

**Medications**

- Aspirin
  - Pharmacologic: salicylate
  - Therapeutic: NSAID
  - Taking to reduce the risk of MI due to CAD.
  - Ask about tinnitus
- Novolog
  - Pharmacologic: insulin
  - Taking to control diabetes
- D5W
  - Pharmacologic: Alkalinizing agent
  - Taking to treat dehydration

**Demographic Data**

**Date of Admission:** 4-5-2022  
**Admission Diagnosis/Chief Complaint:** pneumonia/ altered mental status  
**Age:** 81 years old  
**Gender:** female  
**Race/Ethnicity:** white  
**Allergies:** penicillin's (vomiting), sulfa antibiotics (unknown reaction)  
**Code Status:** DNR  
**Height in cm:** 165.1 cm  
**Weight in kg:** 52.45 kg  
**Psychosocial Developmental Stage:** average psychosocial development  
**Cognitive Developmental Stage:** average cognitive developmental  
**Braden Score:** 17  
**Morse Fall Score:** 6  
**Infection Control Precautions:** none

**Pathophysiology**

**Disease process:**  
 Pneumonia is when the alveoli of the lungs become inflamed or fill with fluid typically due to a bacteria or a virus.  
**S/S of disease:**  
 Patient may experience cough, chills, fever, and difficulty breathing.  
**Method of Diagnosis:**  
 Patient can be diagnosed with pneumonia through a chest x-ray and through blood work such as white blood cells. As for my patient she was diagnosed through a chest x-ray.  
**Treatment of disease:**  
 Antibiotics, my patient received one round of antibiotics while in the ER.

**Admission History:** Patient brought in VIA EMS after being found in her bed at the nursing home nonverbal and having involuntary movements. Once EMS arrived patient demonstrated left arm and leg weakness. Patient was found at 0030 on 4-5-2022 patient last well-known time was at 2145 on 4-4-2021. Patient does not remember what happened or why she was brought to the hospital. Patient had a stroke work up in the ER which came back negative. Patient also had a cardiology work up due to a-fib. Upon inspection of chest x-ray patient found to have pneumonia and was admitted for further work up.

**Lab Values**

- **Glucose 115**
  - (74-106)
  - Increased due to diagnosis of diabetes
- **Hemoglobin 11.3**
  - (12-16)
  - Decreased due to anemia
- **Hematocrit 33.4**
  - (33-47)
  - Decreased due to diagnosis of anemia

**Medical History**

**Previous Medical History:** hypertension, dementia, CVA, CAD, diabetes, anxiety, bradycardia, hyperlipidemia, a- fib, arthritis, anemia  
**Prior Hospitalizations:** 4-5-2021 for a fall, pt unknown of other previous hospitalizations  
**Previous Surgical History:** NA  
**Social History:**  
 Alcohol: none  
 Drugs: none  
 Smoking: none

**Active Orders**

- Cardiac diet
  - Patient on cardiac diet due to cardiac history.
- NIH stroke scale Neuro checks Q6
  - Patient has neuro checks every 6 hours due to altered mental status and left sided weakness upon arrival.
- Perform POC blood glucose Q4
  - Patient has bed side blood glucose testing due to diabetes.
- I & O
  - Patient has monitored I&O's to monitor cardiac function and IV fluids.
- Telemetry monitoring
  - Patient on telemetry monitor due to history of a fib.
- Maintain IV therapy
  - Patient must maintain IV therapy due to continuous IV fluids and antibiotics.

**Diagnostics**

- CT of head and brain without contrast
  - Patient had CT of head due to AMS and positive stroke scale in the field. CT preformed to see if patient had any bleeding on the brain
- X-ray of chest
  - Patient had X-ray of chest for cardiac workup due to a-fib and cardiac history.

**Physical Exam/Assessment**

**General:** Patient is alert and oriented times 3. Patient appears to be in no apparent distress currently. Patient is well groomed and is laying supine in bed with the head of the bed elevated. Patient is pleasant and answers all questions.

**Integument:** Patient's skin is pink, warm, dry, and appropriate for ethnicity. Patient noted to have rapid recoil when completing the turgor test. When completing a skin assessment patient noted to have no rashes, wounds but dose have **bruising on bilateral upper arms and in right hand**. Patient has a Braden score of 17

**HEENT:** Patient head is normal shape and size, head and neck are symmetrical, trachea is midline with no deviation. Thyroid in not palpable. Carotid pulse are +1 bilaterally. Ears are symmetrical, auricle is moist and pink, no cerebrium build up noted along with no drainage. Eyes are PERRLA pupils are a size 4 and patient dose wear glasses. Sclera is white, conjunctiva is clear no drainage from eyes noted. Patient sinuses are nontender upon palpitation, patient noted to have no drainage from both nostrils. Patient mouth is moist and pink, patient has all teeth that are well maintained. Uvula is midline, soft palate rises and falls symmetrically. No lesions noted.

**Cardiovascular:** Patient heart sounds clear upon auscultation, S1 and S2 heard. Patient noted to have regular rate and rhythm. Peripheral pulses are present +1 in all fields. Capillary refill is less than three seconds in fingers and toes. Patient noted to have no neck vein distention. Patient has no edema.

**Respiratory:** patient has no accessory muscle use. lung sounds clear upon auscultation in all fields with no wheezing or adventurous breath sounds noted.

**Genitourinary:** Patient voided 1 time while on shift patient is incontinent. Patient urine is pale yellow and clear. Patient denies pain with urination, patient is not a dialysis patient. Patient does not have a catheter and no need for inspections of genitals.

**Musculoskeletal:** patient has full range of motion in her upper and lower extremities. Patient uses a walker at nursing home. Patient has equal strength in upper and lower extremities. Patient needs support to stand and walk.

**Neurological:** patient moves all extremities well and eyes are PERRLA. Patient has equal strength in upper and lower extremities. Patient is alert and oriented to person, place, and event. Patient's speech is clear and audible. No sensory deficits, patient is alert with no LOC currently.

**Most recent VS (include date/time and highlight if abnormal):**

4-7-2022 @ 1055 temp: 97.5°F, pulse:79, respirations:18, **blood pressure: 139/60**, O2: 98% on room air

**Pain and pain scale used:**

4-7-2022 @1055, 0 out of 10 on a 0-10 numeric scale

<p align="center"><b>Nursing Diagnosis 1</b></p> <p>Impaired gas exchange related to pneumonia as evidence by chest x-ray.</p>	<p align="center"><b>Nursing Diagnosis 2</b></p> <p>Chronic confusion related to altered mental status as evidence by dementia.</p>	<p align="center"><b>Nursing Diagnosis 3</b></p> <p>Risk for fall related to decreased lower extremity strength as evidence by use of assistive device.</p>
<p align="center"><b>Rationale</b></p> <p>Patient is at an increased risk for impaired gas exchange due to pneumonia.</p>	<p align="center"><b>Rationale</b></p> <p>Patient is at increased risk for chronic confusion due to dementia.</p>	<p align="center"><b>Rationale</b></p> <p>Patient is at an increased risk for fall due to. Use of a walker.</p>
<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Assess and record pulmonary status every 4 hours or more frequently if status changes.</p> <p><b>Intervention 2:</b> Have patient turn, cough and deep breath every 4 hours.</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Take steps to provide a stable physical environment and consistent daily routine.</p> <p><b>Intervention 2:</b> Encourage patient to complete self-care daily.</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Improve environmental factors to remain free from falls.</p> <p><b>Intervention 2:</b> Teach patient proper ways to use walker.</p>
<p align="center"><b>Evaluation of Interventions</b></p> <p>Patient's respiratory rate will remain within limits and patient will not experience dyspnea.</p>	<p align="center"><b>Evaluation of Interventions</b></p> <p>Patient will function at maximal cognitive level.</p>	<p align="center"><b>Evaluation of Interventions</b></p> <p>Patient will remain free from falls and use assistive device to get around.</p>

**References (3) (APA):**

Capriati, T. (2020). *Davis advantage for Pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's diagnostic and laboratory desk reference* (14th ed.). Elsevier.

Phelps, L. L. (2020). *Sparks & Taylor's Nursing diagnosis reference manual* (11th ed.). Wolters Kluwer

RxList. (2021, July 28). *KCL in D5W (potassium chloride in 5% dextrose injection): Uses, dosage, side effects, interactions, warning*. RxList. Retrieved April 11, 2022, from <https://www.rxlist.com/kcl-in-d5w-drug.htm>

