N321 Care Plan #1

Lakeview College of Nursing

Riley Doran

Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
1/30/2022	J.R.M	(86) 10/22/1935	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Widower	NKA
Code Status	**Height**	**Weight**	
DNR	172.72 cm	58.2 kg	

Medical History (5 Points)

Past Medical History: History of pulmonary embolism, chronic diastolic congestive heart failure, chronic respiratory failure, chronic anemia, abdominal aortic aneurysm, MRSA, new onset atrial fibrillation, osteomyelitis of toe

Past Surgical History: colonoscopy with biopsy (8/21), esophagogastroduodenoscopy (8/21), arthroscopy of shoulder (1969)

Family History: Father history of chronic heart failure. Mother history of diabetes.

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

Tobacco: yes, former, ½ a pack a day for 70 years

Alcohol: yes, former, 1-2 drinks a week

Substances: No

Assistive Devices: Currently on bedrest, up with 1 assistant and walker when not on bedrest

Living Situation: Currently living at Hilltop Nursing Home in Charleston, Illinois

Education Level: Completed high school, no learning barriers

Admission Assessment

Chief Complaint (2 points): Client presented to the ED with lethargy, shortness of breath and cough

History of Present Illness – OLD CARTS (10 points): Client presented to the ED 1/30/22 with a chief complaint of lethargy, shortness of breath and cough. Patient A&O x 3 with confusion. Hilltop nursing home reports a worsening of client's shortness of breath and cough over the past couple of days. Patient presents with evidence of fluid overload, as in crackles in lungs, 1+ pitting edema in lower extremities. Patient cannot lay flat without coughing. Sitting upward helps with breathing. Patient reports no pain, just difficulty in breathing and catching breath.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): N/A

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

Pneumonia is an inflammation of the lung parenchyma caused by various microorganisms such as bacteria, mycobacteria, fungi, and viruses (Hinkle, 2018). Pneumonia can be caused by infection, aspiration of gastric contents, inhalation of noxious fumes or bloodborne organisms that entered pulmonary circulation and are trapped in the pulmonary capillary bed (Sorenson, 2018). The inflammation of the lung tissue places a patient at risk for potential microbial invasion (Hinkle, 2018). Pneumonia arises when the upper airway cannot prevent the potential infectious particles from reaching the normal flora of the sterile lower respiratory tract (Hinkle, 2018). Pneumonia affects both ventilation and diffusion in the alveoli, which produces an exudate that interferes with the diffusion of oxygen and carbon dioxide (Hinkle, 2018). As this inflammatory reaction occurs, secretions and mucosal edema cause partial occlusion of the bronchi and alveoli and white blood cells (neutrophils) migrate to fight the infection (Hinkle, 2018).

Typical pneumonia symptoms include and abrupt onset of a high fever, chills and a cough that produces sputum (Sorenson, 2018). Dyspnea, fatigue, cough, muscle aches and fever are considered common symptoms while hemoptysis, pleural pain and friction rub are considered less common symptoms (Sorenson, 2018). In older adult clients, many of these symptoms can be muted, with a worsening of a chronic pulmonary disease being the only indication of pneumonia (Sorenson, 2018).

The expected related findings for pneumonia include difficulty breathing, use of accessory muscles, potentially pulmonary edema, and increased respiratory rate (Sorenson, 2018). Lung consolidation is indicated by breath sounds and increased resonance of voice sounds heard on auscultation, otherwise known as egophony (Sorenson, 2018). This patient presented to the ED with a cough and his physical assessment indicates use of accessory muscles while breathing, crackles during auscultation and quick and mildly labored breathing. Pulmonary edema was noted during assessment as well. The patient's lab results showed an increase in neutrophils, which indicates the body is fighting an infection (NHLBI, 2020).

Pneumonia is diagnosed through physical examination, patient history, chest x-ray, blood culture and sputum examination and bronchoscopy in patients with severe infection (Hinkle, 2018). A chest x-ray is needed to distinguish between pneumonia and acute bronchitis but cannot differentiate between viral or bacterial pneumonia (Sorenson, 2018). A sputum analysis can identify the dominant bacteria in the culture and help with treatment plans (Sorenson, 2018). A blood culture, specifically a complete blood count (CBC), can indicate is if the body is fighting and infection (NHLBI, 2020). The patient's lab values indicated the body is fighting an infection with the increased level of neutrophils. The patient's chest x-ray showed cardiomegaly, extensive pulmonary edema and bilateral pleural effusion, all indications of fluid in the lungs.

Treatment of pneumonia depends on the severity, the causative pathogen and the overall health status of the patient (Sorenson. 2018). Supportive measures, supplemental oxygen and pharmaceutical treatments, like antibiotics are the current treatment options available (Sorenson, 2018). This patient is on 2L of oxygen when at home but is currently on 15L of oxygen with a venti mask as part of his treatment plan. Other aspects of his treatment plan include a 1500 mL fluid intake restriction, current antibiotic use and semi-Fowler's positioning and a nutrient dense liquid diet aid in maintaining his nutrition and proper healing.

Impaired host defense can be caused by multiple comorbidities, supine positioning, malnutrition, prolonged hospitalization, and exposure to potential bacteria from other sources (Hinkle, 2018). According to *Brunner & Suddarth's Textbook of Medical-surgical Nursing*, risk factors for infection with enteric gram-negative bacteria includes residency in a long-term care facility, underlying cardiopulmonary disease, multiple medical comorbidities and recent antibiotic therapy (Hinkle, 2018). This information correlates to the patient as he currently resides at Hilltop Nursing home, which puts the patient at risk for exposure to potential bacteria sources, has a history of chronic respiratory failure, history of pulmonary embolism and chronic diastolic congestive heart failure and is currently on Vancomycin for his osteomyelitis.

Pathophysiology References (2) (APA):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-surgical Nursing*. Wolters Kluwer.

National Heart, Lung and Blood Institute. (2020). *Pneumonia.*

Sorenson, M., Quinn, L., & Klein, D. (2018). *Pathophysiology: Concepts of Human Disease* (1st ed.). Pearson.

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	F: 4.5-5 M: 4.5-6	3.06	3.36	Related to patient's chronic anemia and iron deficiency. Iron supplements in plan of care (Van & Mickey Lynn Bladh, 2017)
Hgb	F: 12-15 M: 14-16	9.5	8.9	Related to patient's chronic anemia. (Van & Mickey Lynn Bladh, 2017)
Hct	F: 42-52 M: 35-47	28.6	27.6	Related to patient's chronic anemia. (Van & Mickey Lynn Bladh, 2017)
Platelets	150,000-400,00	327	126	Thrombocytopenia related to anticoagulant therapy for atrial fibrillation (Van & Mickey Lynn Bladh, 2017)
WBC	4,500-11,000	10.1	6.6	N/A
Neutrophils	45-75%	80.7	80.5	Increased neutrophils due to active infection in the body. Patient diagnosed with pneumonia and osteomyelitis of right foot (Van & Mickey Lynn Bladh, 2017)
Lymphocytes	20-40%	10.4	8.9	Decreased lymphocytes due to active infection in body (Van & Mickey Lynn Bladh, 2017)
Monocytes	1-10%	6.7	7.7	N/A
Eosinophils	<7%	1.5	2.2	N/A
Bands	<1%	1.5	0.7	Increased bands indicated a bloodstream infection, requiring immature neutrophils to be released (Van & Mickey Lynn Bladh, 2017)

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	146	143	Hypernatremia due to insufficient fluid intake due to patient's lethargy (Van & Mickey Lynn Bladh, 2017)

K+	3.5-5.0	2.6	3.9	Hypokalemia due to insufficient fluid intake due to patient's lethargy (Van & Mickey Lynn Bladh, 2017)
Cl-	97-107	97	104	N/A
CO2	20-30	37	36	Elevated carbon dioxide due to impaired gas exchange caused by patient's pneumonia due to insufficient fluid intake due to patient's lethargy (Van & Mickey Lynn Bladh, 2017)
Glucose	70-110	72	127	Elevated glucose level due to patient's high carbohydrate consumption due to insufficient fluid intake due to patient's lethargy (Van & Mickey Lynn Bladh, 2017)
BUN	10-20	24	18	Elevated BUN signifies potential dehydration due to patient's lethargy due to insufficient fluid intake due to patient's lethargy (Van & Mickey Lynn Bladh, 2017)
Creatinine	0.7-1.4	1.26	2.01	Elevated creatinine signifies possible impaired kidney function.
Albumin	3.5-5	N/A	N/A	N/A
Calcium	8.6-10.2	8.7	8.0	Hypocalcemia due to potential impaired kidney function (Van & Mickey Lynn Bladh, 2017)
Mag	1.3-2.1	1.9	1.9	N/A
Phosphate	2.5-4.5	N/A	N/A	N/A
Bilirubin	0.3-1	N/A	N/A	N/A
Alk Phos	30-120	N/A	N/A	N/A
AST	0-35	N/A	N/A	N/A
ALT	4-36	N/A	N/A	N/A
Amylase	30-220	N/A	N/A	N/A

Lipase	0-160	N/A	N/A	N/A
Lactic Acid	0.5-1	N/A	N/A	N/A
Troponin	0-0.04	N/A	N/A	N/A
CK-MB	5-25	N/A	N/A	N/A
Total CK	22-198	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	0.8-1.1	N/A	N/A	N/A
PT	11-12.5	N/A	N/A	N/A
PTT	30-40	N/A	N/A	N/A
D-Dimer	<0.4	N/A	N/A	N/A
BNP	<100	N/A	N/A	N/A
HDL	>60	N/A	N/A	N/A
LDL	<130	N/A	N/A	N/A
Cholesterol	<200	N/A	N/A	N/A
Triglycerides	<150	N/A	N/A	N/A
Hgb A1c	4-5.9%	N/A	N/A	N/A
TSH	0.4-4.0	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	Yellow and Clear	N/A	N/A	N/A
pH	5.0-8.0	N/A	N/A	N/A
Specific Gravity	1.005-1.035	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	<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):

Van, A. M., & Mickey Lynn Bladh. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Electrocardiogram (EKG) and Chest x-ray

Diagnostic Test Correlation (5 points):

A chest x-ray was performed for the patient's initial complaint of shortness of breath. Chest radiography, commonly called chest x-ray, is one of the most frequently performed diagnostic imaging studies. This study yields information about the pulmonary, cardiac, and skeletal systems. The lungs are easily penetrated by x-rays and appear black on chest images. A routine chest x-ray includes a posteroanterior projection, in which x-rays pass from the posterior to the anterior, and a left lateral projection. (Van & Mickey Lynn Bladh, 2017) The patient's chest x-ray showed findings consistent with cardiomegaly, extensive pulmonary edema, bilateral pleural effusion, and extensive interstitial thickening.

An EKG was performed due to the patients underlying diastolic congestive heart failure. An EKG is used to evaluate the electrical impulses generated by the heart during the cardiac cycle to assist with diagnosis of cardiac dysrhythmias, blocks, damage, infection, or enlargement. (Van & Mickey Lynn Bladh, 2017) The EKG shows the patient is in atrial fibrillation with a rapid ventricular response.

Diagnostic Test Reference (1) (APA):

Van, A. M., & Mickey Lynn Bladh. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* 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	**Acetaminophen (Tylenol)**	**Bisacodyl (Dulcolax)**	**Benzonatate**	**Furosemide**	**Diphenhydramine**
Dose	600 mL	10 mg	100mg	40 mg	25 mg
Frequency	PRN	BID	TID	Daily	Q6H
Route	Oral	Oral	Oral	Oral	Oral
Classification	Nonopioid analgesic	Laxative	Non-narcotic antitussive	Diuretic	Antiemetic
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E_2.	Stimulates enteric neurons to cause peristalsis and increase fluid and salt secretion. Promotes evacuation of the colon.	Anesthetizes stretch receptors in respirator tract, lung tissue and pleura, interfering with their activity and reducing cough reflex at its source	Inhibits sodium and water reabsorption in the loop of Henle and increase urine formation. Increases the excretion of calcium, magnesium, bicarbonate, ammonium and phosphate	Blocks histamine, producing antihistamine effects, inhibiting GI, respirator and vascular smooth muscle contraction
Reason Client Taking	Pain management /fever	Constipation	To relieve cough	Treat edema	Allergic skin eruptions

Contraindications (2)	-severe hepatic impairment, -severe active liver disease	-acute inflammatory bowel diseases -intestinal obstruction	- hypersensitivity to benzonatate -breast feeding	-anuria - hypersensitivity	-asthma -stenosing peptic ulcer
Side Effects/Adverse Reactions (2)	Abdominal pain, anaphylaxis, and hypoglycemic coma.	-diarrhea -stomach pain/cramps	- bronchospasm -drowsiness	- hyperglycemia -muscle pain or spasms	-blurred vision -photosensitivity
Nursing Considerations (2)	Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment. Monitor renal function in patient on long term therapy.	-monitor patient for signs of hypokalemia or any other electrolyte imbalance - discontinue use if cramping, rectal bleeding, nausea or vomiting occur	- do not allow client to chew or crush medication -assess type and frequency of cough	-beware of patient allergy to sulfonamides -obtain patient's initial weight	-keep elixir container tightly closed -discontinue drug at least 72 hours before skin tests for allergies

Hospital Medications (5 required)

Brand/ Generic	**Amiodarone (Nexterone)**	**Ferrous Sulfate (Ferralet)**	**Magnesium Oxide (Mag-200)**	**Midodrine**	**Nystatin (Nystop)**
Dose	200mg	325 mg	400 mg	5 mg	100,000 units
Frequency	Oral	Oral	Oral	Oral	Topical Powder
Route	Daily	BID	BID	Daily	PRN
Classification	Antiarrhythmic	Supplemental Iron	Laxative	Antihypertensive	Antifungal
Mechanism of Action	Acts on cardiac cell membranes, prolonging repolarization and the refactory period and raising ventricular fibrillation threshold. Relaxes vascular smooth muscle and improves myocardial blood flow	Acts to normalize RBC production by binding with hemoglobin or by being oxidized and stored as hemosiderin or ferritin in cells of the bone marrow, liver and spleen	Assists all enzymes involved in phosphate transfer reactions that use adenosine triphosphate.	Activation of the alpha-adrenergic receptors of the arteriolar and venous vasculature, producing an increase in vascular tone	Binds to sterols in fungal cell membranes, impairing membrane integrity. Cells lose intracellular potassium and other cellular contents and eventually die
Reason Client Taking	Atrial fibrillation	Chronic anemia and iron deficiency	Constipation	Hypertension	Rash
Contraindications (2)	-bradycardia -cardiogenic shock	-hemolytic anemia -hemochromatosis	-acute abdominal pain -diverticulitis	-acute renal disease -urinary retention	-hypersensitivity -eczema
Side Effects/Adver	-abdominal pain	-hemolysis -diaphoresis	-muscle cramps	-difficulty urinating	-skin irritation

se Reactions (2)	-cardiac arrest		-hypermagnesemia	-rash	-redness
Nursing Considerations (2)	-use an in-line filter during IV administration -dilute parenteral amiodarone in dextrose or normal saline	-Give tablet with a full glass of water or juice -do not crush tablets or open capsules	-patient should chew tablets thoroughly before swallowing -avoid giving other oral drugs within 2 hours	- assess the patient's blood pressure -monitor patient intake and output	-keep area dry and avoid occlusive dressings -avoid patient's eye area

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2018). *2018 Nurse's drug handbook* (17th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient A&O x 3 Patient confused No acute distress Overall appearance slightly disheveled, hair messy, but hygiene good
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin is pink, dry and warm. Patient has a temperature of 36.6 degrees Celsius. Patients skin turgor is elastic. Patient has a rash forming between legs, an open wound on left foot (wound care team consulted) and self induced scratches on arms. Patient has a Braden score of 13. No drains present.
HEENT: **Head/Neck:** **Ears:**	Head is normophiliac. Trachea is midline. Ears have a pearly gray tympanic membrane. Eyes are equal, round, reactive and accommodate to light.

Eyes: **Nose:** **Teeth:**	Nose is midline, shows no signs of polyps. Oral mucosa is pink and moist. Patient has dentures x2. .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:**	Patient's heart sounds are normal. S1 and S2 noted, no gallops or murmur noted. Patient has atrial fibrillation with a heart rate of 101 bpm. Pedal pulses were 2+ bilaterally. Capillary refill less than 3 seconds. Patient shows signs of +2 edema in lower extremities.
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	Patient has and diminished breath sounds that were auscultated anteriorly and posteriorly. Middle lobe auscultated; diminished breath sounds present. Patient on 15L oxygen through venti mask. Pulmonary edema noted. Mildly labored respirations.
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 ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Patient's current diet is a thin liquid diet. Patient's diet at home is heart healthy. Patient refusing to finish meals due to becoming exhausted during the eating process. Patient is 172.72 cm and weighs 58.2 kg. Bowel sounds were active and present in all 4 quadrants. Patients last bowel movement was on 2/13/2021. There are no signs of distention, incisions, scars, drains, or wounds. Patient has no ostomy or feeding tubes.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒**	Patient's urine is clear and yellow with no odor. Patient has voided 475mL. There is no pain upon urination. The patient is not on dialysis. Patient's genitals show no signs of irritation. No catheter in place.

Inspection of genitals: **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Patient has no decrease in sensation. Does not report any numbness. Full ROM. Currently on bedrest with turns due to weakness. Fall risk. Fall risk score of 55. Prior to bedrest up with 1. Needs walker and support to stand.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Moves all extremities well. Pupils equal, round, react and accommodate light. Equal strength in all limbs. A&O x 3 with some slight confusion, Believes he ate breakfast twice today and belives he has been admitted for falling. Speech is quiet but clear. No sensory impairment. No cognitive impairment.
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):**	Patient's family active in care, talks with daughter multiple times a day. Expected development level achieved. Baptist. Has 3 children, wife passed away. Retired. Lives at Hilltop Nursing home.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	109	143/82	20	36.6	97
1100	101	126/62	20	36.6	96

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric 0-10	No pain	0/10	No pain	N/A
1100	Numeric 0-10	No pain	0/10	No pain	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20g
Location of IV:	Right hand
Date on IV:	1/13/22
Patency of IV:	Patient
Signs of erythema, drainage, etc.:	No signs of erythema or drainage
IV dressing assessment:	IV dressing patient, clean and dry

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
175 mL	475 mL

******* 1500 mL fluid restriction ***

Nursing Care

Summary of Care (2 points)

Overview of care: Patient admitted 1/30/22 for shortness of breath, cough and lethargy. Later diagnosed with pneumonia

Procedures/testing done: Patient had labs drawn, a chest x-ray and EKG.

Complaints/Issues: Patient's only complaint was his limit on diet coke

Vital signs (stable/unstable): Vital signs partially stable. O2 saturation would decrease when without supplemental oxygen

Tolerating diet, activity, etc.: Tolerating diet and limited activity

Physician notifications: Physician monitoring the patient

Future plans for client: Patient to be sent back to residency at Hilltop Nursing home once oxygen becomes stable and pneumonia resolves.

Discharge Planning (2 points)

Discharge location: Hilltop Nursing Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): Patient will need to return to home routine with oxygen

Follow up plan: Patient to follow up with primary care doctor one week after discharge. Schedule a follow up chest x-ray and continue taking antibiotics for osteomyelitis

Education needs: Education in signs and symptoms of worsening airway patency. Notify provider if signs of

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 • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective airway clearance	This nursing diagnosis was chosen	**1.** Use of a high humidity facemask with	**1.** The goals of these interventions are	The client responded well to the nursing

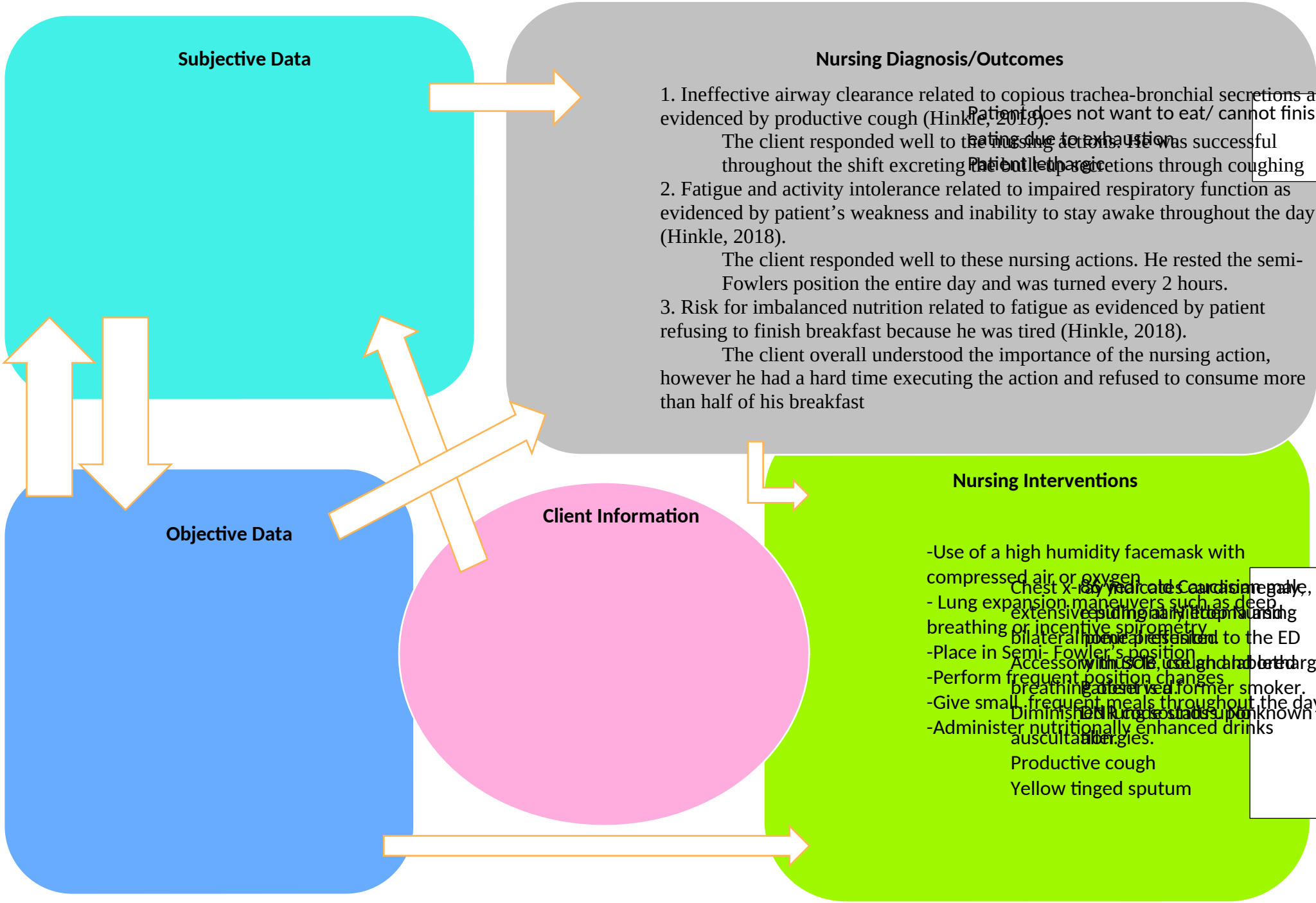
related to copious trachea-bronchial secretions as evidenced by productive cough (Hinkle, 2018).	because retained secretions can interfere with gas exchange and slow the patient's recovery time	compressed air or oxygen **2.** Lung expansion maneuvers such as deep breathing or incentive spirometry	to improve airway patency by liquefy and excreting the built-up secretions through coughing.	actions. He was successful throughout the shift excreting the built-up secretions through coughing
2. Fatigue and activity intolerance related to impaired respiratory function as evidenced by patient's weakness and inability to stay awake throughout the day (Hinkle, 2018).	This nursing diagnosis was chosen because rest and avoiding overexertion can help stop the exacerbation of pneumonia symptoms	**1.** Place in Semi- Fowler's position **2.** Perform frequent position changes	**1.** The goals of these interventions are to promote rest and conserve energy as well as enhance secretion clearance and pulmonary ventilation and perfusion.	The client responded well to these nursing actions. He rested the semi-Fowlers position the entire day and was turned every 2 hours.
3. Risk for imbalanced nutrition related to fatigue as evidenced by patient refusing to finish breakfast because he was tired (Hinkle, 2018).	This nursing diagnosis was chosen because fatigue can decrease appetite and intake of fluids, potentially causing electrolyte imbalances and slow the recovery	**1.** Give small, frequent meals throughout the day **2** Administer nutritionally enhanced drinks	**1.** The goals of these interventions are to maintain proper nutrition for the patient, while also accommodating to their limited energy	The client overall understood the importance of the nursing action, however he had a hard time executing the action and refused to consume more than half of his breakfast

	process are further complications			

Other References (APA):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-surgical Nursing*. Wolters Kluwer.

Concept Map (20 Points):


Subjective Data
Patient does not want to eat/ cannot finish
eating due to exhaustion
Patient lethargic
Nursing Diagnosis/Outcomes
1. Ineffective airway clearance related to copious trachea-bronchial secretions as evidenced by productive cough (Hinkle, 2018).
The client responded well to the nursing actions. He was successful throughout the shift excreting the build-up secretions through coughing
2. Fatigue and activity intolerance related to impaired respiratory function as evidenced by patient's weakness and inability to stay awake throughout the day (Hinkle, 2018).
The client responded well to these nursing actions. He rested the semi-Fowlers position the entire day and was turned every 2 hours.
3. Risk for imbalanced nutrition related to fatigue as evidenced by patient refusing to finish breakfast because he was tired (Hinkle, 2018).
The client overall understood the importance of the nursing action, however he had a hard time executing the action and refused to consume more than half of his breakfast
Objective Data
Client Information
Nursing Interventions
-Use of a high humidity facemask with compressed air or oxygen
- Lung expansion maneuvers such as deep breathing or incentive spirometry
-Place in Semi- Fowler's position
-Perform frequent position changes
-Give small, frequent meals throughout the day
-Administer nutritionally enhanced drinks
Productive cough
Yellow tinged sputum