Future plans for patient: Future plans for the client is to be discharged to her home. Upon discharge she should be educated on proper use of her oxygen and how to properly manage her diet.

Discharge Planning (2 points)

Discharge location: The client will be discharged to her home.

Home health needs (if applicable): Client does not need home health care, but if wanted resources can be provided upon discharge.

Equipment needs (if applicable): Equipment needs will be an oxygen tank, gait belt, walker and a powered wheelchair.

Follow up plan: Follow up plans will be with her primary care provider and her pulmonologist.

Education needs: The client could be educated on proper home oxygen care. The client could also benefit from education on the pathophysiology of pneumonia and about the pneumonia vaccine.

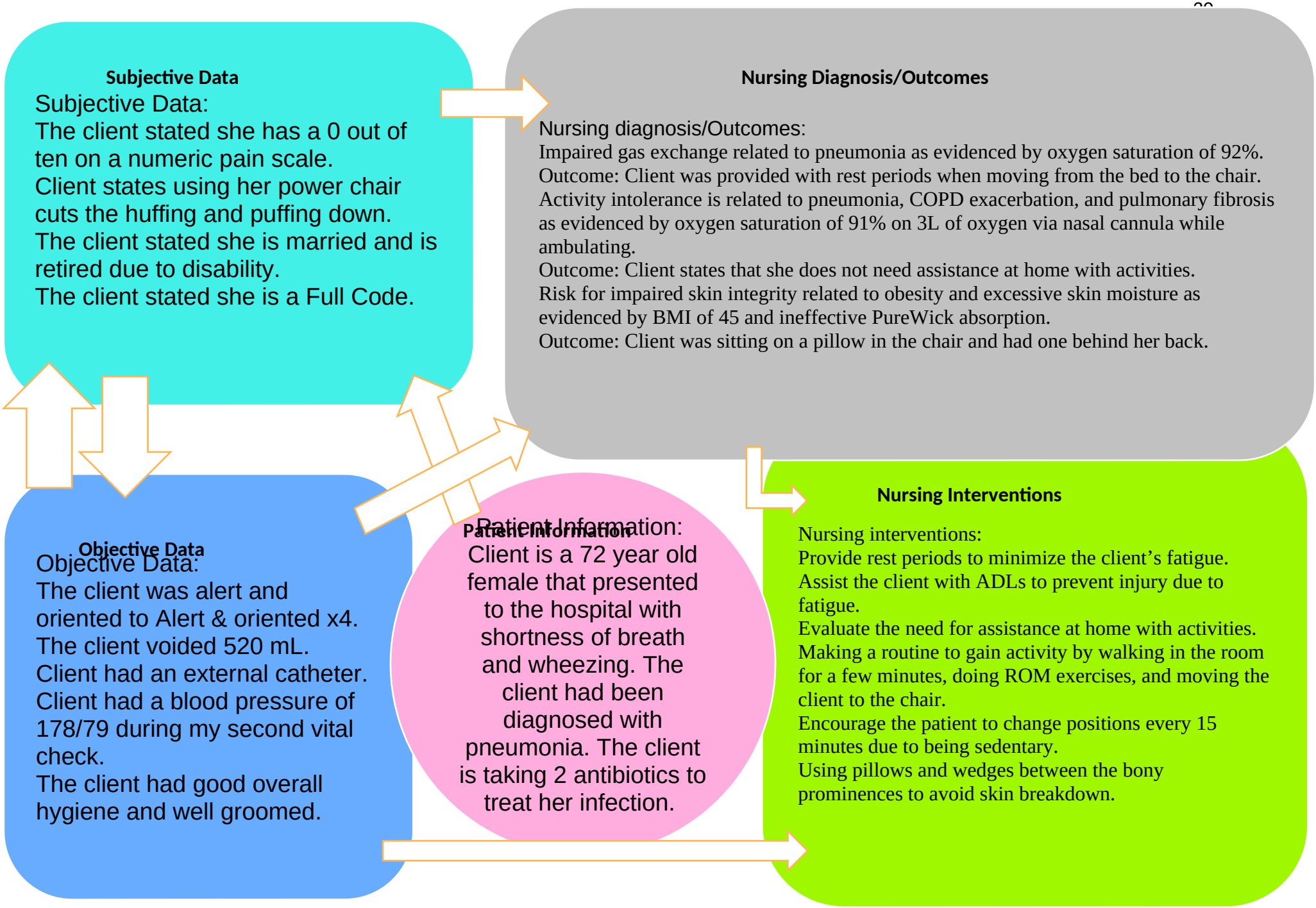
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
● Include full nursing	● Explain why the nursing		● How did the patient/family respond

diagnosis with "related to" and "as evidenced by" components	diagnosis was chosen		to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Impaired gas exchange related to pneumonia as evidenced by oxygen saturation of 92%.	**Pneumonia is causing the client to not get enough oxygen into her lungs causing hypoxia and hypercapnia.**	**1. Provide rest periods to minimize the client's fatigue.** **2. Assist the client with ADLs to prevent injury due to fatigue.**	**Goal met: Client was provided with rest periods when moving from the bed to the chair.** **Goal met: Assisted client when moving from the bed to the chair.**
2. Activity intolerance is related to pneumonia, COPD exacerbation, and pulmonary fibrosis as evidenced by oxygen saturation of 91% on 3L of oxygen via nasal cannula while ambulating.	**Activity intolerance due to the client's low oxygen levels by her failed walk test with the respiratory therapist.**	**1. Evaluate the need for assistance at home with activities.** **2. Making a routine to gain activity by walking in the room for a few minutes, doing ROM exercises, and moving the client to the chair.**	**Goal met: Client states that she does not need assistance at home with activities.** **Goal met: Client was able to move to the chair. I performed passive ROM exercises with the client.**
3. Risk for impaired skin integrity related to obesity and excessive skin moisture as evidenced by BMI of 45 and ineffective PureWick absorption.	**The client is at risk for skin breakdown since she was complaining that her purwick was leaking and her obesity.**	**1. Encourage the patient to change positions every 15 minutes due to being sedentary.** **2. Using pillows and wedges between the bony prominences to avoid skin breakdown.**	**Goal met: During my shift, I was able to remind her to shift her weight in her chair when talking to her.** **Goal met: Client was sitting on a pillow in the chair and had one behind her back.**

Other References (APA):

Concept Map (20 Points):


Subjective Data
Subjective Data:
The client stated she has a 0 out of ten on a numeric pain scale.
Client states using her power chair cuts the huffing and puffing down.
The client stated she is married and is retired due to disability.
The client stated she is a Full Code.
Nursing Diagnosis/Outcomes
Nursing diagnosis/Outcomes:
Impaired gas exchange related to pneumonia as evidenced by oxygen saturation of 92%.
Outcome: Client was provided with rest periods when moving from the bed to the chair.
Activity intolerance is related to pneumonia, COPD exacerbation, and pulmonary fibrosis as evidenced by oxygen saturation of 91% on 3L of oxygen via nasal cannula while ambulating.
Outcome: Client states that she does not need assistance at home with activities.
Risk for impaired skin integrity related to obesity and excessive skin moisture as evidenced by BMI of 45 and ineffective PureWick absorption.
Outcome: Client was sitting on a pillow in the chair and had one behind her back.
Objective Data
Objective Data:
The client was alert and oriented to Alert & oriented x4.
The client voided 520 mL.
Client had an external catheter.
Client had a blood pressure of 178/79 during my second vital check.
The client had good overall hygiene and well groomed.
Patient Information
Patient Information:
Client is a 72 year old female that presented to the hospital with shortness of breath and wheezing. The client had been diagnosed with pneumonia. The client is taking 2 antibiotics to treat her infection.
Nursing Interventions
Nursing interventions:
Provide rest periods to minimize the client's fatigue.
Assist the client with ADLs to prevent injury due to fatigue.
Evaluate the need for assistance at home with activities.
Making a routine to gain activity by walking in the room for a few minutes, doing ROM exercises, and moving the client to the chair.
Encourage the patient to change positions every 15 minutes due to being sedentary.
Using pillows and wedges between the bony prominences to avoid skin breakdown.