N431 Care Plan 3

Lakeview College of Nursing

Whitney Miller

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
10/30	J.R.	75	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Divorced	atorvastatin
Code Status	**Height**	**Weight**	
Full	175.5 cm	87 kg	

Medical History (5 Points)

Past Medical History: BPH with lower obstruction/lower urinary tract symptoms, AKI, chronic anticoagulation, chronic atrial fibrillation, chronic systolic heart failure, COPD, GERD, hyperlipidemia, hypertensive cardiovascular disease, hypercholesterolemia, incomplete bladder emptying, nonischemic cardiomyopathy, type II diabetes mellitus

Past Surgical History: Colonoscopy (02/25/21), esophagogastroduodenoscopy (02/25/21), esophagogastroduodenoscopy biopsy (02/26/19), cardioversion, colonoscopy, oral surgery

Family History: Father: pulmonary embolism, Mother: heart disease

Social History (tobacco/alcohol/drugs): Patient is a former smoker and states, “I smoked two packs of cigarettes a day for forty-five years and finally quit in 2011”. Patient is a former alcohol user and states, “I drank around five beers a day for forty years and quit in 2011”. Patient denies drug use.

Assistive Devices: Glasses

Living Situation: Patient lives alone at a private residence.

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): Shortness of breath

History of present Illness (10 points): The patient onset of symptoms began 10/26 when he was experiencing shortness of breath, chest pain, and a productive cough. These symptoms were constant. The patient characterized his pain as “a burning sensation in my chest,” and rated the pain a five out of ten on the numeric pain scale. Aggressors for these symptoms include standing up and any movement, such as walking. Relief for these symptoms occurred with rest and the tripod position. The patient was diagnosed with community-acquired pneumonia at the walk-in clinic on 10/29. The patient was prescribed treatment with antibiotics at that time, but never picked up his prescription. The patient had no treatment before admittance. The patient came into the emergency department on 10/30 with worsening symptoms and began inpatient treatment the same day.

Primary Diagnosis

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

Secondary Diagnosis (if applicable): N/A

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

The upper airway protects the sterile lower respiratory tract from particles that may be infectious. In patients with pneumonia, bacterial or viral pathogens invade and multiple within the lungs. Infection occurs with a breakdown in the body's natural defenses, such as altered resistance, acute or chronic underlying disease, or bloodborne organisms that enter the pulmonary circulation. An exudate, caused by inflammation, is formed in the alveoli that can interfere with oxygen and carbon dioxide diffusion. White blood cells rapidly accumulate to destroy the attacking organism and fill the normally air-filled alveoli. Because of secretions and mucosal edema, the lungs cannot adequately ventilate, and partial occlusion of the bronchi and alveoli occurs (Capriotti, 2020).

Clinical manifestations of pneumonia vary depending on the type of pneumonia, the organism that caused the infection, and the presence of underlying disease. Patients may experience fever, chills, pleuritic chest pain, tachypnea, respiratory distress, use of accessory muscles in respiration, headache, rash, pleuritic pain, poor appetite, orthopnea, shortness of breath, and a cough with or without sputum. These patients may also experience fatigue. Upon auscultation, crackles may be present (Capriotti, 2020). This patient presented to the emergency department having a productive cough with sputum, shortness of breath, crackles, and pleuritic chest pain. This patient also presented with fatigue and poor appetite after being admitted to the hospital.

Expected findings for these patients may include hypoxia, bradycardia, and an elevated temperature. Patients may also present with an increased respiratory rate. Laboratory findings

may have decreased albumin, increased white blood cells and neutrophils, and reduced carbon dioxide levels. In arterial blood gas labs, it is a common finding that the partial pressure of carbon dioxide may be low. Bicarbonate may also be abnormally low in arterial blood gas labs, and low arterial oxygen saturation may be present. Respiratory alkalosis is commonly present in patients with pneumonia (Hinkle & Cheever, 2018). This patient presented to the emergency department as slightly febrile and hypoxic. His laboratory findings show an increase in white blood cells and neutrophils, decreased albumin levels, and decreased carbon dioxide levels. The patient's arterial blood gas labs offer low partial pressure of carbon dioxide, a decrease in bicarbonate, and low arterial oxygen saturation.

Diagnostic testing for pneumonia includes a patient history of respiratory infection, physical examination, chest x-ray, blood culture, and sputum examination (Hinkle & Cheever, 2018). This patient had no recent respiratory disease, and his physical analysis showed a productive cough with sputum. A chest x-ray took place on this patient, which showed worsening basilar pneumonia.

Treatment for pneumonia includes pharmacological and therapeutic regimens. Pharmacological therapy consists of an antibiotic regimen, antipyretics, antihistamines, nasal decongestants, corticosteroids, and antitussives. Therapeutic regimens may include hydration, warm and moist inhalation, bed rest, and oxygen (Capriotti, 2020). This patient is prescribed antibiotics and corticosteroids.

Pathophysiology References (2) (APA):

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

perspectives (2nd ed). F.A. Davis Company.

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed). Walters 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	3.8-5.41	3.79	3.56	Patient is suffering from an acute kidney injury which can cause a decrease in red blood cells. (Capriotti, 2020)
Hgb	11.3-15.2	12.1	11.6	N/A
Hct	33.2-45.3	35.6	33.7	N/A
Platelets	149-393	220	208	N/A
WBC	4.0-11.7	13.1	8.2	Patient is infected with community-acquired

				pneumonia which can cause an increase in white blood cells. (Capriotti, 2020)
Neutrophils	2.4-8.4	10.6	6.4	Patient is infected with community-acquired pneumonia which can cause an increase in neutrophils. (Capriotti, 2020)
Lymphocytes	0.8-3.7	1.0	0.8	N/A
Monocytes	4.4-12.0	9.8	9.8	N/A
Eosinophils	0-6.5	1.0	1.9	N/A
Bands	0.2-1.6	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**	**Today's Value**	**Reason For**

		Value		**Abnormal**
Na-	136-145	135	138	Low sodium levels can be caused by kidney disease, heart failure, and the use of diuretics. (WebMD, 2021)
K+	3.5-5.1	4.6	4.2	N/A
Cl-	98-107	104	106	N/A
CO2	21-31	20	24	Kidney disease, uncontrolled diabetes, and community-acquired pneumonia can all cause a decrease in carbon dioxide levels. (WebMD, 2021)
Glucose	70-110	195	69	Patient is a type II diabetic. (Capriotti, 2020)

BUN	7-25	24	16	N/A
Creatinine	0.6-1.2	1.64	1.14	Impaired kidney function or kidney disease can cause elevated levels of creatinine. (Capriotti, 2020)
Albumin	3.5-5.2	3.7	3.4	The inflammatory reaction can cause a decreased serum albumin level in elderly patients with pneumonia. (WebMD, 2021)
Calcium	8.6-10.3	8.5	8.1	Low calcium levels can be the result of kidney disorders. (Capriotti, 2021)
Mag	1.6-2.4	N/A	N/A	N/A
Phosphate	2.5-4.5	N/A	N/A	N/A
Bilirubin	0.3-1.0	0.5	0.6	N/A

Alk Phos	34-104	81	82	N/A
AST	13-39	17	22	N/A
ALT	7-52	16	20	N/A
Amylase	30-110	N/A	N/A	N/A
Lipase	24-151	N/A	N/A	N/A
Lactic Acid	0.5-2.0	N/A	N/A	N/A
Troponin	0.000-0.030	0.012-0.098	N/A	Elevated troponin levels can be caused by traumatic injury to the heart such as a myocardial infarction. Patient suffers from chronic systolic heart failure. (Capriotti, 2020)
CK-MB	0.6-6.3	N/A	N/A	N/A
Total CK	30-223	N/A	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	0-11	N/A	N/A	N/A
PT	11-13.5	N/A	N/A	N/A
PTT	25-35	N/A	N/A	N/A
D-Dimer	0-250	N/A	N/A	N/A
BNP	0-100	N/A	N/A	N/A
HDL	40-100	N/A	N/A	N/A
LDL	0-100	N/A	N/A	N/A
Cholesterol	0-200	N/A	N/A	N/A
Triglycerides	0-150	N/A	N/A	N/A
Hgb A1c	0-5.7	N/A	N/A	N/A
TSH	0.4-4	N/A	2.30	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	Straw/clear	Light yellow/clear	N/A	N/A
pH	5.0-7.0	5.5	N/A	N/A

Specific Gravity	1.005-1.034	1.021	N/A	N/A
Glucose	Negative	>1000	N/A	Patient is a type II diabetic and has kidney damage. (Capriotti, 2020)
Protein	Negative	1+	N/A	High levels of protein in the urine can be the result of kidney disease. (Capriotti, 2020)
Ketones	Negative	Negative	N/A	N/A
WBC	<=5	1	N/A	N/A
RBC	0-3	2	N/A	N/A
Leukoesterase	Negative	Negative	N/A	N/A

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	7.35	N/A	N/A
PaO2	40-50	43	N/A	N/A

PaCO2	40-50	39.9	N/A	Low levels of PaCO2 in patient with pneumonia can be the result of mucous displacing air in the alveoli affected by the pneumonia. (Capriotti, 2020)
HCO3	22-26	21.4	N/A	Low levels of bicarbonate can indicate metabolic acidosis. Low levels of bicarbonate can be caused by kidney disease and pneumonia. (Capriotti, 2020)
SaO2	95-100	78.8	N/A	Low oxygen levels and impaired gas

				exchange can cause low levels of SaO2. (Capriotti, 2020)

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	10,000-1,000,000	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):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed). F.A. Davis Company.

Sarah Bush Lincoln Health Center (2021). Cerner. https://www.sarahbush.org/

WebMD Staff. (2021). *Better information. Better health.* WebMD. https://www.webmd.com/.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Electrocardiogram – 12 lead EKG. Showed atrial fibrillation and ST elevation.

X-ray chest – left basilar opacities consistent with pneumonia. Worsening basilar pneumonia.

Diagnostic Test Correlation (5 points):

Electrocardiogram – Patient came in complaining of chest pain, this test was done to rule out other possible diagnoses such as a myocardial infarction or pulmonary embolism. This test was done to monitor the patient's heart rate and rhythm and assess any worsening in the patient's condition with a history of chronic atrial fibrillation (Capriotti, 2020).

X-ray chest – This imaging was ordered to visualize the patient's right and left lungs, heart, and blood vessels. Patient came in with a prior diagnosis of community-acquired pneumonia within the previous four days and symptoms of shortness of breath and chest pain. This imaging was ordered to assess the extent of disease progression (Capriotti, 2020).

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed). F.A. Davis Company

Current Medications (10 points, 1 point per completed med)

10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Lasix/ furosemide	Fortamet/	Toprol-XL/	Protonix/	Aldactone/

		metformin hydrochloride	metoprolol succinate ER	pantoprazole sodium	spironolactone
Dose	20 mg	1000 mg	50 mg	40 mg	25 mg
Frequency	Daily	BID	HS	BID	Daily
Route	PO	PO	PO	PO	PO
Classification	Loop diuretic, antihypertensive, diuretic	Biguanide, antidiabetic	Beta1 –adrenergic blocker, antianginal, antihypertensive	Proton pump inhibitor, antiulcer	Potassium-sparing diuretic, diuretic
Mechanism of Action	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation.	Promotes storage of excess glucose and glycogen in the liver, which reduces glucose production.	Inhibits stimulation of beta1-receptor sites resulting gin decreased cardiac excitability, cardiac output, and myocardial oxygen demand.	Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine-triphosphatase enzyme system in gastric parietal cells.	Spironolactone competes with aldosterone for receptors to prevent sodium and water reabsorption and cause their excretion through the distal convolutes tubules.
Reason Client Taking	To reduce edema caused by heart failure. To manage hypertensive cardiovascular disease.	To reduce blood glucose level in type II diabetes mellitus.	To manage hypertensive cardiovascular disease.	To reduce relapse of daytime and night time symptoms of gastroesophageal reflux disease.	To treat heart failure.
Contraindication	Anuria	Advanced renal	Acute heart	Concurrent	Acute renal

s (2)	Hypersensitivity to furosemide or its components	disease Metabolic acidosis	failure Cardiogenic shock	therapy with rilpivirine containing products, hypersensitivity to pantoprazole or its components	insufficiency Hyperkalemia
Side Effects/Adverse Reactions (2)	Arrhythmias Thromboembolism	Hypoglycemia Aplastic anemia	Arrhythmias Hepatitis	Pancreatitis Angioedema	Encephalopathy Hypotension
Nursing Considerations (2)	Notify prescriber if patient experiences hearing loss, vertigo, or ringing, buzzing, or sense of fullness in their ears. Obtain patient's weight before and periodically during furosemide therapy to monitor fluid loss.	Give this medication with food. Assess patient's glomerular filtration rate at least annually.	Use cautiously in patients with hypertension who have congestive heart failure because beta blockers can further depress myocardial contractility. Check for signs of poor glucose control in patient with diabetes mellitus.	Monitor patient for hypomagnesemia. If therapy lasts more than three years, patient may not be able to absorb vitamin B12.	Monitor patients with hepatic impairment for sudden changes in fluid and electrolyte balance. Monitor patient's neurological function for hepatic encephalopathy.

Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor blood pressure and hepatic and renal function as well as BUN, blood glucose, and serum creatinine, electrolyte, and uric acid levels as appropriate. Monitor patient for hypokalemia.	Monitor for signs and symptoms of lactic acidosis. Monitor patient's blood glucose levels to evaluate drug effectiveness.	If patients with heart failure develops symptomatic bradycardia, expect to decrease the dosage of this medication. Before starting therapy for heart failure, expect to give an ACE inhibitor, digoxin, and a diuretic to stabilize patient.	Monitor PT or INR during therapy. Monitor patient's urine output because pantoprazole may cause acute interstitial nephritis.	Evaluate the patient's serum potassium level one week after therapy begins. Evaluate medication effectiveness by assessing blood pressure and presence and degree of edema.
Client Teaching needs (2)	Take this medication at the same time every day. Inform diabetic patients that furosemide may increase blood glucose levels and to check their blood glucose frequently.	Emphasize the importance of checking blood glucose levels and recognizing symptoms of hypoglycemia and hyperglycemia. Instruct patient to report early signs of lactic acidosis.	Urge diabetic patients to check blood glucose level often during therapy. Caution patient to not stop taking this medication abruptly.	Swallow capsule whole and do not crush or chew. Notify prescriber if you experience a decrease in the amount of urine voided or there is blood in your urine.	Take this medication with meals or milk. Avoid hazardous activities until adverse effects of drug are known.

Hospital Medications (5 required)

Brand/Generic	Zithromax/ azithromycin	Entocort EC/ budesonide	Rocephin/ ceftriaxone sodium	Cardoxin/ digoxin	Lovenox/ enoxaparin sodium
Dose	250 mg	0.25 mg	1000 mg	250 mcg	40 mg
Frequency	Daily	BID	Daily	Every other day	Daily
Route	IV piggyback, injection	NEB, inhalation suspension	IV push, injection	PO	SQ, injection
Classification	Macrolide, antibiotic	Corticosteroid, antiasthmatic, anti-inflammatory	Third-generation cephalosporin, antibiotic	Cardiac glycoside, antiarrhythmic, cardiotonic	Low molecular weight heparin, anticoagulant
Mechanism of Action	Binds to ribosomal subunit of susceptible bacteria, blocking peptide translocation and inhibiting RNA-dependent protein synthesis.	Inhibits inflammatory cells and mediators, decreasing influx into nasal passages, bronchial walls, or the intestines to decrease airway inflammation.	Interferes with bacterial cell wall synthesis by inhibiting cross-linking of peptidoglycan strands.	Increases the force and velocity of myocardial contraction, resulting in positive inotropic effects.	Potentiates the action of antithrombin III, a coagulation inhibitor.
Reason Client Taking	To treat community-	To treat symptoms	To treat community-	To treat heart	To prevent deep

	acquired pneumonia	associated with community-acquired pneumonia	acquired pneumonia	failure	vein thrombosis
Contraindications (2)	History of hepatic dysfunction Hypersensitivity to azithromycin or its components	Hypersensitivity to budesonide or its components Recent septal ulcers	Calcium containing IV solutions Hypersensitivity to ceftriaxone or its components	History or presence or digitalis toxicity Ventricular fibrillation	Active major bleeding. Hypersensitivity to benzyl alcohol.
Side Effects/Adverse Reactions (2)	Seizures Arrhythmias	Rectal bleeding Pancreatitis	Hemolytic anemia Neutropenia	Arrhythmias Heart block	Atrial fibrillation Hemorrhage
Nursing Considerations (2)	Monitor elderly patients closely for arrythmias. Obtain culture and sensitivity test result before starting therapy.	Assess patient for effectiveness of budesonide therapy. Determine if patient has a milk allergy.	Ask patient if an allergic reaction was ever experienced when given other antibiotics. Be aware that calcium containing products must not be given IV within 48 hours of ceftriaxone.	Monitor patients closely for signs of digitalis toxicity such as altered mental status, arrhythmias, heart block, nausea, and vomiting. Obtain frequent EKG tracing as ordered for elderly patients because of their smaller body	Test stools for occult blood as ordered. Keep protamine sulfate nearby in case of accidental overdose.

				mass and reduced renal clearance.	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor liver enzymes ALT, AST, ALP, GGT closely. Assess patient for bacterial or fungal superinfection which may occur with prolonged or repeated therapy.	Monitor patient for evidence of hypersensitivity. Monitor patients with diabetes mellitus as glucocorticosteroid therapy may increase adverse effects.	Assess ALT, AST, bilirubin, CBC, hematocrit, LC, and serum alkaline phosphatase levels during long term therapy. Monitor BUN and creatinine levels to detect early signs of nephrotoxicity.	Monitor patient's serum potassium level for hyokalemia. Assess for drug effectiveness if patient has acute or unstable chronic atrial fibrillation.	Check serum potassium level for elevation. Monitor for signs and symptoms of bleeding and assess platelet count.
Client Teaching needs (2)	Consult prescriber before taking OTC drugs. Teach patient to watch for and immediately report signs of superinfection	Teach patient to rinse their mouth after each inhaled dose. Do not use as a rescue inhaler.	Report watery, blood stool to prescriber immediately. Report hypersensitivity reaction.	Teach patient how to take their pulse and instruct them to do so before each dose. Emphasize the importance of taking digoxin exactly as prescribed.	Seek immediate help for evidence of thromboembolism. Emphasize the importance of follow-up visits with prescriber.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning

Tiemann, M. A., Arnoldussen, B., & Collins, J. (2019). *Nclex Drug Guide: 300 medications you need to know for the exam*. Kaplan Publishing.

WebMD Staff. (2021). *Better information. Better health.* WebMD. https://www.webmd.com/.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alertness: Alert and responsive Orientation: Oriented to person, place, situation, and time Distress: No distress Appearance: Appropriate
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:**	 Skin color: usual for ethnicity Character: Dry Temperature: Warm Turgor: Elastic Rashes: N/A Bruises: N/A Wounds: N/A Braden Score: 20

Drains present: Y☐ N X **Type:**	
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head: Symmetrical skull and face, bilaterally round head with no contusions or abnormalities Neck: No tracheal deviation, thyroid rises and falls with swallowing, lymph nodes non palpable Ears: tympanic membrane pearly grey, ears are bilateral on the head, no auditory impairment Eyes: 20/70 vision in right and left eye, eyeglasses, sclera white, no redness, no discharge Nose: No deviated septum, no polyps, nasal airway patent, no drainage Teeth: Mucous membranes moist, pink, firm. Patient wears dentures. Rise and fall of the soft palate was observed and tonsils and uvula pink and moist.
CARDIOVASCULAR (2 points): **Heart sounds:**	Heart rhythm: SR Heart sounds: S1 and S2 heard Pulses: 3+ bilateral radial pulses. 3+ bilateral

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:**	dorsalis pedal pulses Capillary refill time: less than two seconds both upper and lower extremities Edema: 0
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character**	Respirations: regular, unlabored Respiratory pattern: regular Breath sounds: Crackle breath sounds were heard anteriorly and posteriorly throughout all lobes Lung aeration: equal
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:**	Diet at home: Diabetic diet – limited carbohydrates Current diet: Heart failure nutrition therapy Height: 175.5 cm Weight: 87 kg Auscultation bowel sounds: Active in all four quadrants

Palpation: Pain, Mass etc.: **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X** **Type:**	Last BM: 11/1 Palpation: No pain with palpation, no masses detected Inspection: No distention, no incisions, no scars, no drains, no wounds present
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y X N ☐** **Dialysis: Y ☐ N X** **Inspection of genitals:** **Catheter: Y ☐ N X**	Color: Yellow Character: Clear Quantity of urine: 500 mL Inspection of genitals: No redness, no swelling

Type: **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N X** **Fall Risk: Y ☐ N X** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	Neurovascular status: Nail beds smooth without pits or grooves, extremities warm and red, extremities motor function is fluid ROM: Active Supportive devices: glasses Strength: 5 - active motion against full resistance Fall score: 35 Activity/Mobility Status: Up ad lib
NEUROLOGICAL (2 points): **MAEW: Y X N☐** **PERLA: Y X N☐** **Strength Equal: Y X N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:**	Orientation: Oriented to person, place, situation, and time Cognition/mental: Appropriate for age Speech: Clear LOC: Alert - awake and answers questions appropriately

Mental Status: **Speech:** **Sensory:** **LOC:**	
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):**	Coping methods: Talking to his son who is his support system. Developmental level: Patient can read and write, patient can form a fully structured sentence, patient can make a fully informed decision Religion and what it means to patient: Protestant Personal/Family Data: Patient lives at home alone. Patient gets support from his son.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1028	82 bpm	121 mm Hg/ 68 mm Hg	18 br/min	36.3 °C	95%
1105	71 bpm	135 mm Hg/ 73 mm Hg	18 br/min	36.8 °C	95%

Vital Sign Trends:

The patient’s pulse decreased from eighty-two beats per minute to seventy-one beats per minute. Patients' systolic blood pressure was slightly elevated in the second reading. Patient's diastolic blood pressure rose in the second reading but remained within the normal range. Patient’s respiratory rate remained at eighteen breaths per minute in both readings. Patient’s temperature slightly rose in the second reading. Patient’s oxygen saturation remained at ninety-five percent.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1220	Numeric pain scale	N/A	0/10	N/A	No interventions necessary.
1400	Numeric pain scale	N/A	0/10	N/A	No interventions necessary.

IV Assessment (2 Points)

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

Location of IV: **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	18 gauge Right peripheral forearm 10/30 No phlebitis No infiltration No signs of erythema or drainage IV patent Transparent dressing is clear, dry, intact

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
350 mL oral fluid 180 mL oral fluid 250 mL azithromycin and sodium chloride 0.9%	500 mL urine void Formed stool x1

Nursing Care

Summary of Care (2 points)

Overview of care: I did a full head to toe assessment, pain assessment, IV assessment, and care plan on this patient.

Procedures/testing done: X-ray chest and EKG

Complaints/Issues: Patient requests to be discharged tonight.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient is tolerating his diet and activity level.

Physician notifications: Dr. Diminico urology is scheduled to have a consultation with the patient to discuss treatment options for his incomplete bladder emptying.

Future plans for patient: Patient will consult with Dr. Diminico for a plan of care. Patient will continue receiving antibiotics and other prescribed medications. Patient will be discharged to his home.

Discharge Planning (2 points)

Discharge location: Private residence

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Patient will follow up with primary care provider five to seven days after discharge.

Education needs: Educate the patient on proper antibiotic use. Educate the patient on how to do deep-breathing exercises to promote airway clearance.

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. Ineffective airway clearance related to increased sputum production as evidenced by effective	Patient has inflammation and increased secretions due to his diagnosis of community-acquired pneumonia. Airway clearance is priority.	**1. Elevate the head of the bed and change the patient's position frequently.** **2. Teach and assist the patient with proper deep-**	Patient responded well to these interventions. Patient was able to ambulate and used to teach back method to show a thorough understanding of deep-breathing exercises. Goal met with no

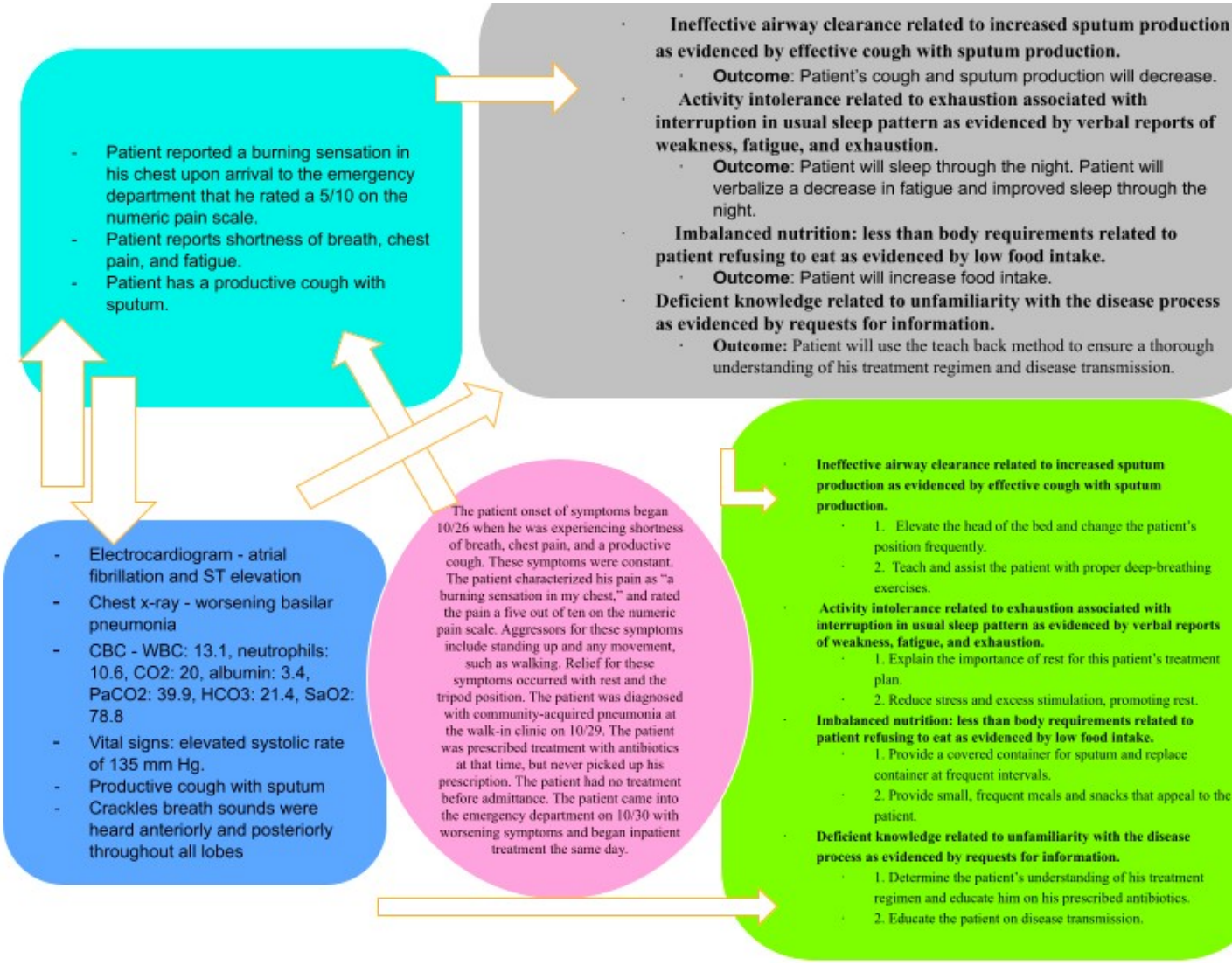
cough with sputum production.		**breathing exercises.**	modifications to plan.
2. Activity intolerance related to exhaustion associated with interruption in usual sleep pattern as evidenced by verbal reports of weakness, fatigue, and exhaustion.	Patient stated, “I have not been sleeping well. I have been waking up at night coughing and am too uncomfortable to sleep”. Rest and sleep are important parts of the healing process. Healing may take longer, and the patient is less likely to reach their healthcare goals if their body is exhausted.	**1. Explain the importance of rest for this patient’s treatment plan.** **2. Reduce stress and excess stimulation, promoting rest.**	Patient responded well to the interventions. Patient was educated on the importance of rest for the healing process. Stress and stimulation reduced to allow the patient to rest. Goal met with no modifications to plan.
3. Imbalanced nutrition: less than body requirements	Patient states he, “is not hungry,” and does not want to eat. Patient has a lack of appetite. Patient	**1. Provide a covered container for sputum and replace container at**	Patient responded well to these interventions. Patient complied with coughing sputum into a covered container

related to patient refusing to eat as evidenced by low food intake.	relates his lack of appetite to the odor and taste of sputum he is coughing up. Lack of nutrients will make the healing process take longer and will not allow the patient to have the strength he needs to recover.	**frequent intervals.** **2. Provide small, frequent meals and snacks that appeal to the patient.**	which was replaced at frequent intervals. Patient ordered appealing food off the menu and was able to eat a small amount. Goal met with no modifications to plan.
4. Deficient knowledge related to unfamiliarity with the disease process as evidenced by requests for information.	Patient did not have a thorough understanding of his treatment or of disease transmission. Patient needs to be educated on his treatment and on disease transmission to reduce the risk of reinfection and of infecting others.	**1. Determine the patient's understanding of his treatment regimen and educate him on his prescribed antibiotics.** **2. Educate the patient on disease transmission.**	Patient responded well to the education. Patient was educated on his treatment regimen with emphasis on the necessity for continuing antibiotic therapy for the prescribed period. Patient was educated on transmission of community-acquired

			pneumonia. The teach back method was used to ensure a thorough understanding of the information. Goal met with no modifications to plan.

Other References (APA):

Concept Map (20 Points):


- Patient reported a burning sensation in his chest upon arrival to the emergency department that he rated a 5/10 on the numeric pain scale.
- Patient reports shortness of breath, chest pain, and fatigue.
- Patient has a productive cough with sputum.
- Electrocardiogram - atrial fibrillation and ST elevation
- Chest x-ray - worsening basilar pneumonia
- CBC - WBC: 13.1, neutrophils: 10.6, CO2: 20, albumin: 3.4, PaCO2: 39.9, HCO3: 21.4, SaO2: 78.8
- Vital signs: elevated systolic rate of 135 mm Hg.
- Productive cough with sputum
- Crackles breath sounds were heard anteriorly and posteriorly throughout all lobes
The patient onset of symptoms began 10/26 when he was experiencing shortness of breath, chest pain, and a productive cough. These symptoms were constant. The patient characterized his pain as "a burning sensation in my chest," and rated the pain a five out of ten on the numeric pain scale. Aggressors for these symptoms include standing up and any movement, such as walking. Relief for these symptoms occurred with rest and the tripod position. The patient was diagnosed with community-acquired pneumonia at the walk-in clinic on 10/29. The patient was prescribed treatment with antibiotics at that time, but never picked up his prescription. The patient had no treatment before admittance. The patient came into the emergency department on 10/30 with worsening symptoms and began inpatient treatment the same day.
· Ineffective airway clearance related to increased sputum production as evidenced by effective cough with sputum production.
· Outcome: Patient's cough and sputum production will decrease.
· Activity intolerance related to exhaustion associated with interruption in usual sleep pattern as evidenced by verbal reports of weakness, fatigue, and exhaustion.
· Outcome: Patient will sleep through the night. Patient will verbalize a decrease in fatigue and improved sleep through the night.
· Imbalanced nutrition: less than body requirements related to patient refusing to eat as evidenced by low food intake.
· Outcome: Patient will increase food intake.
· Deficient knowledge related to unfamiliarity with the disease process as evidenced by requests for information.
· Outcome: Patient will use the teach back method to ensure a thorough understanding of his treatment regimen and disease transmission.
· Ineffective airway clearance related to increased sputum production as evidenced by effective cough with sputum production.
· 1. Elevate the head of the bed and change the patient's position frequently.
· 2. Teach and assist the patient with proper deep-breathing exercises.
· Activity intolerance related to exhaustion associated with interruption in usual sleep pattern as evidenced by verbal reports of weakness, fatigue, and exhaustion.
· 1. Explain the importance of rest for this patient's treatment plan.
· 2. Reduce stress and excess stimulation, promoting rest.
· Imbalanced nutrition: less than body requirements related to patient refusing to eat as evidenced by low food intake.
· 1. Provide a covered container for sputum and replace container at frequent intervals.
· 2. Provide small, frequent meals and snacks that appeal to the patient.
· Deficient knowledge related to unfamiliarity with the disease process as evidenced by requests for information.
· 1. Determine the patient's understanding of his treatment regimen and educate him on his prescribed antibiotics.
· 2. Educate the patient on disease transmission.