

N441 Care Plan

Lakeview College of Nursing

Mackenzie Noel

Demographics (3 points)

Date of Admission 1/16/22	Client Initials F.G.	Age 78	Gender M
Race/Ethnicity African American	Occupation University of Illinois	Marital Status Married	Allergies NKA
Code Status Full	Height 5'2"	Weight 200 lbs.	

Medical History (5 Points)

Past Medical History: Squamous cell carcinoma, radiation, chemotherapy, tubular adenoma of colon, hypertension, obstructive sleep apnea, peripheral vascular disease, acute kidney failure, cataract, diabetes mellitus, deep vein thrombosis, glaucoma, gout, hyperlipidemia.

Past Surgical History: Colonoscopy x 2 one with polypectomy, endo-brachial ultrasound, bronchoscopy.

Family History: Hypertension in mother.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use):

Patient states that they have stopped smoking for several years, was a pack per day smoker for over 30 years, occasionally drinks 1 to 2 alcohol drinks a month over 50 years and denies any drug use.

Assistive Devices: None

Living Situation: Lives at home with wife.

Education Level: High school with some college.

Admission Assessment

Chief Complaint (2 points):Dyspnea.

History of Present Illness – OLD CARTS (10 points):

O Patient has had shortness of breath for approximately 2 or 3 days and presents at the ED for dyspnea on 1/16/22 saying “it’s hard to breathe right”. L patient is short of breath with low glucose levels. D for the last couple days the patient has been short of breath. C Patient has not been eating or drinking well. A Patient has tachycardia with fever present. A coughing aggravates the ability to breath normally. R Oxygen therapy help relieve symptoms. T No previous treatment was sought out prior to hospitalization lasting from 1/16/22 and still happening in the hospital. S Severe as the low oxygenation can cause serious issues within the body.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute respiratory failure due to Covid-19

Secondary Diagnosis (if applicable): None

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

Acute respiratory failure has many ways of happening. The main takeaway from acute respiratory failure is that the lungs can no longer support the body with enough oxygen for the body to function normally. The lack of oxygen in the blood can also have many negative effects in the body. The lungs pump the oxygen into the body infusing the oxygen into the bloodstream allowing for oxygenation of the muscles and organs in the body. Symptoms can include shortness of breath, dyspnea, and low O2 levels.

When the body no longer gets the right amount of oxygen the body will no longer function as it should. Muscles need oxygen to work and one of the most important muscles in the body other than our brain would be our heart. When the heart is no longer getting adequate oxygenation, your body will start to shut down.

Many things can be the cause of acute respiratory failure such as disease and injury. Disease and injuries such as pneumonia, opioid overdose, stroke, or lung or spinal cord injury can have a huge effect on the ability for a patient's lungs to bring in enough oxygen to support the body's needs. Pneumonia is when there is a buildup of fluid in the lungs. Fluid in the lungs will make it hard for the bronchi in the lungs to pass oxygen into the bloodstream. The lack of oxygen will also affect the lab values collected to help pinpoint the problem. Such as BUN and hemoglobin and hematocrit. We commonly use X-rays to help diagnose acute respiratory failure, as well as CT scans.

There are several ways to help prevent this such as a high flow cannula, ventilators, or oxygen masks. High flow oxygen cannulas can be beneficial to clients with Acute respiratory failure due to Covid-19 (Crimi et al., 2022). The high flow oxygen cannula will still allow for oxygenation without having such severe side effects or dependence as other forms of oxygenations such as ventilation. Neuromuscular blockers may also play a role in helping with recovery from Acute respiratory failure due to Covid-19 (Bo et al., 2022). There are countless new ways to help with the recovery from Acute respiratory failure being developed every day and we need to keep pushing for new and better ways to help treat our patients.

Pathophysiology References (2) (APA):

Crimi, C., Pierucci, P., Renda, T., Pisani, L., & Carlucci, A. (2022). *High-flow nasal cannula and COVID 19: A clinical review. Respiratory Care, 67(2), 227–240.* <https://doi.org/10.4187/respcare.09056>

Bo Young Lee, Song-I Lee, Moon Seong Baek, Ae-Rin Baek, Yong Sub Na, Jin Hyoung Kim, Gil Myeong Seong, & Won-Young Kim. (2022). *Lower driving pressure and neuromuscular blocker use are associated with decreased mortality in patients with COVID-19 ARDS. Respiratory Care, 67(2), 216–226.* <https://doi.org/10.4187/respcare.09577>

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	4.3-11	3.83	3.46	Low levels of oxygen can cause RBCs to lyse. (Zhong et al., 2020)
Hgb	14-18	11.7	10.6	Low levels of oxygen can cause Hgb levels to rise to compensate for the lack of oxygen. (Zhong et al., 2020)
Hct	42-52	36.4	32.7	Low levels of oxygen can cause Hct levels to rise to compensate for the lack of oxygen. (Zhong et al., 2020)
Platelets	150-400	108	101	Low levels of oxygen can cause lower levels of platelets to be formed reducing the levels of platelets in the blood. (Zhong et al., 2020)
WBC	4.3-11	4.8	5.7	
Neutrophils	1.6-7.7	51.3	90.5	The patient had an infection of Covid -19 this can increase your levels of Neutrophils trying to fight the infection. (Zhong et al., 2020)
Lymphocytes	1-4.5	2	0.3	
Monocytes	0-1	0.3	0.2	
Eosinophils	0-1	NA	NA	
Bands	0-500	NA	NA	

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	137	139	
K+	3.5-5.5	3.5	4.1	
Cl-	95-100	109	103	Elevated chloride levels can be due to the lack of oxygen in the

				blood making the blood more acidic. (Zhong et al., 2020)
CO2	23-31	18	24	The patient is not breathing well allowing for the buildup of Co2. (Zhong et al., 2020)
Glucose	70-100	129	83	The patient's glucose can be elevated due to the medications he was receiving to treat the infection. (Zhong et al., 2020)
BUN	8-25	30	83	The body can not effectively get rid of waste products with reduced oxygen elevating BUN. (Zhong et al., 2020)
Creatinine	0.7-1.5	1.31	1.43	
Albumin	3.5-5	4.1	3.9	
Calcium	8.4-10.3	8.6	9.3	
Mag	1.7-2.2	2	2	
Phosphate	3.4-4.5	3.7	4.4	
Bilirubin	0.2-1.2	0.5	0.6	
Alk Phos	40-150	44	80	
AST	16-40	37	19	
ALT	7-52	19	17	
Amylase	30-110	NA	NA	
Lipase	8-78	NA	NA	
Lactic Acid	0.5-2.2	1	1.2	
Troponin	0-0.04	0.53	0.53	This is the patients baseline level he lives with but could be due to the decreased oxygen levels. (Zhong et al., 2020)
CK-MB	5-25	NA	NA	

Total CK	22-198	NA	NA	
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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	0.9-1.1	1.1	1.1	
PT	12.2-14.3	12	12	This is a key lab to diagnosing severe covid-19 infection. (Zhong et al., 2020)
PTT	24-34	36	36	This is a key lab to diagnosing severe covid-19 infection. (Zhong et al., 2020)
D-Dimer	>0.5	1886	1886	This highly elevated levels show that the client is at high risk for DVT. (Zhong et al., 2020)
BNP	>100	63	63	Low levels of BNP can be due to buildup of fluid in the lungs. (Zhong et al., 2020)
HDL	<40	36	36	
LDL	<100	69	69	
Cholesterol	<200	124	124	
Triglycerides	<150	95	95	
Hgb A1c	4-5.6	NA	NA	
TSH	0.4-4.0	NA	NA	

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 to yellow	Yellow Clear	Yellow Clear	
pH	5-7	NA	NA	
Specific Gravity	1.003-1.005	1.01	1.01	The client has not been drinking enough water and is dehydrated.

				(Zhong et al., 2020)
Glucose	NEGATIVE	3+	3+	
Protein	NEGATIVE	3+	3+	
Ketones	NEGATIVE	Negative	Negative	
WBC	0-25/ul	0-5	0-5	
RBC	0-25/ul	Negative	Negative	
Leukoesterase	NEGATIVE	Negative	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	7.18	7.31	Low oxygen levels can alter bloods PH. (Zhong et al., 2020)
PaO2	75-100	47	32	Low oxygen levels can alter O2 in the blood. (Zhong et al., 2020)
PaCO2	35-45	56	84	Low oxygen levels can alter the buildup of CO2. (Zhong et al., 2020)
HCO3	22-26	17.5	16.1	Low oxygen levels can alter this lab. (Zhong et al., 2020)
SaO2	95-100	88	99	This shows the low level of oxygen that the client was able to

				take into the body. (Zhong et al., 2020)
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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	Lab not taken	NA	NA	
Blood Culture	NA	NA	NA	
Sputum Culture	NA	NA	NA	
Stool Culture	NA	NA	NA	

Lab Correlations Reference (1) (APA):

Zhong, P., Chen, H., Luo, X., & Liu, J. (2020). *Establishment of reference intervals of biochemical analytes for healthy Chinese volunteers during the screening process in clinical pharmacology trials. European Journal of Clinical Pharmacology*, 76(9), 1227–1235.
<https://doi.org/10.1007/s00228-020-02912-1>

Diagnostic Imaging

All Other Diagnostic Tests (5 points): EKG, Chest X-ray.

Diagnostic Test Correlation (5 points):

EKG was preformed to rule out heart problems when the patient came into the hospital due to the high level of troponin in the patient’s blood which could lead to the assumption of heart tissue necrosis. The EKG allows a look into the electrical activity of the heart and how it is functioning. The test showed minimal to no correlation, and that this is the patients baseline levels.

A chest X-Ray was done to obtain images of the clients lungs to look for problems that would correlate to the patients low O2 levels. The test revealed that the lungs had infiltrates in both lungs. Therefore, the patient is having trouble breathing effectively due to the infiltrates in the lungs (Collazos et al., 2022).

Diagnostic Test Reference (1) (APA):

Collazos, J., Domingo, P., Fernández-Araujo, N., Asensi-Díaz, E., Vilchez-Rueda, H., Lalueza, A., Roy Vallejo, E., Blanes, R., Raya-Cruz, M., Sanz-Cánovas, J., Artero, A., Ramos-Rincón, J.-M., Dueñas-Gutiérrez, C., Lamas-Ferreiro, J. L., & Asensi, V. (2022). *Exposure to valproic acid is associated with less pulmonary infiltrates and improvements in diverse clinical outcomes and laboratory parameters in patients hospitalized with COVID-19. PloS One, 17(1), e0262777.*
<https://doi.org/10.1371/journal.pone.0262777>

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

Home Medications (5 required)

Brand/Generic	Zyloprim Allopurinol	Zocor Simvastatin	Vitamin D Cholecalciferol	Actos Pioglitazone	Prazosin Minipress
Dose	100 mg	40 mg	1000 units	30 mg	2 mg
Frequency	Daily	Daily	Daily	Daily	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Xanthine oxidase inhibitors	Statin	Vitamin	Antidiabetic	Alpha- blockers
Mechanism of Action	Reduces production of uric acid	Slows the production of cholesterol	Binds to intracellular receptors	Decreases insulin resistance	Allows blood to flow more easily

Reason Client Taking	Covid 19	High cholesterol	Low vitamin D	High glucose level	Risk of DVT
Contraindications (2)	Dehydration, heart failure	Alcoholism, memory loss	Kidney stones, decreased kidney function	Infection, bloody urine	Angina, hypotension
Side Effects/Adverse Reactions (2)	Drowsiness, headache	Constipation, nausea	Confusion, constipation	Headache, sinus infection	Headache, drowsiness
Nursing Considerations (2)	Monitor intake and output, assess for rash	Assess cholesterol, monitor liver function tests	Monitor Vitamin levels, Assess the need for the vitamin.	Monitor glucose level, Monitor for hypoglycemia	Monitor for bleeding, monitor blood pressure
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Electrolyte levels, increased WBC	Look at labs like HDL and LDL	Vitamin d lab levels, CBC	Look at the glucose level, assess medications that could affect therapeutic effect	Monitor hemoglobin and hematocrit
Client Teaching needs (2)	Take with a full glass of water, take after meals.	Thake at the same time every day, do not take more of less than prescribed.	Take as directed, do not take more or less than prescribed.	Store at room temperature, keep away from heat	Get up slowly, Do not drive until you know the effects.

Hospital Medications (5 required)

Brand/ Generic	Proventil Albuterol	Norosc Amlodipine	Atorvastatin Lipitor	Carvedilol Coreg	Cilostazol Pletal
Dose	2.5 mg	10 mg	40 mg	12.5 mg	100 mg
Frequency	4x daily	Daily	Daily	2x daily	2x daily

Route	Inhalation	Oral	Oral	Oral	Oral
Classification	Bronchodilator	Calcium channel blockers	Statin	Beta blockers	Vasodilator
Mechanism of Action	Opens the bronchioles to provide better oxygenation.	Reduction in peripheral vascular resistance.	Slows the production of cholesterol.	Reduction in peripheral vascular resistance	Inhibits phosphodiesterase activity and suppressing cAMP degradation
Reason Client Taking	Low O2 levels	High blood pressure	To prevent clotting.	Heart complications	Poor blood flow
Contraindications (2)	High blood pressure, seizures	Heart failure, hepatic impairment	Alcoholism, liver failure.	Diabetes, complete heart block	Chronic heart failure, decreased blood platelets
Side Effects/Adverse Reactions (2)	Shakiness, headache	Headache, nausea	Headache, diarrhea	Slow heartbeat, low blood pressure	Abnormal bleeding, stiff neck
Nursing Considerations (2)	Monitor respiratory rate, oxygen saturation.	Monitor blood pressure, compare to normal values	Try lowering cholesterol with diet before use, take at the same time every day (Jones & Bartlett Learning, 2019).	Monitor heart rate, Monitor respirations	Monitor capillary refill, monitor blood pressure.
Key Nursing Assessment(s) /Lab(s) Prior to Administration	Monitor depth of breathing for shallow breaths, look to see if patient is hypersensitive to milk additives.	Blood pressure, Heart rate	Monitor liver enzymes. Monitor for inebriation of alcohol.	Monitor h heartbeat before administering, monitor blood pressure.	Monitor for bleeding, Monitor heart rate
Client Teaching needs (2)	Breath deeply and slowly, hold your breath once you inhale the medication.	Shake well before use, use as directed.	Take at the same time every day, Diet can help with getting off this medication.	Do not skip or double up, take at the same time every day.	Take on an empty stomach, take at the same time every day.

Medications Reference (1) (APA):

Jones & Bartlett Learning (2019). 2019 Nurse’s drug handbook (18th ed.). Burlington, MA.

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>A&O x 3, patient is not in distress, patient looks disheveled.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Skin is intact, warm to touch, and moist, slightly dehydrated turgor, no rashes, or bruising present with a Braden score of 22 and a PICC line in right basilic.</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head is midline with body, ears normal, sclera white, eyelids pink moist, nose midline, teeth not present use of dentures.</p>

<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Heart sounds normal with no murmur or gallop, normal rhythm, peripheral pulses plus 3, capillary refill around 3 seconds, no neck vein distention, and no edema present.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character ET Tube: Size of tube: Placement (cm to lip): Respiration rate: FiO2: Total volume (TV): PEEP: VAP prevention measures:</p>	<p>Breath sounds diminished, crackles basilar right and left side, no wheezing present, coughing regularly, no accessory muscle use. No use of ET tube. Use of BIPAP machine present.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Diet at home is normal and maintained at hospital, height 5'2" 200lbs. Bowel sounds hypoactive with a rectal tube present. No distention, incisions, scars, or wounds present with PICC right basilic.</p>
<p>GENITOURINARY: Color: Character:</p>	<p>Urine yellow with musky odor, 120ml voided, no pain with urination, not on dialysis, catheter present.</p>

<p>Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size: CAUTI prevention measures:</p>	
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Neuro status normal ROM average, no supportive devices, strength +5 Patient has been bedbound since Covid-19 Fall score of 15. No assistance needed due to bedrest.</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>MAEW and PERLA positive, equal strength on both sides, alert, and oriented, mental status normal, sensory normal, with no LOC.</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>No coping methods given, developmental level normal, has no religion, lives at home with wife.</p>

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	94 BPM	124/62	19 RPM	97.2 F	97% Room

					air
1045	96 BPM	129/71	19 RPM	97.5 F	98% Room air

Vital Sign Trends/Correlation:

Vital signs remain stable during the entirety of shift with little or no deviation.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0600	1-10	NA	0	NA	NA
1045	1-10	NA	0	NA	NA

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	None present.
Other Lines (PICC, Port, central line, etc.)	Patient has PICC line in right Basilic. No fluids or medications present at time of shift.
Type: PICC Size: 5Fr Location: Right basilic vein Date of insertion: 1/20/22 Patency: flushes easily Signs of erythema, drainage, etc.: None	PICC size 5Fr, right basilic vein, inserted 1/20/22, easily flushes with clean dressing dry clean and intact. No signs of erythema, date on dressing 1/20/22 with CUROS caps in place. Handwashing and proper sterile technique maintained.

<p>present Dressing assessment: Dry, clean, intact. Date on dressing: 1/20/22 CUROS caps in place: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> CLABSI prevention measures:</p>	
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Intake and Output (2 points)

Intake (in mL)	Output (in mL)
200	500

Nursing Care

Summary of Care (2 points)

Overview of care: Maintained patients oxygen level, tried to get the patient to eat and drink some food after taking off the BIPAP.

Procedures/testing done: Swallow test done.

Complaints/Issues: Patient states that he is cold.

Vital signs (stable/unstable): Patient’s vitals are stable.

Tolerating diet, activity, etc.: Patient is tolerating diet.

Physician notifications: Physician not notified.

Future plans for client: To remain off BiPAP with good oxygenation.

Discharge Planning (2 points)

Discharge location: Patient will be discharged home with wife.

Home health needs (if applicable): Patient will likely need oxygen therapy.

Equipment needs (if applicable): Oxygen tank.

Follow up plan: Return to primary care provider in 1 week for assessment of oxygen levels.

Education needs: Oxygen therapy education.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for aspiration related to inability to swallow water as evidence by swallow test.	Patient’s mouth was so dry from BIPAP he was not able to drink water and could aspirate.	1.Take small sips and wash around mouth without swallowing. 2.Suck on sponges to moisturize mouth.	1. Goal is for patient to recover ability to swallow by end of shift.	No modification needed the client was willing to try this intervention.
2. Ineffective airway clearance related to hypoxemia, as evidence by low O2 levels.	Patient was having trouble clearing airway.	1. Maintain a clear open airway. 2.Patient will demonstrate increased exchange.	1. Goal is to maintain an effective airway by end of shift.	No modification needed the client was willing to try this intervention.
3. Impaired	Acute	1. Participate	Improve	No modification

<p>gas exchange related to altered oxygen supply as evidence by dyspnea</p>	<p>respiratory failure can lower oxygen levels.</p>	<p>in treatment regimen. 2. Demonstrate improved ventilation.</p>	<p>ventilation of oxygen is the goal by end of shift.</p>	<p>needed the client was willing to try this intervention.</p>
<p>4. Activity intolerance related to imbalance of oxygen supply and demand as evidence by shortness of breath.</p>	<p>Acute Respiratory failure can alter ability to exercise.</p>	<p>1. Exercise daily. 2. Learn how much exercise you can tolerate and improve.</p>	<p>Improved activity is the goal by end of shift.</p>	<p>No modification needed the client was willing to try this intervention.</p>
<p>5. Anxiety related to declining oxygen levels as evidence by O2 saturation in the low 90's.</p>	<p>The patient was having anxiety because he was not breathing as well as he used to.</p>	<p>1. Take deep breathes and relax. 2. Use supplemental oxygen therapy.</p>	<p>1. The goal is reduction of anxiety by end of shift.</p>	<p>No modification needed the client was willing to try this intervention.</p>

Other References (APA):

Concept Map (20 Points):

Subjective Data

Patient was a janitor at the University of Illinois.
Patient was a previous smoker.
Patient wants to get off the BIPAP.

Objective Data

Patient is older with cataracts and looks disheveled. Patient is kind and willing to follow directions.

Client Information

78 YO Male
Married
5'2" 200 lbs.
Acute respiratory failure.
Full code

Nursing Diagnosis/Outcomes

Nursing Interventions



