

Medications

Ampicillin: Pharmacologic class: Aminopenicillin, Therapeutic class: Antibiotic, Reason: To treat septicemia, or a bacterial meningitis. (No diagnosis yet), Nursing assessment: Monitor patient for anaphylaxis.

Carvedilol: Pharmacologic class: Nonselective beta blocker, Therapeutic class: Antihypertensive, Reason: To control hypertension, Nursing assessment: Assess client's hypertension before giving medication

Pantoprazole: Pharmacologic class: Proton pump inhibitor, Therapeutic class: Antiulcer, Reason: to treat GERD, Nursing assessment: Monitor PT or INR

Vancomycin: Pharmacologic class: Glycopeptide, Therapeutic class: Antibiotic, Reason: To treat serious or severe infection. (No diagnosis yet) Nursing assessment: Monitor serum vancomycin concentration.

Aspirin: Pharmacologic class: Salicylate, Therapeutic class: NSAID, Reason: To relieve mild pain from inflammation from osteoarthritis, Nursing assessment: Can put patients at higher risk for toxicity

Demographic Data

Date of Admission: 6/5/22

Admission Diagnosis/Chief Complaint: Altered mental status

Age: 74

Gender: Female

Race/Ethnicity: White/Caucasian

Allergies: None

Code Status: Full

Height in cm: 162.6cm

Weight in kg: 116.8kg

Psychosocial Developmental Stage:

Cognitive Developmental Stage:

Braden Score: 13

Morse Fall Score: 15

Infection Control Precautions: Contact isolation

Pathophysiology (Pleural effusion)

Disease process: A pleural effusion is sometimes referred to as "Water on the lungs". It is a build-up of fluid that is between the layers of the pleura outside of the lungs. The pleura are linings of lungs and the inside of the chest cavity. They act as a lubricate which help to facilitate breathing.

S/S of disease:

- Chest pain
- Nonproductive cough
- Dyspnea
- Orthopnea

Method of Diagnosis: A chest x-ray was used to diagnosis the pleural effusion.

Treatment of disease: The patient's treatment for the pleural effusion has not yet been decided however, treatment options are diuretics, chest tubs, or surgery.

Lab Values/Diagnostics

WBC- 12.24 (4.00-12.00) High WBC could be related to the osteomyelitis in the patient finger., **Hgb-** 8.5 (12.0-15.8) low Hbg could be related to the osteomyelitis in the patient finger., **HCT-** 28.7 (36.0-47.0%) low Hct could be related to the osteomyelitis in the patient finger.

Neutrophils- 11.15 (47.0-73.0%) Low Neutrophils could be related to the osteomyelitis in the patient finger.

Lymphocytes- 0.54 (18.0-42.0%) Low lymphocytes could be related to the osteomyelitis in the patient finger.

Glucose- 357 (70-99) Elevated glucose is likely related to the patient being a type 2 diabetic. **BUN-** 31 (7-25) An elevated BUN could be related to the patient being dehydrated.

Chest x-ray, the patient's chest x-ray showed a pleural effusion.

Lumbar puncture, the patient will be getting a lumbar puncture to check for a serious infections such as meningitis.

Admission History

The patient was transported to Carle Hospital from Kirby medical center. The patient was brought into the hospital due to altered medical status. Kirby medical center transferred the patient to allow for a neuro consult. The symptoms were not treated before admission.

Medical History

Previous Medical History: Arthritis, CAD, diabetes type 2, heart disease, HTN, hyperlipidemia, hypothyroidism

Prior Hospitalizations: Unknown

Previous Surgical History: Cardiac surgery, parathyroidectomy, right heart catheterization

Social History: N/A

Active Orders

- Contact isolation
 - o Due to metapneumovirus
- Diet NPO
 - o Patient is having a lumbar puncture in OR
- Wound care
 - o Pressure wound on the sacrum
- Q6 blood glucose
 - o Patient is diabetic
- Q4 vitals
 - o To monitor the patient
- Continuous pulse ox
 - o Patients O2 is low
- Speech eval and treat
 - o Patient is having difficulty speaking and swallowing
- Consult neurology
 - o Due to altered mental status
- Consult hand ortho
 - o Due to osteomyelitis in the patient's right index finger
- Consult thoracic surgery
 - o Due to pleural effusion found on chest X-ray

Physical Exam/Assessment

General: Appears alert and oriented to persona and place, well groomed, appear to be in pain

Integument: Skin is pink. Skin warm and dry upon palpation. Bruising and redness noted on the right index finger. Redness noted on the sacrum, Stage 1 pressure injury. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor normal mobility. Capillary refill less than 3 seconds fingers and toes bilaterally.

HEENT: Head and neck are symmetrical; trachea is midline without deviation. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally and EOMs intact bilaterally. Septum is midline, turbinates are moist and pink bilaterally and no visible bleeding or polyps. Bilateral frontal sinuses are nontender to palpation. Uvula is midline; soft palate rises and falls symmetrically. Hard palate intact. Dentition is good, oral mucosa overall is moist and pink without lesions noted.

Cardiovascular: Clear S1 and S2 without murmurs gallops or rubs. Normal rate and rhythm.

Respiratory: Normal rate and pattern of respirations, respirations symmetrical and labored, Coarse crackles noted throughout.

Genitourinary: Abdomen is soft, nontender, no organomegaly or masses notes upon palpation of all four quadrants. Bowel sounds are normoactive in all four quadrants. No CVA tenderness noted bilaterally. External catheter in place. Last bowel movement 6/12/2022 @ 0415.

Musculoskeletal: All extremities have full range of motion (ROM). Hand grips and pedal pushers and pulls demonstrate normal and equal strength.

Neurological: Patient oriented to person and place and PERRLA is intact.

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

Temp: 36.8C

RR: 20

BP: 171/77

Pulse: 86

SpO2: 94%

Pain and pain scale used: Pain is an 8/10 in the patient's finger and sacrum. Pain is constant and sharp. Numerical rating scale used.

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Ineffective breathing pattern related to pleural effusion as evidence by coarse crackles auscultated in patients' lungs.	Impaired gas exchange related to pleural effusion as evidence by an spO2 of 94% and encephalopathy.	Risk for infection related to pleural effusion as evidence by coarse crackles auscultated in the patient's lungs.
<p align="center">Rationale</p> <p>The reason that this diagnosis was chosen was because the patients breathing is at risk due to the coarse crackles in their lungs.</p>	<p align="center">Rationale</p> <p>The reason that this diagnosis was chosen was because the patient encephalopathy and low O2 saturation could be related to an impaired gas exchange.</p>	<p align="center">Rationale</p> <p>The reason that this diagnosis was chosen was because the patient is at risk for infections, such as pneumonia, due to her pleural effusion.</p>
<p align="center">Interventions</p> <p>Intervention 1: Assess respiratory rate every four hours to detect early signs of respiratory compromise.</p> <p>Intervention 2: Auscultate breath sounds every 4 hours to detect decreased or adventitious breath sounds.</p>	<p align="center">Interventions</p> <p>Intervention 1: Assess the patient's pulmonary status every 4 hours.</p> <p>Intervention 2: Place the patient in position that best facilitates chest expansion to enhance gas exchange.</p>	<p align="center">Interventions</p> <p>Intervention 1: Monitor the patients WBC count daily to identify and infection.</p> <p>Intervention 2: Monitor the patient's temperature every four hours to watch for a fever.</p>
<p align="center">Evaluation of Interventions</p> <p>The patient's respiratory rate was with in normal limits during the clinical. The patient's breath sounds remain the same throughout the clinical.</p>	<p align="center">Evaluation of Interventions</p> <p>The patient's pulmonary status did not change significantly during the clinical. Repositioning the patient helped to O2 saturation however, the patient continued to slide down in bed.</p>	<p align="center">Evaluation of Interventions</p> <p>The patient's WBC count was elevated which indicated an infection. This infection may be in the lungs however, it may also be in the client's finger. The patient's temperature was not elevated throughout the clinical.</p>

References (3) (APA):

Capriotti, T. & Frizzell, J.P. (2020). Pathophysiology: Introductory concepts and clinical perspectives. (2nd ed.). F.A. Davis Company.

Jones & Bartlett Learning. (2020). 2021 Nurse's Drug Handbook (19th ed.). Jones & Bartlett Learning.

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2018). Mosby's Diagnostic and Laboratory Test Reference (14th ed.). Mosby.