N321 Care Plan 1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 2/11/22	Client Initials B.P	Age 64	Gender Male
Race/Ethnicity Caucasian	Occupation State Farm	Marital Status Married	Allergies Carvedilol-Hives
Code Status DNAR	Height 5'5"	Weight 82lbs	

Medical History (5 Points)

Past Medical History: Urothelial Carcinoma of bladder, Stage 3 coccyx ulcer, CVA,

Hypertension, PAD, emphysema, Sever protein malnutrition, COVID-19

Past Surgical History: Bladder removal, Stent placed in left coronary artery, Colonoscopy, Hip

surgery

Family History: Father: Heart disease and Sister: cancer and clotting disorder

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

Former tobacco smoker quit several years ago

Assistive Devices: Walker

Living Situation: Lives at home with wife

Education Level: Associates degree

Admission Assessment

Chief Complaint (2 points): Persistent dry cough

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

Onset: Began a week and half before admissions

Location: Chest

Duration: Persistent

Characteristics: Dry non-productive cough

Aggerating: Breathing

Relieving: Nothing helps

Treatments: No previous treatment sought

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumomediastinum

Secondary Diagnosis (if applicable): RSV

Pathophysiology of the Disease

Pneumomediastinum is known as mediastinal emphysema, is a condition in which air is present in the mediastinum (Hopkins, 2020). Pneumomediastinum is a rare and life-threatening disease. This systematic review was done to provide, as far as we know, the first attempt to broadly assess the clinical feature, predisposing factors, possible management, and outcome of spontaneous primary pneumomediastinum (Aleum et al., 2021). This is more common in males to female with a ratio of 8:1 (Aleum et al., 2021). Pneumomediastinum unrelated to mechanical ventilation is a newly described complication of COVID-19 pneumonia (Hazariwala et al., 2020).

When assessing someone with pneumomediastinum it is important to do a review of symptoms and old carts. Symptoms usually start off as severe chest pain below the sternum, or breastbone, that may radiate to the neck or arms; the pain often increases with deep breathing and coughing (Hopkins, 2020). Since this is a recent complication of COVID-19 as nurses we need to identify those symptoms as well. Diagnostic test that are done to diagnosis pneumomediastinum are chest x-ray and CT scan to confirm the diagnosis. There are no specific lab values that need monitoring with this diagnosis.

Currently there is no treatment for the diagnose. The air that was trapped is gradually reabsorbed back into the lungs (Hopkins, 2020). The best way to treat pneumomediastinum is to manage the clients' symptoms to be able to keep them comfortable.

Pathophysiology References (2) (APA):

Alemu, B. N., Yeheyis, E. T., & Tiruneh, A. G. (2021). Spontaneous primary

      pneumomediastinum: is it always benign?. *Journal of Medical Case Reports*, *15*(1), 1-8.

Hazariwala, V., Hadid, H., Kirsch, D., & Big, C. (2020). Spontaneous pneumomediastinum,

      pneumopericardium, pneumothorax and subcutaneous emphysema in patients with

      COVID-19 pneumonia, a case report. *Journal of cardiothoracic surgery*, *15*(1), 1-5.

John Hopkins. (2020). *Pneumomediastinum*. Www.hopkinsmedicine.org.

      https://www.hopkinsmedicine.org/health/conditions-and-diseases/pneumomediastinum

Laboratory Data (15 points)

CBC <mark>Highlight All Abnormal Labs</mark>—**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	4.20-5.80	4.79	3.88	This lab value can be abnormal related to malnutrition of the client.
Hgb	14-18	13.8	10.8	This lab value can be abnormal related to malnutrition of the client.
Hct	40-54	42.6	34	This lab value can be abnormal related to malnutrition of the client.
Platelets	145-375	238	173	This lab value is normal
WBC	4.8-10.8	9.3	10.3	This lab value is normal
Neutrophils	40-76	76	48	This lab value is normal
Lymphocytes	22-44	18	22	This lab value can be abnormal due to fluid in lungs.
Monocytes	2-10	5	7.1	This lab value is normal
Eosinophils	0-5	1	0.8	This lab value is normal
Bands	NA	NA	NA	NA

Chemistry <mark>Highlight All Abnormal Labs</mark>—**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-	136-145	137	136	This lab value is normal
K+	3.5-5.1	4.5	4.6	This lab value is normal
Cl-	98-107	102	98	This lab value is normal
CO2	22-30	24	28	This lab value is normal
Glucose	70-99	165	176	This lab value can be abnormal related to the g-tube feedings.
BUN	9-20	57	18	This lab value can be abnormal related to malnutrition of the client.
Creatinine	0.60-1.2	1.2	0.82	This lab value is normal

Albumin	3.5-5	4.2	3.5	This lab value is normal
Calcium	8.9-10.2	10.1	8.9	This lab value is normal
Mag	NA	NA	NA	NA
Phosphate	NA	NA	NA	NA
Bilirubin	NA	NA	NA	NA
Alk Phos	NA	NA	NA	NA
AST	14-59	46	62	This lab value can be abnormal related to malnutrition of the client.
ALT	0-49	40	48	This lab value is normal
Amylase	NA	NA	NA	NA
Lipase	NA	NA	NA	NA
Lactic Acid	NA	NA	NA	NA

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	NA	This lab value is normal
PT	22-35	33	NA	This lab value is normal
PTT	NA	NA	NA	NA
D-Dimer	NA	NA	NA	NA
BNP	NA	NA	NA	NA
HDL	NA	NA	NA	NA
LDL	NA	NA	NA	NA

Cholesterol	NA	NA	NA	NA
Triglycerides	NA	NA	NA	NA
Hgb A1c	NA	NA	NA	NA
TSH	NA	NA	NA	NA

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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	NA	NA	NA	NA
pH	NA	NA	NA	NA
Specific Gravity	NA	NA	NA	NA
Glucose	NA	NA	NA	NA
Protein	NA	NA	NA	NA
Ketones	NA	NA	NA	NA
WBC	NA	NA	NA	NA
RBC	NA	NA	NA	NA
Leukoesterase	NA	NA	NA	NA

Cultures <mark>Highlight All Abnormal Labs</mark>—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	NA	NA	NA	NA
Blood Culture	NA	NA	NA	NA
Sputum Culture	NA	NA	NA	NA
Stool Culture	NA	NA	NA	NA

Lab Correlations Reference (1) (APA):

Carle Database (2022)

Hinkle, J.L., & Cheever, K. H. (2022). Brunner & Suddath's textbook of medical-surgical

nursing (15th ed.). *Wolters Kluwer Health Lippincott Williams & Wilkins*.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest X-ray: results were infiltrates bilaterally in lower lungs

CT Scan abdomen/pelvis with contrast: results were metastatic masses throughout the abdomen

and pelvis cavity

Diagnostic Test Correlation (5 points):

Chest X-Ray:

CT Scan abdomen/pelvis with contrast:

Diagnostic Test Reference (1) (APA): Carle Database (2022)

Hinkle, J.L., & Cheever, K. H. (2022). Brunner & Suddath's textbook of medical-surgical

nursing (15th ed.). *Wolters Kluwer Health Lippincott Williams & Wilkins*.

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Albuterol AccuNeb	Apixaban Eliquis	Aspirin Bayer-Aspirin	Vitamin B-12 Cyanocobalamin	Docusate Sodium Colax
Dose	90mcg	5mg	81mg	1,000mcg	100mg
Frequency	PRN q 4hrs.	BID	Daily	Daily	BID
Route	Inhalant	PO	PO	PO	PO
Classification	Bronchodilator	Anticoagulant	Salicylate	Vitamin	Laxative
Mechanism of Action	The effects of the medication smooth the bronchial muscle cells and inhibit histamine release	The effects of this medication thin the blood of the patient	Blocks the activity of cyclooxygenase	Absorbs B12 and binding proteins to allow Transcobalamin 1 and 11 to enter the cells	Softens the stool by decreasing surface tension between oil and water within the feces
Reason Client Taking	Emphysema	History of a CVA	History of a CVA	Sever protein Malnutrition	Constipation
Contraindications (2)	Hypersensitivity to albuterol NA	Active bleeding Severe hypersensitivity to apixaban	Active bleeding Children under the age of 12	Low levels of protein Inflammation of the stomach	Use of mineral oil Fecal impaction
Side Effects/Adverse Reactions (2)	Anxiety Arrhythmias	Hemorrhagic stroke Hypotension	CNS depression GI bleeding	Abdominal Pain Bleeding of the gums	Dizziness Diarrhea
Nursing Considerations (2)	Monitor potassium levels Tolerance can develop over a long period of use	Discontinue 48hrs before an invasive procedure Monitor for bleeding	Do not crush Ask about tinnitus	Monitor B-12 levels Make sure they are not doubling does	Assess for laxative abuse Electrolyte imbalance may occur

Hospital Medications (5 required)

Brand/Generic	Fluoxetine	Fluticasone	Insulin Lispro	Food	Mirtazapine

	Prozac	Breo	Novolog	Supplement Jevity 1.5	Remeron
Dose	20mg	200-25mcg	181-230 =1units 231-280 =2units 281-330 =3units 331-380 =4units >380=5units	65mL/hr	15mg
Frequency	Daily	Daily	Q 6hrs	1800-1000	q Hs
Route	PO	Inhalant	Sub-Q	G-tube	PO
Classification	Antidepressant	Antiasthma	Insulin	Supplement	Antidepressant
Mechanism of Action	Selectively inhibits retake serotonin	Inhibits cells involved inflammatory process	Fast acting controls blood sugar immediately	Supplement of nutrition	Inhibit neuronal reuptake
Reason Client Taking	Depression	Emphysema	Diabetic	Severe protein malnutrition	Depression
Contraindications (2)	Pimozide use Hypersensitivity to Fluoxetine	Hypersensitivity to Fluticasone Or Hypersensitivity to milk	Hepatic Impairment Hypokalemia	Don't mix with other medication NA	Hypersensitivity to mirtazapine The us of MAO in 14 days
Side Effects/Adverse Reactions (2)	Serotonin syndrome Suicidal Ideation	Adrenal insufficiency Bronchitis	Hypoglycemia Lipoatrophy at injection site	Burning sensation in stomach Diarrhea	Suicidal Ideation Bradycardia
Nursing Considerations (2)	Cautiously with history of seizures Prolonged QT segments	Monitor infection Administer fast acting medication first	Monitor blood glucose Rotate injection sites	Monitor G-tube site for infection Monitor electrolytes	Monitor sodium Administer at HS

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *Nurse's Drug Handbook 2021*. (20th ed.). Jones &

    Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Alert Orientated x4 Appears calm Dressed appropriately for location
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Pale Dry Warm ==Poor== NA NA ==Coccyx wound: Dry clean dressing intact== ==12==
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Midline with body No present abnormalities PERLA Pink moist membranes, no deviation ==Missing teeth, poor dentation== .
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:**	. Normal rhythm no present murmur Normal sinus rhythm 1+ Less than 3 seconds
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	==Dry cough present== ==Crackles present bilaterally in lower lungs.==

GASTROINTESTINAL:	.
Diet at home:	Regular
Current Diet	Regular with g-tube feedings
Height:	5'5"
Weight:	82lbs
Auscultation Bowel sounds:	Active in all 4 quadrants
Last BM:	3/322
Palpation: Pain, Mass etc.:	Soft and <mark>tender upon palpation</mark>
Inspection:	No abnormalities present upon inspection
Distention:	
Incisions:	
Scars:	
Drains:	
Wounds:	
Ostomy: Y ☐ N ☒	
Nasogastric: Y ☐ N ☒	
Size:	
Feeding tubes/PEG tube Y ☒ N ☐	
Type:	Gastrointestinal tube 20 Fr. Located in left upper quadrant
GENITOURINARY:	
Color:	Straw yellow
Character:	No abnormal odder present
Quantity of urine:	200 mL
Pain with urination: Y ☐ N ☒	
Dialysis: Y ☐ N ☒	
Inspection of genitals:	
Catheter: Y ☒ N ☐	
Type:	Urostomy Located in right lower quadrant
Size:	NA
MUSCULOSKELETAL:	.
Neurovascular status:	Intact
ROM:	Active range of motion
Supportive devices:	
Strength:	<mark>3/5</mark>
ADL Assistance: Y☒ N ☐	
Fall Risk: Y ☒ N☐	
Fall Score:	18
Activity/Mobility Status:	Resident needs assistance do to generalized weakness
Independent (up ad lib) ☐	
Needs assistance with equipment ☒	
Needs support to stand and walk ☒	
NEUROLOGICAL:	.
MAEW: Y ☒ N☐	

PERLA: Y ⊠ N☐ Strength Equal: Y ⊠ N ☐ if no - Legs ☐ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 Orientated x4 Appropriate for age Spontaneous Intact Alert and orientated
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):**	. **Client displays active listening** **Appropriate for age** **NA** **Client has wife for moral support**

Vital Signs, 2 sets (5 points) – <mark>**HIGHLIGHT ALL ABNORMAL VITAL SIGNS**</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	111	105/64	18	97.9	96% On room air
.1400	97	100/65	18	98.1	97% On room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1100	1-10	NA	0	NA	NA
1400	1-10	NA	0	NA	NA

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:NA **Location of IV:NA** **Date on IV:NA**	

Patency of IV:NA Signs of erythema, drainage, etc.:NA IV dressing assessment:NA	NA

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
200mL	300mL

Nursing Care

Summary of Care (2 points)

Overview of care: Mange symptoms of pneumomediastinum

Procedures/testing done: CT scan of the abdomen and pelvis, Chest X-Ray

Complaints/Issues: Dry persistent cough

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: poor appetite, g-tube feeding from 1800-1000 at 65mL/hr

Physician notifications: Notify physician if patient condition decreases

Future plans for client: Palliative Care

Discharge Planning (2 points)

Discharge location: Pending nursing home

Home health needs (if applicable):NA

Equipment needs (if applicable):NA

Follow up plan: Hospice consult

Education needs: How to mange pain, symptoms of disease, education on disease

process

Nursing Diagnosis (15 points)

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.	*Must be
Crackles in the lung related to infiltrates within the lung as evidenced by chest x-ray.	This nursing diagnosis was chosen to do the presents of crackles within the lungs upon assessment	**1.**The client will where oxygen if O2 STAT falls below 90% **2.**The client will sit in high flowers when difficulty breathing occurs	The Client will maintain an Oxygen saturation level greater than 95%.	The Client was able to maintain an oxygen saturation greater than 95%. The client understood the importance of the interventions if difficulty breathing did arise.	
Dyspnea related to inadequate lung expansion as evidenced by damage to the alveoli.	This nursing diagnosis was chosen to the current diagnosis of emphysema.	**1.** Albuterol inhaler PRN q 4hrs. **2.**Increase fluid intake to 2/3L per day.	The client will not show shortness of breath upon resting.	The Client did not display shortness of breath upon rest. Client understood the importance of following interventions	
Imbalanced nutrition related to poor appetite as evidenced by severe malnutrition.	This nursing diagnosis was chosen due to the poor BMI the patient has.	**1.**Allow the client to choose meals appealing to him **2.**G-tube feeding as ordered by the physician.	The client will eat at least 50% of each meal served to him.	The client does not eat 50% of meals. Has a poor appetite. Client understood the reason behind the G-tube feedings.	

NANDA approved nursing diagnosis and listed in order of priority*
Other Refrences (APA):

Phelps, L.L. (2020). Sparks and Taylor's Nursing Diagnosis Reference Manual (4th ed.).

Wolters Kluwer.

Concept Map (20 Points): Next page

Subjective Data

-The client denies any pain or discomfort at this time
-Client denies any Shortness of breath at this time
-Client appears to be calm and in no signs of distress

Nursing Diagnosis/Outcomes

- Crackles in the lung related to infiltrates within the lung as evidenced by chest x-ray.
-The client was able to Maintain an oxygen saturation greater than 95%.
- Dyspnea related to inadequate lung expansion as evidenced by damage to the alveoli.
-The client did not show any shortness of breath with rest.
-Client showed shortness of breath with ADLs.
- Imbalanced nutrition related to poor appetite as evidenced by severe malnutrition.
-Client still has a poor appetite and doesn't consume meals to a measurable present.
-Client is compliant with G-tube feedings

Objective Data

-Vitals: B/P 105/64, P 111, R 18, T 97.9(F) O2 97% on room air, Height 5'5" weight 82lbs
-Medication: Albuterol, Apixaban, Aspirin, B-12, Docusate Sodium, Fluoxetine, Fluticasone, Novolog, Jevity 1.5, Mirtazapine
-Fall risk score:18
-Braden score:12
-Wound: Wound present on coccyx dressing is dry clean and intact

Client Information

P. a 64-year-old female diagnosed with Pneumomediastinum
-PMH: Urothelial Carcinoma of bladder, CVA, Hypertension, PAD, Emphysema, Sever protein malnutrition
-PSH: Bladder removal, Stent placed in left coronary artery, Colonoscopy, Hip surgery
-Chief complaint: Persistent dry cough

Nursing Interventions

- The client will where oxygen if O2 STAT falls below 90%
- The client will sit in high flowers when difficulty breathing occurs
- Albuterol inhaler PRN q 4hrs
- Increase fluid intake to 2/3L per day.
- Allow the client to choose meals appealing to him
- G-tube feeding as ordered by the physician.
-Follow up on hospice consult