

Tasnim Mustafiz N421 Concept Map

<p style="text-align: center;">Medications</p> <p>Acetaminophen (Tylenol) - Is used to treat mild to moderate pain</p> <p>Atorvastatin (Lipitor) - It can treat high cholesterol and triglyceride levels.</p> <p>Azithromycin (Zithromax) - It can treat various types of infection.</p> <p>Budesonide - Formoterol Fumarate (Symbicort) - Is used to control and prevent symptoms (wheezing and shortness of breath)</p> <p>Ceftriaxone (Rocephin) - to prevent infections</p> <p>Enoxaparin (Lovenox) injection - to treat blood clots.</p> <p>Gabapentin (Neuraptine) - It treats nerve pain</p>	<p style="text-align: center;">Demographic Data</p> <p>Date of Admission: 08/30/2022 Admission Diagnosis/Chief Complaint: COPD Age: 73 Gender: Female Race/Ethnicity: African American Allergies: Penicillin Code Status: Full Height in cm: 157.5 Weight in kg: 149 Psychosocial Developmental Stage: Integrity vs. Stagnation Cognitive Developmental Stage: Alert, oriented x4 Braden Score: 21 Morse Fall Score: 2 Infection Control Precautions: N/A</p>	<p style="text-align: center;">Pathophysiology</p> <p>Disease process: The medulla's respiratory center loses sensitivity to high CO2 levels in chronic respiratory acidosis, which can happen with COPD. Chemoreceptors in the medulla normally cause increased breathing to remove CO2 from the body when blood CO2 levels rise. High CO2 levels do not, however, activate the medulla and respirations as expected in long-term COPD. This adaptation enables patients with long-term COPD to maintain hypercapnia and dangerously balanced blood pH levels.</p> <p>S/S of disease: Airflow from the lungs becomes restricted due to the chronic inflammatory lung illness known as COPD. The signs and symptoms include wheezing, coughing up mucus, and difficulty breathing. It is frequently brought on by prolonged exposure to irritant gases or particulates, most frequently from cigarette smoke. Heart disease, lung cancer, and several other diseases are more likely to occur in people with COPD.</p> <p>Method of Diagnosis: Doctor will examine signs and symptoms, go over past medical and family history, and inquire about any exposure may have had to lung irritants, particularly cigarette smoke. To diagnose doctor may request laboratory tests, X-rays of the chest, CT scans, arterial blood gas analyses, and lung (pulmonary) function testing.</p> <p>Treatment of disease: Quitting smoking, lifestyle changes, antibiotics and antivirals, medication for COPD, bronchodilator, lung therapies, theophylline, phosphodiesterase-4 inhibitors, vaccines, in-home noninvasive ventilation therapy, managing exacerbations, surgery, corticosteroids, oxygen therapy.</p>
<p style="text-align: center;">Lab Values/Diagnostics</p> <p>Glucose - 308; Normal: 70 - 100 mg/dL</p> <p>WBC - 15,000; Normal: 4,000 - 11,000 cells/mm³</p> <p>HGB - 11.5; Normal: 12 - 15 g/dL</p> <p>HCT - 35.6; Normal: 35 - 47%</p> <p>Anion Gap - 6.0; Normal: 8 - 16 mEq/L</p> <p>Neutrophils - 85.7; Normal: 45 - 75%</p> <p>Lymphocytes - 7.6; Normal: 20 - 40%</p> <p>RDW - 15.9; Normal: 12 - 15%</p> <p>MPV - 9.1; Normal: 7 - 9fL</p> <p>Chloride - 108; Normal: 98 - 107 mmol/L</p> <p>INR - 1.3; Normal: 3 - 4 sec (due to high dose)</p> <p>PTT - 28; Normal: 30 - 40 sec</p>	<p style="text-align: center;">Admission History</p> <p>Client arrives to the ED at midnight with the symptoms of coughing, sputum, discomfort of the upper right quad, chest pain, hypoxemic with sat 84% 4 Nasal cannula, cancer remission, but still smoking. PT did not take any medication before coming.</p>	<p style="text-align: center;">Active Orders</p> <p>Nicotine (Nicotrol CQ) - It can help quit smoking.</p> <p>Ondansetron (Zofran) - It can prevent nausea and vomiting.</p> <p>Oxybutynin (Ditropan) - It can treat overactive bladder.</p> <p>Pantoprazole (Protonix) - It can treat gastroesophageal reflux disease</p> <p>Humalog (Insulin lispro) - To treat diabetes.</p> <p>Glipizide (Glucotrol) - To treat type 2 diabetes</p> <p>Lantus (Insulin Glargine) - It treat diabetes.</p> <p>Lisinopril (Prinivil) - It can treat high blood pressure.</p> <p>Aspirin (Ecotrin) - Used as blood thinner</p>
	<p style="text-align: center;">Medical History</p> <p>Previous Medical History: COPD, Diabetes, High Cholesterol, Hypertension, Hypoxia, Lung Cancer Stage 3, Lung Mass</p> <p>Prior Hospitalizations: COPD, Lung Mass, Coccyx Pain, Abdominal Pain - Epigastric, Hemoptysis, Hypoxia, Respiratory Failure with Hypoxia, Neuropathic Pain of Both Feet.</p> <p>Previous Surgical History: Appendectomy, Colonoscopy, Hysterectomy at 41.</p> <p>Social History: Retired farmer worker, bartender, 20 pack a year smoker, recovery alcoholic, widow, no children.</p>	<p style="text-align: right;">1</p>

Physical Exam/Assessment

General: The patient was alert and oriented to person, place, time, and situation. The patient was well groomed. The patient was appropriate for circumstance.

Integument: Skin was warm dry and intact upon palpation. No bruising rashes or wounds noted.

HEENT: Head normocephalic. Tympanic membranes pearly grey with clear canal. No discharge noted and pupils reactive. No drainage and turbinates are moist and pink. All teeth are present, and gums are pink and moist

Cardiovascular: Normal heart sound. No murmur, no friction rub, no gallop. No vein distention. No edema noted. Pulses are 1+.

Respiratory: Anterior and posterior have crackles and wheezes bilaterally.

Genitourinary: No pain with urination. Urine is yellow and clear.

Gastrointestinal: No mass/nontender. Last BM 2 days ago (Student nurse let the charge nurse know).

Musculoskeletal: All extremities have full range of motion. Hand grips and pedal pushes and pulls are bilaterally equal. No pain. Normal ROM.

Neurological: MAEW and PERLA present client is A&O times 4. Speech intact. LOC alert. Sensory intact.

Most recent VS (include date/time and highlight if abnormal): B/P - 168/79, Temp - 98.7, O2 - 96 with a nasal cannula, Pulse - 98, Resp- 18.

Pain and pain scale used: Patient states no pain at this time.

<p align="center">Nursing Diagnosis 1</p> <p>Infective airway clearance evidence by smoking.</p>	<p>Nursing Diagnosis Risk for impaired skin</p> <p>Risk for impaired skin integrity related to decreased mobility as evidence by patient staying in bed during the clinical day.</p>	<p>nNursing D Impaired physical mobility related</p> <p>Impaired physical mobility related to sedentary lifestyle.</p>
<p align="center">Rationale</p> <p>When helping patient cough and deep breathe, use whatever position best ensures cooperation and minimizes energy expenditure, such as raising the head of the bed or sitting on side of bed. Such positions promote chest expansion and ventilation of basilar lung fields.</p>	<p align="center">Rationale</p> <p>This rational was chosen due to the patient inability to move well due to acute pain.</p>	<p align="center">Rationale</p> <p>Perform ROM exercises to joints, unless contraindicated, at least once every shift. Progress from passive to active, as tolerated. This prevents high blood sugar.</p>
<p align="center">Interventions</p> <p>Intervention 1: Administer oxygen, as ordered, to promote oxygenation of cells throughout the body.</p> <p>Intervention 2: Teach patient an easily performed cough technique to clear airway without fatigue.</p>	<p align="center">Interventions</p> <p>Intervention 1: Help and educate the client to reposition frequently, even when sitting in chair.</p> <p>Intervention 2: Assess the client Braden score daily.</p>	<p align="center">Interventions</p> <p>Intervention 1: Instruct patient and family members in ROM exercises, transfers, skin inspection, and mobility regimen to help prepare patient for discharge.</p> <p>Intervention 2: Encourage attendance at physical therapy sessions and support activities on the unit by using the same equipment and technique. Request written mobility plans and use as reference.</p>
<p align="center">Evaluation of Interventions</p> <p>Patient's airway remains clear and allows for adequate ventilation.</p>	<p align="center">Evaluation of Interventions</p> <p>The patient responded well to the interventions and was able to move from side to side while lying in the bed. The client allowed for the nurse to ask questions and inspect his skin.</p>	<p align="center">Evaluation of Interventions</p> <p>Patient shows no evidence of contractures, venous stasis, thrombus formation, skin breakdown, hypostatic pneumonia, or other complications.</p>

References (3) (APA):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer

Jones & Bartlett Learning. (2020). *2020 Nurse's Drug Handbook*. Burlington, MA

Mayo Foundation for Medical Education and Research. (2020, April 15). COPD. Mayo Clinic. Retrieved September 5, 2022, from

Medication Key Assessment

Aspirin - Administer with food to reduce adverse gastrointestinal effects.

Lisinopril - Assess blood pressure periodically and compare to normal values.

Lantus - Monitor the patient's blood sugar levels, food intake and physical activity.

Glipizide - Administer immediate acting tablet 30 minutes before the first meal of the day.

Humalog - Monitor the patient's blood sugar levels, food intake and physical activity.

Pantoprazole - Assess the patient for signs and symptoms of stomach pain, heartburn or reflux, stomach upset, nausea or vomiting, and GI bleeding.

Oxybutynin - Apply transdermal system to dry, intact, fold-free skin of abdomen, buttock, or hip immediately after removing from pouch. Do not store patch outside of sealed pouch.

Nicotine - For chewing gum or lozenges, patient must wait at least 15 minutes after drinking coffee, juice, soft drink, tea, or wine before using these forms of drug.

Ondansetron - For ODT tablet administration: With dry, gloved hands, open blister containing ODT tablet by peeling backing off. Don't push tablet through foil blister. Place on top of patient's tongue. It will dissolve in seconds. Then have patient swallow with saliva. A drink afterward is not needed.

Acetaminophen - do not crush or split extended-release forms and make sure patient does not chew his forms.

Atorvastatin - give drug at the same time of the day to maintain effects.

Azithromycin - Administer on an empty stomach at least 1 hour before or 2 hours following a meal. Zithromax can be administered with or without food.

Budesonide - administer in the morning and it should be swallowed whole with water not broken.

Ceftriaxone - Open diluent container by peeling overwrap at corner and remove solution container. Some opacity of the plastic may be present, but this is normal. The opacity will diminish gradually.

Enoxaparin - Always flush I.V. access with 0.9% Sodium Chloride Injection or 5% Dextrose Injection before and after administration.

Gabapentin - Tablets should be swallowed whole and not chewed, crushed, or split.