N431 Care Plan # 1

Lakeview College of Nursing

Samantha Christison

Demographics (3 points)

Date of Admission 09-01-2022	**Client Initials** A.M.	**Age** 67 years old	**Gender** female
Race/Ethnicity white	**Occupation** none	**Marital Status** married	**Allergies** No known allergies
Code Status DNR	**Height** 5ft 2 inches	**Weight** 230lbs	

Medical History (5 Points)

Past Medical History: Stage 3 esophageal cancer, hyperlipidemia, anxiety, peripheral vascular disease, anemia, HTN and GERD

Past Surgical History: Aorta Femoral Bypass (5 years ago), Tracheostomy placed (April, 2022), Tracheostomy removed (August 17, 2022), Tracheostomy replaced (August 18, 2022)

Family History:

Mother: no medical problems

Father: cancer, unknown what type

Maternal grandparents: unknown

Paternal grandparents: unknown

Daughter is healthy

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

Tobacco: smoked a pack a day for 20 years quit in 2008

Alcohol: none

Drugs: none

Assistive Devices: patient wears hearing aids and glasses

Living Situation: patient lives at home with her husband

Education Level: high school diploma and some college classes

Admission Assessment

Chief Complaint (2 points):shortness of breath with lots of thick yellow mucous

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

Patient states she is always short of breath but began to get worse about 10 days ago. Patient states she has thick yellow mucous secretions that she is coughing up from her trach in her lungs. Patient states the shortness of breath and the coughing up secretions is constant. patient describes the secretions as thick yellow mucous that sometimes in blood tinged. Patient states nothing makes it worse and the only thing that makes it better is when she suctions her trach. Patient states she did her nebulizers at home and did self-suctioning with no relief, so she went to the hospital.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Tracheobronchitis

Secondary Diagnosis (if applicable): Acute Respiratory Failure

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

Tracheobronchitis is the inflammation of the trachea and bronchitis in the lower respiratory tract. It is caused by a bacterial or viral infection entering the respiratory tract and irritating that flora and walls of the trachea and bronchi. Signs and symptoms include fever, cough, and increased sputum production. Tracheobronchitis is only diagnosed based on signs as there is no definitive way to test for it nor are there any labs that can diagnosis it either. It is recommended to treat the patient with antibiotics. Patients are more likely to get diagnosed with tracheobronchitis if they are on a ventilator or a trach due to having a foreign object in the airway. For my patient she has all the symptoms upon admission and is more likely to have it due to having a Trach. The patient received a chest x-ray and sputum culture. She is currently

being treated with antibiotics. Because the patient is receiving chemo therapy her immune system is weak which puts her at an even greater risk for catching an infection.

Pathophysiology References (2) (APA):

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

Tracheobronchitis - an overview | ScienceDirect Topics. (2021). Www.sciencedirect.com. Retrieved September 10, 2022, from https://www.sciencedirect.com/topics/medicine-and-dentistry/tracheobronchitis#:~:text=Diagnosis%20of%20infectious%20tracheobronchitis%20is

Laboratory Data (15 points)

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	4.2-5.4	3.23	3.14	Pt RBC may be decreased due to anemia.
Hgb	12-16	9.4	9.1	Pt Hbg may be decreased due to anemia.
Hct	37-47	29.7	29.4	Pt Hct may be decreased due to anemia.
Platelets	150-400	117	95	Pt platelets may be decreased due to infection.
WBC	4.5-11	3.36	3.02	Pt WBC may be decreased due to her infection.
Neutrophils	55-70%	NA	NA	Not completed on this admission
Lymphocytes	20-40%	6.2	9.6	Pt lymphocytes may be decreased due to diagnosis of sepsis.
Monocytes	2-8%	8.8	11.3	Pt monocytes may be increased due to infection.
Eosinophils	1-4%	0.0	0.9	Pt eosinophils may be decreased due

				to anemia.
Bands	0.5-1%	NA	NA	Not competed on this admission

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-	**136-145**	139	140	Within normal range
K+	**3.5-5**	3.5	4.2	Within normal range
Cl-	**98-106**	108	109	Pt Cl may be elevated due to anemia.
CO2	**23-30**	19.0	25.0	Pt CO2 may be decreased due to not getting enough nutrition from feedings.
Glucose	**74-106**	100	91	Within normal range
BUN	**10-20**	9	6	Pt BUN may be decreased due to malnutrition.
Creatinine	**0.5-1.1**	0.58	0.51	Within normal range
Albumin	**3.5-5**	2.7	NA	Pt albumin may be decreased due to infection.
Calcium	**9-10.5**	8.1	7.9	Pt calcium may be decreased due to malabsorption.
Mag	**1.3-2.1**	1.9	NA	Within normal range
Phosphate	**3.0-4.5**	NA	NA	Not completed on this admission
Bilirubin	**Total 0.3-1**	NA	NA	Not completed on this admission
Alk Phos	**30-120**	81	NA	Within normal range
AST	**10-30**	13	NA	Within normal range
ALT	**4-36**	8	NA	Within normal range
Amylase	**60-120**	NA	NA	Not completed on this admission

Lipase	**0-160**	NA	NA	Not completed on this admission
Lactic Acid	**0.5-2.2**	1.1	NA	Within normal range
Troponin	**0.03**	NA	NA	Not completed on this admission
CK-MB	**0%**	NA	NA	Not completed on this admission
Total CK	**30-135**	NA	NA	Not completed on this admission

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	**2-3**	NA	NA	Not completed on this admission
PT	**9.5-11.3**	NA	NA	Not completed on this admission
PTT	**30-40**	NA	NA	Not completed on this admission
D-Dimer	**<250**	NA	NA	Not completed on this admission
BNP	**<100**	NA	NA	Not completed on this admission
HDL	**>60**	NA	NA	Not completed on this admission
LDL	**<130**	NA	NA	Not completed on this admission
Cholesterol	**<200**	NA	NA	Not completed on this admission
Triglycerides	**<150**	NA	NA	Not completed on this admission
Hgb A1c	**4%-5.9%**	NA	NA	Not completed on this admission
TSH	**2-10**	NA	NA	Not completed on this admission

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	**Clear; yellow**	NA	NA	Not completed on this admission
pH	**4.6-8**	NA	NA	Not completed on this admission
Specific Gravity	**1.005-1.030**	NA	NA	Not completed on this admission
Glucose	**Negative**	NA	NA	Not completed on this admission
Protein	**0-8**	NA	NA	Not completed on this admission
Ketones	**Negative**	NA	NA	Not completed on this admission
WBC	**Negative**	NA	NA	Not completed on this admission
RBC	**Negative**	NA	NA	Not completed on this admission
Leukoesterase	**Negative**	NA	NA	Not completed on this admission

Patient had a positive urinalysis at the hospital she came from. Unable to view values.

Arterial Blood Gas Highlight All Abnormal Labs—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
pH	**7.35-7.45**	NA	NA	Not completed on this admission
PaO2	**80-100**	NA	NA	Not completed on this admission
PaCO2	**35-45**	NA	NA	Not completed on this admission
HCO3	**21-28**	NA	NA	Not completed on this admission
SaO2	**95-100**	NA	NA	Not completed on this admission

Cultures Highlight All Abnormal Labs—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	Negative<10,000 Positive>100,000	NA	NA	Not completed on this admission
Blood Culture	Negative	NA	NA	Not completed on this admission

Sputum Culture	Normal URT	**Positive**	**NA**	**Pt has a bacterial infection**
Stool Culture	Normal internal flora	NA	NA	Not completed on this admission

Lab Correlations Reference (1) (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points): chest x-ray x's 2 and CTA

Diagnostic Test Correlation (5 points): patient had a chest x-ray to rule out pneumonia or **other lung problems.** Patient also had a CTA to look at the blood vessels and tissues of the lungs and look for any possible blood clots.

Unable to view results from imaging due to the imaging being done at a different hospital.

Diagnostic Test Reference (1) (APA): :

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

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

Home Medications (5 required)

Brand/Generic	Metoprolol succinate	Amlodipine besylate Norvasc	Atorvastatin calcium Lipitor	Hydroxyzine Hydrochloride	Omeprazole Prilosec

	Toprol-XL			Atarax	
Dose	25 mg	2.5 mg	40 mg	25 mg	40 mg
Frequency	Daily	daily	Daily	Daily	daily
Route	PEG Tube	Crushed through PEG tube	Crushed through PEG tube	Crushed through PEG tube	PEG tube
Classification	Pharmacological: beta-adrenergic blocker Therapeutic: antianginal, antihypertensive	Pharm: calcium channel blocker Therapeutic: antianginal, antihypertensive	Pharm: HMG-CoA reductase inhibitor Therapeutic: antihyperlipidemic	Pharm: piperazine derivative Therapeutic: Anxiolytic, antiemetic, antihistamine, sedative-hypnotic	Pharm: proton pump inhibitor Therapeutic: Antiulcer
Mechanism of Action	"Inhibits stimulation of Beta-receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand. Metoprolol also helps reduce blood pressure by decreasing renal release of renin." (Jones and Bartlett 2021)	"Binds to cell membrane receptor sites on myocardial and vascular smooth muscle cells and inhibits influx of extracellular calcium ions across slow calcium channels." (Jones and Bartlett 2021)	"Reduces plasma cholesterol and lipoprotein levels." (Jones and Bartlett 2021)	"Competes with histamine for histamine receptor sites on surfaces of effector cells." (Jones and Bartlett 2021)	"Interferes with gastric acid secretion by inhibiting the proton pump in gastric parietal cells." (Jones and Bartlett 2021)
Reason Client Taking	History of HTN before bypass	hypertension	Hyperlipidemia	anxiety	GERD
Contraindications (2)	Sinus bradycardia, Systolic blood pressure less than 100 mm Hg	Hypersensitivity to amlodipine or its components	Active hepatic disorder. Breastfeeding	Hypersensitivity to cetirizine, hydroxyzine, levotrizine or its components. Prolonged QT intervals	Concurrent therapy with rilpivirine-containing products. Hypersensitivity to omeprazole or its components.
Side	Anxiety,	Arrhythmias	Arrhythmias	Seizures	Hypoglycemia

Effects/Adverse Reactions (2)	Arrhythmias	Pancreatitis	hypoglycemia	Dry mouth	Pancreatitis
Nursing Considerations (2)	"Use cautiously in patient with angina or hypertension who have congestive heart failure because of beta blockers such as metoprolol can further depress myocardial contractility, worsening heart failure." "Before starting therapy for heart failure, expect to give an ACE inhibitor, digoxin, and a diuretic to stabilize patient." (Jones and Bartlett 2021)	"Use cautiously in patients with heart blocks, heart failure, impaired renal function." 'Monitor pt frequently for chest pain." (Jones and Bartlett 2021)	"Monitor pt blood glucose level." "Expect to measure lipid levels every 2 weeks after therapy starts." (Jones and Bartlett 2021)	"Do not give by sub-Q." "Observe for oversedation if patient takes another CNS stimulant."	"Give medication before meals in the morning." "monitor for bone fractures" (Jones and Bartlett 2021)
Key Nursing Assessment(s)/Lab (s) Prior to Administration	"Assess ECG" (Jones and Bartlett 2021)	"Assess blood pressure before giving new dose." (Jones and Bartlett 2021)	"Measure liver function test before therapy starts." (Jones and bartlett 2021)	EKG (Jones and Bartlett 2021)	"monitor pt for hypomagnesemia" (Jones and Bartlett 2021)
Client Teaching Needs (2)	"Take with food at the same time each day" "Notify provider if pulse is below 60 beats/min." (Jones and Bartlett 2021)	"Have blood pressure check regularly." "Suggest taking with food to reduce GI upset." (Jones and Bartlett 2021)	"Advise patient with diabetes to monitor blood glucose." "Tell patient to take drug at the same time each day." (Jones and Bartlett 2021)	"Urge pt to avoid alcohol." "Caution pt about drowsiness." (Jones and Bartlett 2021)	"Avoid alcohol." "Call provider if pt has abdominal pain." (Jones and Bartlett 2021)

Hospital Medications (5 required)

Brand/Generic	Sertraline hydrochloride Zoloft	Albuterol sulfate Ventolin HFA	Cefepime hydrochloride Maxipime	Enoxaparin sodium Lovenox	Pantoprazole sodium Protonix
Dose	50 mg	2.5 mg	200 mg	40 mg	20 mg
Frequency	daily	PRN every 4 hours for wheezing or SOB	Q6h	Daily	daily
Route	Crushed through PEG tube	Nebulizer	Liquid through PEG tube	Sub-Q	IV push
Classification	Pharm: SSRI Therapeutic: Antianxiety, antidepression	Pharmacological: adrenergic Therapeutic: bronchodilator	Pharm: fourth generation cephalosporin Therapeutic: antibiotics	Pharm: Low molecular weight heparin Therapeutic: anticoagulant	Pharm: Proton pump inhibitor Therapeutic: antiulcer
Mechanism of Action	Inhibits the reuptake of serotonin by the neurons so the nerve synapses have enough available (Jones and Bartlett 2021).	"Albuterol attaches to beta2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert adenosine triphosphate to cyclic adenosine monophosphate. " (Jones and Bartlett 2021)	"Interferes with bacterial cell wall synthesis by inhibiting the final step in the cross- linking the peptidoglycan strands." (Jones and Bartlett 2021)	"Potentiates the action of antithrombin III, a coagulation inhibitor." (Jones and Bartlett 2021)	"Interferes with gastric acid secretions by inhibiting the proton pump in gastric parietal cells." (Jones and Bartlett 2021)
Reason Client Taking	depression	Shortness of breath	Infection	Prevention of blood clots	GERD
Contraindications (2)	Concurrent use of disulfiram,	Hypersensitivity to albuterol or its components	Hypersensitivity to cefepime. Hypersensitivit	Active major bleeding.	Concurrent therapy with rilpivirine-

	hypersensitivity to sertraline or its components.		y to penicillin	History of HIT	containing products. Hypersensitivity to pantoprzole.
Side Effects/Adverse Reactions (2)	Seizures Bradycardia	Arrhythmias hypotension	Fever Renal failure	CVA Thrombosis	Hyperglycemia pancreatitis
Nursing Considerations (2)	"Monitor pt for evidence of serotonin syndrome." "Monitor patient for evidence of GI bleed." (Jones and Bartlett 2021)	"Monitor serum potassium level because albuterol may cause transient hypokalemia" "Be aware that drug tolerance can develop with prolonged use." (Jones and Bartlett 2021)	"For I.V. infusion give over 30 minutes." "Monitor BUN and serum creatinine levels for early signs of nephrotoxicity. " (Jones and Bartlett 2021)	"Test stool occult for blood." "Do not give the injection I.M." (Jones and Bartlett 2021)	"When giving over I.V. reconstitute with 10 ml of NS." "Flush line with NS before and after administration. " (Jones and Bartlett 2021)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	"Monitor liver enzymes" (Jones and Bartlett 2021)	"Monitor serum potassium levels." (Jones and Bartlett 2021)	"Obtain culture and sensitivity before giving drug." (Jones and Bartlett 2021)	"Check serum potassium level." (Jones and Bartlett 2021)	"Monitor PT or INR." (Jones and Bartlett 2021)
Client Teaching Needs (2)	"Consult doctor before taking any OTC products." "Drug may cause mild pupil dilation" (Jones and Bartlett 2021)	"Shake the medication before use." "Wait at least 1 minute between inhalations if dose requires multiple inhalations." (Jones and Bartlett 2021)	"Report any hypersensitivity such as itching or hives." "Diarrhea is a common problem by antibacterial drugs." (Jones and Bartlett 2021)	"Notify provider of any adverse reactions or bleeding." "Emphasize the importance of complying with follow up visits with prescriber." (Jones and Bartlett 2021)	"Swallow pill whole do not crush or chew medication." "Take delayed release pills 30 minutes before meals." (Jones and Bartlett 2021)

Medications Reference (1) (APA):

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

Assessment

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

GENERAL: **Alertness:** A&O x's 4 **Orientation: :** oriented to person, place, time and event. **Distress:** patient noted to be in no distress at this time **Overall appearance:** patient is well groomed laying supine in bed with the head of the bed elevated. patient is pleasant.	*Patient is alert and oriented times 4. Patient appears to be in no apparent distress at this time. Patient is well groomed and is laying supine in bed with head of bed elevated. Patient is pleasant and answers all questions using white board.*
INTEGUMENTARY: **Skin color:** pink, appropriate for ethnicity **Character:** dry **Temperature:** warm **Turgor:** rapid recoil **Rashes:** no rashes noted **Bruises: pt noted to have bruises across her lower abdomen from Lovenox injection** **Wounds:** pt has a pressure ulcer around trach, unable to assess due to wound care dressing wound prior to shift **Braden Score:** 20 **Drains present: Y☐ N ☒** **Type:**	*Patient 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, minimal bruising across lower abdominal from getting injection daily, patient also has a pressure ulcer on her neck from her trach collar, unable to assess due to wound care dressing the wound. Patient has a Braden score of 20.*
HEENT: **Head/Neck:** normal cephalic, head and neck are symmetrical, trachea is midline without deviation. Thyroid is not palpable. Carotid pulses +2 bilaterally. Patient does have a tracheotomy. **Ears:** auricle is moist, and pink noted to have no cerebrum build up. Patient dose wear hearing aids. **Eyes:** PERRLA, pupils size 4 and wear glasses **Nose:** sinuses are nontender upon palpitation, patient noted to have no drainage from both nostrils**.** **Teeth: :** uvula is midline soft palate rises and falls symmetrical. Patient noted to have all teeth, oral mucosa is moist, pink and no lesions were seen or noted	Patient head is normal shape and size, head and neck are symmetrical, trachea is midline with no deviation Patient has a tracheotomy that is clean and free from discharge.. Thyroid in not palpable. Carotid pulse are +2 bilaterally. Ears are symmetrical, auricle is moist and pink, no cerebrum build up noted along with no drainage. Eyes are PERRLA pupils are a size 4 and patient dose wear glasses all the time. 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: **Heart sounds:** heart sounds heard in all fields S1 and S2 audible **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):NA** **Peripheral Pulses:** peripheral pulses present in all areas +2 **Capillary refill:** less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	*Patient heart sounds are clear upon auscultation, S1 and S2 are heard. No murmurs were heard peripheral pulse are present, strong and regular +2. Capillary refill is less than three seconds in fingers and toes. Patient noted to have no neck vein distention. Patient has no edema*
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Lung sounds heard in all fields. Pt noted to have rhonchi and crackles heard in lower lobes.	Patient has no accessory muscle use. Lung sounds are heard in all fields. Rhonchi heard in all fields along with some crackles.
GASTROINTESTINAL: **Diet at home:** NPO only bolus feeds through PEG tube **Current Diet:** bolus feed through PEG tube **Height**: 5'2**"** **Weight:** 230 lbs **Auscultation Bowel sounds:** active in all 4 quadrants **Last BM:** 9-7-2022 **Palpation: Pain, Mass etc.:** no pain or masses felt upon palpation **Inspection:** **Distention:** no distention noted **Incisions:** no distention noted **Scars:** no scars noted **Drains:** no drains noted **Wounds:** no wounds noted **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☒ N ☐** **Type: PEG tube**	Patient is NPO and only on bolus feeds through PEG tube at home. While admitted patient is receiving bolus feedings through the PEG tube every 4 hours. Patient is 5 foot 2 inches and weighs 230 pounds. Patient bowel sounds active in all four quadrants. Patient's last bowel movement was 9-7-2022. Patient states she has had loose stools since being admitted. Patient noted to have no pain or abnormalities upon palpation. Patient has no distention, no incisions, no scars, no drains and no wounds. Patient does have a PEG tube.
GENITOURINARY: **Color:** pale yellow **Character:** clear **Quantity of urine:** 1 void **Pain with urination: Y ☐ N ☒**	*Patient voided 1 time while on shift. Patient urine is pale yellow and clear. Patient denies pain with urination, patient is not a dialysis patient. Patient dose not have a catheter and no need for inspections of genitals.*

Dialysis: Y ☐ N ☒ **Inspection of genitals: NA** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status**: normal **ROM:** full range of motion in upper and lower extremities **Supportive devices:** none **Strength:** patient has equal strength in upper and lower extremities **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 3** **Activity/Mobility Status:** **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Patient has full range of motion in upper and lower extremities. Patient does not use any assistive devices. Patient has equal strength in upper and lower extremities. patient does all ADL's by herself. Patient is not a fall risk and has a fall score of 3 and is independent.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: A & O 4** **Mental Status:** patient alert and oriented **Speech: patient is unable to talk due to trach** **Sensory:** patient wears glasses and hearing aids **LOC:** alert	Patient moved all extremities well and eyes are PERLA. Patient has equal strength in both upper and lower extremities. patient is alert and orientated to person, place, time and event. Patient is unable to talk due to trach. Patient does wear glasses and hearing aids. Patient is alert with no LOC.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** watching tv **Developmental level:** average level appropriate for age **Religion & what it means to pt.:** has good family connection **Personal/Family Data (Think about home environment, family structure, and available family support**): lives with husband and has daughter nearby.	Patient is average developmental level and appropriate for age. Patient wrote that she lives to watch TV and spend time with family. Patient lives at home with her husband and has a daughter that lives nearby.

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

0825	78	135/58	18	98.1	100
1549	72	132/63	18	98	99

Vital Sign Trends: stable

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1400	**1-10**	**None**	**0**	**None**	**Keep pt comfortable**
1622	**1-10**	**None**	**0**	**None**	**Keep pt comfortable**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 gauge **Location of IV:** right chest **Date on IV:** port accessed on 8-31-2022 **Patency of IV**: good **Signs of erythema, drainage, etc.:** none **IV dressing assessment:** dry and well intact	Patient has a port implanted into her right chest. The port was accessed on 8-31-2022. The port is good and flushes well. There are no signs of erythema or drainage. The dressing is clean, dry and well dressed. The patient does not have any fluids or medications running at this time.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
75 ml flush **240 ml of Jevity** **75ml flush**	**1 urine void**

30 ml flush **200 mg Guaifenesin** **30 ml flush**	

Nursing Care

Summary of Care (2 points)

Overview of care: patient awake and watching TV at the start of the shift. Patient given nutrition and medication through PEG tube at 1400. Patient was in no pain and tolerated all activities well. Patient able to suction her trach by herself and is up and independent.

Procedures/testing done: patient had a chest x-ray completed at 1535.

Complaints/Issues: Patient voiced no complaints or issues.

Vital signs (stable/unstable): Patients vitals remained stable throughout shift**.**

Tolerating diet, activity, etc.: The patient is tolerating the diet okay, but states she feels full and does not want her night feed. Patient tolerating all other activates well.

Physician notifications: Physician notified of rhonchi when auscultating lung sounds and notified of the patients. Request o to skip the nigh time feed.

Future plans for client: The plan is for the doctor to read the chest x-ray and reassess the patient in the AM for possible discharge in the afternoon.

Discharge Planning (2 points)

Discharge location: The patient will be discharged home.

Home health needs (if applicable): The patient will continue to have a home health nurse come each day to check on patient’s trach and her PEG tube.

Equipment needs (if applicable): The patient will need humidified oxygen and a Feeding pump for her PEG- Tube.

Follow up plan: The patient will follow up with PCP 2 days after discharge and follow up with cancer doctor in 1 week.

Education needs: patient needs education of sterile technique when preforming trach care and patient needs education on PEG tube care.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. Patient is at an increased risk for infection related to the respiratory system as evidence by diagnosis of tracheobronchitis.	Patient is at increased risk for a respiratory infection due to having a trach.	**1.**Teach patient to turn cough and deep breath every 4 hours. **2.**Use strict sterile technique when preforming trach suctioning.	**1.** Patients respiratory secretions will be clear and odorless.	The patient responded well to the teaching and demonstrated understanding of proper hand hygiene before trach care.
2. Patient is at an increased risk for infection related to alteration in skin integrity	Patient is at an increased risk for infection due having a pressure ulcer on her neck from her trach collar.	**1.** Teach patient proper hang hygiene. **2.** Monitor patient temperature every 4 hours.	**1.** Patients wound will begin to heal and remain free from drainage.	Patient responded well to teaching and understands the importance of monitoring her temperature.

as evidence by pressure ulcer on neck.				
3. Patient is at increased risk for impaired skin integrity related to impaired circulation as evidence by pressure ulcer on neck.	Patient is at an increased risk for skin break down around trach due to wearing a trach collar	**1.** Maintain infection control standards when cleaning and dressing the wound. **2** Inspect patient wounds every 24 hours and redress wound**.**	**1.** patients wound will begin to heal.	Patient understands importance of infection control and is eager to learn how to care for her wound properly.
4. Patient is at risk for impaired gas exchange due to trach as evidence by tracheobronchitis	Patient is at an increased risk for poor gas exchange due to having a trach.	**1.** Have patient turn, cough, and deep breath every 4 hours. **2.** Administer and monitor oxygen therapy.	**1.** patient will have better gas exchange and be free from infection.	Patient understands the importance of oxygen therapy and turning to increase better gas exchange.

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

Patient has no pain. Patient describes thick mucus that is yellow and occasionally has blood in it.

Nursing Diagnosis/Outcomes

1. Patient is at an increased risk for infection related to the respiratory system as evidence by diagnosis of tracheobronchitis.
   Patients' respiratory secretions will be clear and odorless.
2. Patient is at an increased risk for infection related to alteration in skin integrity as evidence by pressure ulcer on neck.
   Patients wound will begin to heal and remain free from drainage.
3. Patient is at increased risk for impaired skin integrity related to impaired circulation as evidence by pressure ulcer on neck.
   patients wound will begin to heal.
4. Patient is at risk for impaired gas exchange due to trach as evidence by tracheobronchitis.
   patient will have better gas exchange and be free from infection.

Objective Data

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0825	78	135/58	18	98.1	100
1549	72	132/63	18	98	99

Client Information

A.M
67-year-old female
Married

Nursing Interventions

1. Teach patient to turn cough and deep breath every 4 hours.

2. Use strict sterile technique when preforming trach suctioning.

1. Teach patient proper hang hygiene.

2. Monitor patient temperature every 4 hours.

1. Maintain infection control standards when cleaning and dressing the wound.

2 inspect patient wounds every 24 hours and redress wound**.**