

N311 Care Plan # 5

Lakeview College of Nursing

Molly Niemerg

Demographics (5 points)

Date of Admission 01/17/22	Client Initials BA Room 312	Age 89	Gender Female
Race/Ethnicity White	Occupation Secretary	Marital Status Widowed	Allergies No allergies
Code Status Full Code	Height 64.5 inches	Weight 97.2 lbs	

Medical History (5 Points)**Past Medical History:**

Ongoing
 Asymptomatic varicose veins
 Fall risk
 Hiatal hernia
 History of cardiomyopathy
 Hyperlipidemia
 Hypertensive cardiovascular disease
 Long-term use of high-risk medication
 On continuous oral anticoagulation
 Paroxysmal atrial fibrillation

Historical
 New onset atrial flutter

Past Surgical History:

Axillary Lymph Node Dissection (11/18/2021)
 Cardioversion (2013)
 Appendectomy
 Basal cell carcinoma
 Bladder
 Cataract extraction
 Colon operation
 Ganglion cyst of left wrist
 Hysterectomy
 Pessary

Family History:

Mother: Heart disease

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

Alcohol: Never used (05/25/17)

Tobacco: Never smoked (05/25/17)

No substance abuses

Admission Assessment

Chief Complaint (2 points): The patient complained of weakness and tiredness. The patient was short of breath after talking but complained of no pain.

History of Present Illness – OLD CARTS (10 points): The resident is feeling weak, and tiredness that started “weeks ago.” The fatigue is felt all over the body and never leaves. The resident explained the feeling of “having no energy to do anything.” Laying down in semi-fowlers helps her fatigue and breathing. Walking and standing aggravates the fatigue. The resident is currently being treated for pneumonia and tramalleolar fractures.

Primary Diagnosis**Primary Diagnosis on Admission (3 points):**

Displaced trimalleolar fracture or right lower leg

Secondary Diagnosis (if applicable):

Unspecified atrial fibrillation

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

Trimalleolar fractures can occur in females or males. Most patients have suffered a fall causing this type of injury. There are multiple diagnostic tests the provider can do to confirm the fracture. Symptoms, signs, and treatment are specific and limited to fractures.

A trimalleolar fracture can occur at multiple ages. “Trimalleolar fractures happen when you break the lower leg secretions that form your ankle joint and help you move your foot and ankle” (Cleveland Clinic, n.d.). When there is a trimalleolar fracture present there are 3 bony secretions involved. “Your tibia (shinbone) is the largest bone in your lower leg. There's a bony knob that sticks out at the inside of your ankle” (Cleveland Clinic, n.d.). “There is also a bony secretion at the back of your tibia, this is known as your posterior malleolus” (Cleveland Clinic, n.d.). Your fibula is also a part of the three bony secretions. “The fibula is the smallest bone in your lower leg. There's a bony knob that sticks out on the outside on your ankle (lateral malleolus)” (Cleveland Clinic, n.d.). The bony secretions “which are sometimes called the malleo complex, create a three-sided frame supporting the ligaments that keep your ankle stable and let you move your ankle and foot” (Cleveland Clinic, n.d.) The trimalleolar fracture is multiple fractures into one word that can cause severe pain.

Fractures have common symptoms between them. Some of the symptoms for trimalleolar fracture include “sudden severe pain, difficulty or inability to put weight on your ankle or walk using your ankle, bruising on or around your ankle, and swelling that can be severe” (Cleveland Clinic, n.d.). Pain is the most common symptom of a trimalleolar fracture.

Much like symptoms, diagnostics often include the same methods as well. “Health care providers use the following tests to diagnose trimalleolar fractures such as, X-rays, Computed tomography scan otherwise known as CT scan” (Cleveland Clinic, n.d.). Providers will also use “Magnetic resonance imaging or arthroscopy” (Cleveland Clinic, n.d.). Arthroscopy “is a

procedure for diagnosing and treating joint problems otherwise known as a surgeon inserting a narrow tube attached to a fiber-optic video camera through a small incision- about the size of a butthole” (Mayo Clinic, 2020). X-ray is the most common type of diagnostic test.

The only treatment that is available is ankle surgery and physical therapy after surgery. “Most trimalleolar fractures are treated with Open Reduction Internal Fixation (ORIF) surgery” The goal of the surgery is “to line up your broken bones so they heal appropriately” (Cleveland Clinic, n.d.). There are steps that the patient has to follow before having surgery for anesthesia. For the first step “avoid eating and drinking for eight hours before you go to the hospital unless directed otherwise” (Cleveland Clinic, n.d.). The second patient education is “if you smoke, quit smoking at least two weeks before your surgery to improve your heart and lung health. Even quitting for one day before your surgery helps your heart and lungs” (Cleveland Clinic, n.d.). The third patient education is “stop taking herbal supplements for one to two weeks before the procedure as directed by your provider” (Cleveland Clinic, n.d.). The fourth patient education is “stop taking Viagra or other medication for erectile dysfunction for at least 24 hours before the procedure” (Cleveland Clinic, n.d.). The last patient education needed is “if you take certain (but not all) blood pressure medications, talk to your healthcare provider about taking your medication with a sip of water” (Cleveland Clinic, n.d.). All fractures include surgery and physical therapy.

In conclusion, the trimalleolar fracture is a painful injury that is common in falls. Geriatric patients are more prone to falling, causing a fracture. This fracture is very painful because the fracture of three bones, which can be fixed by surgery. \

Pathophysiology References (2) (APA):

Mayo Foundation for Medical Education and Research. (2020, July 31). *Arthroscopy*. Mayo Clinic. Retrieved March 29, 2022, from <https://www.mayoclinic.org/tests-procedures/arthroscopy/about/pac-20392974>

Trimalleolar fracture: What is it, symptoms, causes & treatment. Cleveland Clinic. (n.d.). Retrieved March 29, 2022, from <https://my.clevelandclinic.org/health/diseases/21803-trimalleolar-fracture>

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	"3.92-5.13 trillion cells/L" (Mayo Clinic, 2020)	N/A	4.65 trillion cells/L	N/A
Hgb	"11.6-15 g/dL" (Mayo Clinic, 2020)	N/A	13.8 g/dL	N/A
Hct	"35.5-44.9%" (Mayo Clinic, 2020)	N/A	41.1%	N/A
Platelets	"157-371 billion/L" (Mayo Clinic, 2020)	N/A	205 billion/L	N/A
WBC	"3.4-9.6 " (Mayo Clinic, 2020)	N/A	7.7 billion cells/L	N/A
Neutrophils	"45% to 75%" (International Association of Providers of AIDS Care, 2021)	N/A	65.9%	N/A
Lymphocytes	"16% to 46%" (International Association of Providers of AIDS Care, 2021)	N/A	23.2%	N/A
Monocytes	"4% to 11%" (International Association of Providers of AIDS Care,	N/A	9.3%	N/A

	2021)			
Eosinophils	"0% to 8%" (International Association of Providers of AIDS Care, 2021)	N/A	0.77%	N/A
Bands	"0% to 3%" (International Association of Providers of AIDS Care, 2021)	N/A	0.97%	N/A

Mayo Foundation for Medical Education and Research. (2020, December 22). *Complete blood count (CBC)*. Mayo Clinic. Retrieved March 24, 2022, from <https://www.mayoclinic.org/tests-procedures/complete-blood-count/about/pac-20384919>

Normal laboratory values. International Association of Providers of AIDS Care. (2021, May 18). Retrieved March 24, 2022, from <https://www.iapac.org/fact-sheet/normal-laboratory-values/>

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 mmol/liter" (International Association of Providers of AIDS Care, 2021)	N/A	138 mmol/L	N/A
K+	"135-145 mmol/liter" (International Association of Providers of AIDS Care, 2021)	N/A	4.2 mmol/L	N/A
Cl-	"95-108 mmol/L" (International Association of Providers of AIDS Care, 2021)	N/A	107 mmol/L	N/A

	Association of Providers of AIDS Care, 2021)			
CO2	"20-32 mmol/L" (International Association of Providers of AIDS Care, 2021)	N/A	25 mmol/L	N/A
Glucose	"70-110 mg/dL" (International Association of Providers of AIDS Care, 2021)	N/A	106 mg/dL	N/A
BUN	"8-25 mg/dL" (International Association of Providers of AIDS Care, 2021)	N/A	20 mg/dL	N/A
Creatinine	"0.6-1.8 g/day" (International Association of Providers of AIDS Care, 2021)	N/A	0.79 g/day	N/A
Albumin	N/A	N/A	N/A	N/A
Calcium	"8.5-10.5 mg/dL" (International Association of Providers of AIDS Care, 2021)	N/A	8.8 mg/dL	N/A
Mag	N/A	N/A	N/A	N/A

Phosphate	N/A	N/A	N/A	N/A
Bilirubin	N/A	N/A	N/A	N/A
Alk Phos	N/A	N/A	N/A	N/A

Normal laboratory values. International Association of Providers of AIDS Care. (2021, May 18). Retrieved March 24, 2022, from <https://www.iapac.org/fact-sheet/normal-laboratory-values/>

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	N/A	N/A	N/A	N/A
pH	N/A	N/A	N/A	N/A
Specific Gravity	N/A	N/A	N/A	N/A
Glucose	N/A	N/A	N/A	N/A
Protein	N/A	N/A	N/A	N/A
Ketones	N/A	N/A	N/A	N/A
WBC	N/A	N/A	N/A	N/A
RBC	N/A	N/A	N/A	N/A
Leukoesterase	N/A	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	Value on	Today's	Explanation of Findings
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	Range	Admission	Value	
Urine Culture	N/A	N/A	N/A	N/A
Blood Culture	N/A	N/A	N/A	N/A
Sputum Culture	N/A	N/A	N/A	N/A
Stool Culture	N/A	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

The resident had a CT of the brain/head without contrast because of a recent fall. The provider found a diffuse parenchymal volume loss with patchy low-density cerebral hypodensities, likely chronic microvascular changes. “A parenchymal volume loss is otherwise known as brain atrophy which is an important feature of many neurodegenerative disorders” (National Center for Biotechnology Information, 2017). Ecstatic distal basilar artery appears unchanged. There are no extra-axial fluid collection, hemorrhaging, masses, or evidence of acute unchanged. Calvarium is intact and mild paranasal sinus mucosal thickening.

The resident also has a X-ray ankle complete 3 or greater views of right side due to a recent fall. Diffuse ankle soft tissue swelling with small effusion. Diffuse osteopenia. Trimalleolar ankle fracture with mildly displace oblique distal fibular and vertical posterior malleolus fractures as well as probable nondisplaced transverse fractures at medial malleolus. Mild medial mortise widening of 6 millimeters. Questionable linear calcification dorsal to the distal talus.

The resident had an X-ray of the knee one or two views for the right. The X-ray showed no acute fracture or malalignment. Moderate medial compartment joint space loss, osteopenia.

The providers are under the impression the trimalleolar ankle fracture is present.

The last X-ray the resident has done was an elbow complete three or greater views of the right side. Posttraumatic fracture deformity involves the posterior medial olecranon with displacement on lateral view. No discrete elbow effusion. Posterior and medial soft tissue swelling. Degenerative changes with marginal spurring.

Diagnostic Imaging Reference (1) (APA):

Vågberg, M., Granåsen, G., & Svenningsson, A. (2017, January 17). *Brain parenchymal fraction in healthy adults-A systematic review of the literature*. PloS one. Retrieved March 30, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5240949/>

Current Medications (10 points, 2 points per completed med)
5 different medications must be completed

Medications (5 required)

Brand/ Generic	"Lanoxin/ digoxin" (Nursing Drug Handbook, 2021, p. 381)	"Proamatine / midodrine HCl" (Mayo Clinic, 2022)	"Remeron/ mirtazapine" (Nurses Drug Handbook, 2021, p. 893)	"Alnox/ oxygen" (Drug Bank, YEAR)	"Levaquin/ levofloxacin" (Nurses Drug Handbook, 2021, p. 768)
Dose	125 mcg	5mg	15mg	2.5 L/min	500mg
Frequency	1 tablet 1 time a day every Tuesday, Thursday, Saturday	3 times a day	1 time a day	While oxygen levels are not met.	1 time a day for 7 days
Route	Oral	Oral	Oral	Nasal Cannula; inhalation	Oral
Classificatio n	"Pharmacol ogic class: Cardiac glycoside Therapeutic class: Antiarrhyth mic, cardiotonic" (Nurses Drug Handbook, 2021, p. 381)	"Pharmacol ogic class: Vasopressor / Antihypoten sive" (Drugs, n.d.)	"Pharmacolo gic class: Tetracyclic antidepressa nt Therapeutic class: antidepressa nt" (Nurses Drug Handbook, 2021, p. 893)	N/A	"Pharmacologic class: Fluoroquinolone Therapeutic class: Antibiotic" (Nurses Drug Handbook, 2021, p. 768)
Mechanism of Action	"Increases the force and velocity of myocardial	"Midodrine hydrochlori de forms an active metabolite, desglyMido	"May inhibit neuronal reuptake of norepinephri ne and	"Oxygen therapy increases the arterial pressure of oxygen and	"Interferes with bacterial cell replication by inhibiting the bacterial enzyme

	contraction, resulting in positive inotropic effects. Digoxin produces antiarrhythmic effects by decreasing the conduction rate and increasing the effective refractory period of the AV node.” (Nurses Drug Handbook, 2021, p. 383)	drine, that is an alpha1-agonist, and exerts its actions via activation of the alpha-adrenergic receptors of the arteriolar and venous vasculature, producing an increase in vascular tone and elevation of blood pressure. DesglyMido drine does not stimulate cardiac beta-adrenergic receptors. Diffuses poorly across the blood brain barrier and is therefore not associated with effects on the central nervous system.” (Drugs, n.d.)	serotonin. By doing so, this tetracyclic antidepressant increases the action of these neurotransmitters in nerve cells. Increased neuronal serotonin and norepinephrine levels may elevate mood.” (Nurses Drug Handbook, 2021, p. 894)	is effective in improving gas exchange and oxygen delivery to tissues, provided that there are functional alveolar units. Oxygen plays a critical role as an electron acceptor during oxidative phosphorylation in the electron transport chain through activation of cytochrome c oxidase (terminal enzyme of the electron transport chain). This process achieves successful aerobic respiration in organisms to generate ATP molecules as	DNA gyrase, which is essential for repair and replication of bacterial DNA.” (Nurses Drug Handbook, 2021, p. 769)
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				an energy source in many tissues. Oxygen supplementation acts to restore normal cellular activity at the mitochondrial level and reduce metabolic acidosis. There is also evidence that oxygen may interact with O₂-sensitive voltage-gated potassium channels in glomus cells and cause hyperpolarization of mitochondrial membranes.” (Drug Bank, YEAR)	
Reason Client Taking	A fibrillation with RVR	Hypotension	Depression/weight loss	Pneumonia	Pneumonia
Contraindications (2)	“Ventricular fibrillation ventricular	“Severe organic heart	“Hypersensitivity to mirtazapine	“Claustrophobia”	“Hypersensitivity to levofloxacin, other

	tachycardia unless heart failure occurs unrelated to digoxin therapy.” (Nurses Drug Handbook, 2021, p. 383) “Hypersensitivity to digoxin or its components” (Nurses Drug Handbook, 2021, p. 383)	disease” (Drugs, n.d.) “Urinary retention” (Drugs, n.d.)	or its components” (Nurses Drug Handbook, 2021, p. 894) “Use within 14 days of an MAO inhibitor, including I.V. methylene blue and linezolid” (Nurses Drug Handbook, 2021, p. 894)	(Medscape, 2021) “Chronic obstructive pulmonary disease (COPD)” (Medscape, 2021)	fluoroquinolones, or their components.” (Nurses Drug Handbook, 2021, p. 769) “Myasthenia gravis” (Nurses Drug Handbook, 2021, p. 769)
Side Effects/Adverse Reactions (2)	“Depression” (Nurses Drug Handbook, 2021, p. 383) “Extreme weakness” (Nurses Drug Handbook, 2021, p. 383)	“Stomach problems such as gas” (Mayo Clinic, 2022) “Pain or sensitivity of the skin to touch” (Mayo Clinic, 2022)	“Hypotension” (Nurses Drug Handbook, 2021, p. 894) “Weight change” (Nurses Drug Handbook, 2021, p. 894)	“Fatigue” (National Center of Biotechnology Information, 2022) “Uncontrollable coughing” (National Center for Biotechnology Information, 2022)	“Arrhythmias” (Nurses Drug Handbook, 2021, p. 770) “Depression” (Nurses Drug Handbook, 2021, p. 769)

Medications Reference (1) (APA):

Cooper, J. S. (2022, February 7). *Oxygen toxicity*. Retrieved March 24, 2022, from <https://www.ncbi.nlm.nih.gov/books/NBK430743/>

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (20th ed.), (p. 381-383, 768-769, 893-894) Jones & Bartlett Learning.

Mayo Foundation for Medical Education and Research. (2022, February 1). *Midodrine (oral route) description and brand names*. Mayo Clinic. Retrieved March 24, 2022, from <https://www.mayoclinic.org/drugs-supplements/midodrine-oral-route/description/drg-20064821>

Midodrine - FDA prescribing information, side effects and uses. Drugs.com. (n.d.). Retrieved March 24, 2022, from <https://www.drugs.com/pro/midodrine.html>

Oxygen. Uses, Interactions, Mechanism of Action | DrugBank Online. (n.d.). Retrieved March 24, 2022, from <https://go.drugbank.com/drugs/DB09140>

What are contraindications for the use of hyperbaric oxygen therapy (HBOT)? Latest Medical News, Clinical Trials, Guidelines - Today on Medscape. (2021, October 16). Retrieved March 30, 2022, from <https://www.medscape.com>

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	The patient is alert and oriented x4 and well groomed. The patient appears to be in acute distress using abdominal muscles.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y ☐ N ☒ Type:	The patient's skin is an olive color. The skin appears to be warm, dry, flaky, and wrinkled. The patient's turgor has slight tenting. There appears to be no rashes, bruises, wounds, or lesions. The resident scored a 13, which indicates a medium risk for sores. There are no drains present.
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck are symmetrical, the trachea is midline, thyroid is nonpalpable. Pulses 2+ bilaterally. Bilateral auricles have no visible or palpable deformities, lumps, or lesions. Bilateral sclera white, Bilateral conjunctiva pink, corneas have rheum present. Pupils were not equal, but round and reactive to light. The patient has glasses and is supposed to wear them all the time. Septum is midline with no present bleeding. Bilateral frontal sinuses are nontender upon palpation. Uvula is midline; soft palate rises and falls symmetrically. Hard palate intact. Detention is good, oral mucosa is overly moist and pink without lesions noted.
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:	S1, S2, and S3 are present with crackles and wheezing. There is not a normal rate or rhythm. Peripheral pulses are 1+. Capillary refill is less than 3 seconds. There is no neck vein distention or edema.

RESPIRATORY: Accessory muscle use: Y ☒ N ☐ Breath Sounds: Location, character	The patient uses accessory muscles to breathe. Crackles and wheezing with a productive cough present. Oxygen concentrator is 2.5+. The resident is also a mouth breather.
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:	Diet at home and current diet is normal. The patient has been losing weight and now weighs 97.2 pounds. The resident's height is 64.5 inches. Last bowel movement earlier in the morning of March 24th, 2022. Hyperactive bowel sounds in all four quadrants, RLQ, RUQ, LUQ, LLQ. There are no signs of distention, incision, scars, drains, or wounds. The patient does not have an ostomy, nasogastric, or a feeding tube.
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☒ Dialysis: Y ☐ N ☒ Inspection of genitals: Catheter: Y ☐ N ☒ Type: Size:	The patient's urine was a dark yellow color with a moderate amount of urine. The patient has no pain while urinating. The patient is not on dialysis and no catheter noted. Genitals were intact with no redness.
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y ☒ N ☐ Fall Risk: Y ☒ N ☐ Fall Score: Activity/Mobility Status: Independent (up ad lib) ☐ No Needs assistance with equipment ☐ Yes	Passive range of motion is needed. The patient used a wheelchair and needs ADL assistance. The patient is at risk for a fall risk and is not independent. The patient needs assistance with equipment and needs support to stand and walk short distances. The patient fall score is 35, which indicates a moderate risk.

Needs support to stand and walk ☐ Yes	
NEUROLOGICAL: MAEW: Y ☐ N ☒ PERLA: Y ☐ N ☒ Strength Equal: Y ☐ N ☒ if no - Legs ☒ Arms ☐ Both ☐ Orientation: Mental Status: Speech: Sensory: LOC:	The patient can move arms well, but legs are stiffer. Pupils are not equal but are round and reactive to light. Strength is equal in the arms, but the right side is slightly weaker for legs. The patient is alert and oriented x4. The patient has bilateral sensory and no signs of loss of consciousness.
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):	The patient is sad when discussing where she lives now. The patient wants to go home and wishes she could leave as soon as possible. The residents' kids visit almost every day. When the resident gets discharged kids will do 24 hours around the clock care at the patient's home.

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0830	80	102/58 mmHg	28	97.1 F	92%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0830	Numeric Scale	N/A	0	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120 ml of water	Voided dark urine x1

60 mL of coffee 45 mL of oatmeal 60 mL of ice cream	
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Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

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. Impaired gas exchange related to pneumonia as evidenced by tachycardia and abnormal breathing pattern.	The patient was using abdominal muscles to breathe, while respirations were tachypnea with 28.	1. Monitor oxygen saturation every 30 minutes. 2. Make sure the call light is within reach and teach patient how to use it. 3. “Place the patient in the position that	1. The resident’s oxygen will be above 92% without oxygen administered before discharge.	The resident’s oxygen improved to normal range without be administered before discharge.

		best facilitates chest expansion to enhance gas exchange.” (Nursing Diagnosis, 2020, p. 253) 4. “Change patient position at least every 2 hours to mobilize secretions and allow aeration of all lung fields.” (Nursing Diagnosis, 2020, p. 253) 5. “Report signs of dehydration or fluid overload immediately.” (Nursing Diagnosis, 2020, p. 254)		
2. Fall risk related to decrease in lower extremity strength as evidenced by history	The resident has a previous history of falls with lower extremity weakness.	1. Assess the patient's room for a clutter-free environment. 2. Make sure the call light	1. The resident will understand the risk of falling without assistance before April 1st, 2022.	The resident understood the risk for falling and received assistance.

of falls and recent fractures.		is within reach and teach patient how to use it. 3. "Teach patient with unstable gait the proper use of assistive devices." (Nursing Diagnosis, 2020, p. 210) 4. "Identify factors that may cause or contribute to injury from a fall." (Nursing Diagnosis, 2020, p. 209)		
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Other References (APA):

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.), p. 209-210, 253-254. Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

- *Pulse: "I am having a hard time breathing today."
- *B/P: 100/60 "I cannot catch my breath."
- *Respirations: "It is making me short of breath."
- *Temperature: 97.1 F
- *Oxygen: 90 on 2 L/min
- *The resident's legs are getting weaker."
- *The resident is having trouble getting to my wheelchair."
- *The resident's arms are weak."
- *Left sided leg is still

Objective Data

Nursing Diagnosis/Outcomes

- Impaired gas exchange related to pneumonia as evidenced by tachycardia and abnormal blood gases.
- 89-year-old female with pneumonia, history of falls, dyspnea, cardiovascular disease, paroxysmal atrial fibrillations, and hyperlipidemia. The resident will understand the risk of falling without assistance before April 1st, 2022.
- Client Information
- 1st compliant.

- *Monitor oxygen saturation every 30 minutes.
- *Make sure the call light is within reach and teach patient how to use it.
- *"Pneumonia is evidenced by tachycardia and abnormal enhance gas exchange." (Nursing Diagnosis, 2020, p. 253)
- *"Change patient position at least every 2 hours to mobilize secretions and allow aeration of all lung fields." (Nursing Diagnosis, 2020, p. 253)
- *"Report signs of dehydration or fluid overload immediately." (Nursing Diagnosis, 2020, p. 254)

Nursing Interventions

- *Assess the patient's room for a clutter-free environment.
- *Make sure the call light is within reach and teach patient how to use it.
- *"Teach patient with unstable gait the proper use of assistive devices." (Nursing Diagnosis, 2020, p. 216)
- *"Identify factors that may cause or contribute to injury from a fall." (Nursing Diagnosis, 2020, p. 209)

