N431 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 09/26/2022	Client Initials J.H	Age 64	Gender Male
Race/Ethnicity African American	Occupation None	Marital Status Single	Allergies Fluticasone- SOB Adhesive tape- Itch
Code Status Full	Height 6'0	Weight 165 lbs	

Medical History (5 Points)

Past Medical History: Cirrhosis, CKD stage 3, COPD, CHF, Hypertension, Glaucoma, Anxiety,

Parkinson's disease

Past Surgical History: Hernia repair, cataract surgery, knee arthroscopy

Family History: Father: hypertension, diabetes, and glaucoma

Mother: hypertension and glaucoma

Paternal and maternal family: Hypertension and glaucoma

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

Former cigarette smoker: stopped a year ago. Still smokes cigars. 1 cigar every 1-2 days. Drinks

6 cans of beer per week socially. Cocaine user.

Assistive Devices: None

Living Situation: At home with hospice care

Education Level: Not known

Admission Assessment

Chief Complaint (2 points): Worsening difficulty breathing

History of Present Illness – OLD CARTS (10 points): A 64-year-old male presented to the ER

with complaints of worsening difficulty breathing that progressively worsened over the last

couple of hours located in his upper respiratory area. The duration is ongoing and has not

stopped since it had started. On the way to the emergency department, he received Solumedrol and could only get 2-3 words out. When he arrived, he refused CPAP and nonrebreather, which led to increased respiratory failure and intubation. The patient was unable to state any aggravating or relieving factors. He did note he "sometimes uses cocaine but has been sober." The patient has not sought treatment for this before, but the severity of this incident was critical.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Respiratory distress

Secondary Diagnosis (if applicable): Congestive heart failure and COPD

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

Respiratory distress is hard to understand, and researchers do not entirely understand it because it's such a critical situation when it occurs. When someone presents with respiratory distress, they likely have overlapping and interacting injury responses. The article states, "The classic pathological finding in the lung is diffuse alveolar damage, although it is only identified in around 45% of post-mortem lung specimens from patients with a clinical diagnosis of ARDS. Diffuse alveolar damage is characterized by neutrophilic alveolitis and hyaline membrane deposition. Other pathological findings in autopsy series include bilateral pneumonia" (Bos & Ware, 2022). One of the significant signs and symptoms of this is worsening difficulty breathing. They may also experience wheezing, sweating, retraction, increased breathing rate, and much more. As a nurse, it is essential to pay attention to arterial blood gases to determine the patient's condition. Respiratory distress patients will have pO2 less than 60 and pCO2 greater than 50 with less than 7.35 pH. Another way to identify issues with this condition is to perform a chest x-ray, CT scan, or echocardiogram. We want to look at other organs that could be causing this

distress. This patient's arterial blood gasses were abnormal, and he had all of these tests

performed with abnormal results. In regards to treatment, it is most important to find out what is

causing the respiratory distress to occur. In this patient's case, there could be multiple reasons

because of his extensive health history. Once the cause is found, the first treatment is to treat that

underlying cause. This patient's treatment was sedation and intubation, fluid management, and

blood pressure medications.

Pathophysiology References (2) (APA):

Bos, L. D., & Ware, L. B. (2022). Acute respiratory distress syndrome: Causes, pathophysiology,

and phenotypes. *The Lancet*, *400*(10358), 1145–1156. https://doi.org/10.1016/s0140-

6736(22)01485-4

Matthay, M. A., Zemans, R. L., Zimmerman, G. A., Arabi, Y. M., Beitler, J. R., Mercat, A.,

Herridge, M., Randolph, A. G., & Calfee, C. S. (2019). Acute respiratory distress

syndrome. *Nature Reviews Disease Primers*, *5*(1). https://doi.org/10.1038/s41572-019-

0069-0

Laboratory Data (15 points)

CBC <mark>Highlight All Abnormal Labs</mark>—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	4.1-5.7	4.06	N/A	N/A
Hgb	12-18	12.8	N/A	N/A
Hct	37-51	40.1	N/A	N/A
Platelets	140-400	226	N/A	N/A

WBC	4-11	9.89	N/A	N/A
Neutrophils	1.6-7.7	6.86	N/A	N/A
Lymphocytes	1.0-4.8	<mark>18.8</mark>	N/A	This lab may be increased due to patient's severe hypertension as well a possible susception of pneumonia (Pagana et al., 2019).
Monocytes	2.0-8.0	<mark>9.7</mark>	N/A	This lab may be increased due to patient's multiple chronic inflammatory disorders (Pagana et al., 2019).
Eosinophils	1.0-4.0	1.0	N/A	N/A
Bands	0-5	1.0	N/A	N/A

Chemistry <mark>Highlight All Abnormal Labs</mark>—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	139	N/A	N/A
K+	3.5-5.0	4.9	N/A	N/A
Cl-	98-106	103	N/A	N/A
CO2	23-30	23	N/A	N/A
Glucose	74-106	<mark>164</mark>	N/A	This lab may be increased due to patient's stage 3 chronic kidney disease (Pagana et al., 2019).
BUN	10-20	<mark>34</mark>	N/A	This lab may be increased due to patient's stage 3 chronic kidney disease, dehydration, CHF and nephrotoxic drug use like cocaine (Pagana et al., 2019).
Creatinine	0.5-0.8	<mark>2.43</mark>	N/A	This lab may be increased due to patient's stage 3 chronic kidney disease, and CHF (Pagana

				et al., 2019).
Albumin	3.5-5.7	3.5	N/A	N/A
Calcium	8.8-10.2	8.9	N/A	N/A
Mag	1.6-2.6	2.1	N/A	N/A
Phosphate	2.2-4.5	3.5	N/A	N/A
Bilirubin	0.2-0.8	1.0	N/A	N/A
Alk Phos	40-150	88	N/A	N/A
AST	5-34	36	N/A	This lab may be increased due to patient's cirrhosis (Pagana et al., 2019).
ALT	0-55	21	N/A	N/A
Amylase	40-140	N/A	N/A	N/A
Lipase	0-160	14	N/A	N/A
Lactic Acid	0.5-2.0	1.6	N/A	N/A
Troponin	0-0.03	0.12	N/A	This lab may be increased due to patient's CHF causing heart injury (Pagana et al., 2019).
CK-MB	3-5%	2.2	N/A	This lab may be increased due to patient's multiple chronic inflammatory disorders (Pagana et al., 2019).
Total CK	200-395	81	N/A	This lab may be increased due to patient's CHF (Pagana et al., 2019).

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	0.9-1.1	1.2	N/A	This lab may be increased due to

				patient's cirrhosis (Pagana et al., 2019).
PT	11.7-13.8	<mark>15.3</mark>	N/A	This lab may be increased due to patient's cirrhosis (Pagana et al., 2019).
PTT	25-36	25.5	N/A	N/A
D-Dimer	<0.5	N/A	N/A	N/A
BNP	<100	<mark>4256</mark>	N/A	This lab may be increased due to patient's CHF and hypertension (Pagana et al., 2019).
HDL	<60	N/A	N/A	N/A
LDL	>70	N/A	N/A	N/A
Cholesterol	125-200	N/A	N/A	N/A
Triglycerides	<150	N/A	N/A	N/A
Hgb A1c	>5.7	N/A	N/A	N/A
TSH	0.35-4.94	N/A	N/A	N/A

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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	Colorless/yellow	Clear	N/A	N/A
pH	5-9	7.0	N/A	N/A
Specific Gravity	1.0-1.03	1.015	N/A	N/A
Glucose	Neg	Neg	N/A	N/A
Protein	Neg	<mark>30</mark>	N/A	This lab may be increased due to patient's stage 3 chronic kidney disease and CHF (Pagana et al., 2019).
Ketones	Neg	Neg	N/A	N/A
WBC	0-25	3	N/A	N/A

RBC	0-20	2	N/A	N/A
Leukoesterase	Neg	Neg	N/A	N/A

Arterial Blood Gas <mark>Highlight All Abnormal Labs</mark>**—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	7.36	N/A	N/A
PaO2	80-100	<mark>187.3</mark>	N/A	This lab may be increased due to patient's respiratory failure (Pagana et al., 2019).
PaCO2	35-45	<mark>45.8</mark>	N/A	This lab may be increased due to patient's COPD (Pagana et al., 2019).
HCO3	22-26	25.4	N/A	N/A
SaO2	95-100	<mark>80</mark>	N/A	This lab may be increased due to patient's respiratory failure (Pagana et al., 2019).

Cultures <mark>Highlight All Abnormal Labs</mark>**—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	Neg:<10,000 Pos:>100,000	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative URT	N/A	N/A	N/A
Stool Culture	Normal	N/A	N/A	N/A

	intestinal flora			

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.

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Diagnostic Imaging

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All Other Diagnostic Tests (5 points): Chest x ray, Chest CT and echocardiogram

Diagnostic Test Correlation (5 points):

Chest x ray: This test is performed to view the chest and look for infection, fluid, collapsed lungs, and much more. This patient received one because of his difficulty breathing. The results showed vascular congestion, edema, and small right effusion.

Chest CT: This test is performed to view and scan the chest to look for issues. They can look at 3-D images of the body's internal organs. This patient came in with complaints of worsening difficulty breathing. He has a history of COPD and could be having a flare-up. This test also looked at his heart due to his congestive heart failure. The results show cardiomegaly, which is an enlarged heart.

Echocardiogram: This test is performed to review the function of the heart. It is a machine that uses a doppler to view the multiple parts of the heart. This patient has congestive heart failure, and this was why this test was performed. The results were not concluded by the time the student left the floor.

Diagnostic Test Reference (1) (APA):

Mayo Foundation for Medical Education and Research. (2022, March 5). *Chest X-rays*. Mayo Clinic. https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

Nova. (2022, March 4). *The uses and benefits of CT scanning of the chest: Rockville MD*. The

Radiology Clinic. https://theradclinic.com/uses-benefits-ct-scanning-chest/

Reddy, Y. N., & Borlaug, B. A. (2018). What do you want from your echocardiogram? *Journal

of the American Heart Association*, *7*(11). https://doi.org/10.1161/jaha.118.009462

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

Home Medications (5 required)

Brand/Generic	Lorazepam Ativan	Carvedilol Coreg	Allopurinol Zyloprim	Ropinirole Requip	Simvastatin Zocor
Dose	0.5 mg	3.125 mg	300 mg	0.25 mg	10 mg
Frequency	Every 4 hours	2 x daily	Daily	3 x daily	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	**Pharmacological:** Benzodiazepine **Therapeutic:** Anxiolytic	**Pharmacological:** non selective beta blocker **Therapeutic:** Antihypertensive	**Pharmacological:** Xanthine oxidase inhibitor **Therapeutic:** Antigout	**Pharmacological:** Nonergot alkaloid **Therapeutic:** Antiparkinsonian	**Pharmacological:** HMG-CoA reductase inhibitor **Therapeutic:** Antilipemic
Mechanism of Action	Lorazepam binds on the benzodiazepine receptors in the post-synaptic GABA-A ligand-gated chloride channel in different sites of the	Reduces cardiac output and tachycardia, causes vasodilation to reduce blood pressure and workload.	Inhibits uric acid production by inhibiting xanthine oxidase, the enzyme that converts hypoxanthine and xanthine to uric acid	Inhibits the firing of striatal cholinergic neurons helping control unvoluntary movement	Slows the production of cholesterol in the body to decrease the amount of cholesterol that may build up on the walls of

	central nervous system. The binding will result in an increase on the GABA inhibitory effects which is translated as an increase in the flow of chloride ions into the cell.				the arteries and block blood flow to the heart, brain, and other parts of the body.
Reason Client Taking	Anxiety	Congestive heart failure	Chronic kidney disease stage 3.	Parkinson disease	Heart failure
Contraindications (2)	Respiratory insufficiency. Glaucoma.	Hepatic impairment. Emphysema.	Chronic kidney disease. Cirrhosis.	Chronic kidney disease. Tobacco smoking.	Active hepatic disease. High blood sugar.
Side Effects/Adverse Reactions (2)	Respiratory depression and elevated liver enzymes.	Renal insufficiency and elevated BUN.	Hepatic narcosis and renal failure	Chest pain and elevated BUN.	Elevated liver enzymes and hypertension.
Nursing Considerations (2)	Monitor reactions in drug users. Monitor respiratory.	Monitor blood glucose. Expect to give digoxin as well with heart failure.	Monitor I&O. Monitor lab values.	Monitor for neuro status changes. Monitor for orthostatic hypotension.	Monitor serum lipoprotein levels. Monitor for elevated CPK level.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Respiratory assessment.	Cardiac assessment and blood pressure.	CBC and uric acid levels.	Neuro assessment.	Liver enzyme labs.
Client Teaching Needs (2)	Take exactly as prescribed. Warn about	Drug may cause dizziness and light-	Take after meals and drink plenty of water.	Helps improve muscle control bit	Take drug in the evening. Follow a low fat, low

	possible addiction.	headedness Notify provider if pt has a weight gain of 5 lbs or more in 2 days.	This medication causes drowsiness.	will not cure. Take with food to decrease GI upset.	cholesterol diet.

Hospital Medications (5 required)

Brand/Generic	Vancomycin Vancocin	Propofol Diprivan	Norepinephrine Levophed	Insulin glulisine Apidra	Ceftriaxone Rocephin
Dose	1,000 mg	30 mcg	0.08 mcg	2 units	1 g
Frequency	Daily	Titrate/ continuous	Continuous	Every 4 hrs	Daily
Route	IV	IV	IV	Subcutaneous	IV
Classification	**Pharmacological:** Glycopeptide **Therapeutic:** Antibiotic	**Pharmacological:** Phenol derivative **Therapeutic:** Sedative-hypnotic	**Pharmacological:** Sympathomimetic **Therapeutic:** Vasopressor	**Pharmacological:** Human insulin **Therapeutic:** Antidiabetic	**Pharmacological:** Third generation cephalosporin **Therapeutic:** Antibiotic
Mechanism of Action	Inhibits bacterial RNA and cell wall synthesis.	Decrease cerebral blood flow, metabolic oxygen consumption, and intercranial pressure.	Directly stimulates alpha-adrenergic receptors which inhibits cAMP production. This increases the	Lowers blood glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscle and inhibit	Interferes with bacterial cell wall synthesis by inhibiting cross linking of peptidoglycan strands.

			systolic blood pressure and peripheral vascular resistance.	hepatic glucose production.	
Reason Client Taking	Susception of infection.	Intubated.	Manage blood pressure.	Improve glycemic control	Susception of infection.
Contraindications (2)	Kidney disease. Hypersensitivity to medication components.	Cardiac disease. Renal failure.	High blood pressure. Decreased oxygen in tissue or blood.	COPD. Hypersensitivity to medication components.	Kidney disease. Cirrhosis.
Side Effects/Adverse Reactions (2)	Drug induced fever and C-diff.	Bradycardia and involuntary muscle movement.	ECG changes and hypotension.	Nausea and tachycardia.	Drug induced fever and C-diff.
Nursing Considerations (2)	Infuse over an hour. Observe infusion site for complications.	Drug may aggravate cardiac issues. Shake well before using.	Check blood pressure every 2-3 minutes. Monitor continuous ECG.	Monitor glucose levels. Monitor potassium levels.	Monitor BUN and creatine levels. Monitor AST, ALT, bilirubin, and CBC
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	CBC, BUN and creatine labs.	Respiratory Assessment.	Cardiac assessment.	Glucose check.	Culture and sensitivity.
Client Teaching Needs (2)	Report if having severe diarrhea. Report if symptoms don't improve after a few days.	Reassure patient they will be monitored closely. Alert patient of sedation.	Report burning at IV site. Report leaking at IV site.	Rotate sites. Clean site before administration.	Report if having severe diarrhea. Report any reactions to the medication such as rash or hives.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2022 Nurse's drug handbook* (19th ed.). Jones & Bartlett

Learning

Assessment

Physical Exam (18 points) – <mark>**HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**</mark>

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	<mark>The patient is AO to self</mark>. He is <mark>sedated, intubated</mark>, and appears in no distress. Overall appearance is sick.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin color is black. Skin is warm and dry upon palpation. No rashes, bruising or lacerations. Normal quantity, distribution, and texture of hair for age. Skin turgor normal mobility. <mark>Braden scale was 12</mark>. No drains were present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck were symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head and neck is noted. Bilateral auricles no visible deformities, lumps, or lesions. Hearing is good and balanced. Eyes are bilateral sclera is white, bilateral cornea clear, bilateral conjunctiva pink and moist, no visible drainage or discharge noticed. No assistive devices. Nose septum is midline, no bumps, lumps, or lesions visual. Good detention, oral mucosa overall dry and pink without lesions noted. <mark>Patient has EET tube</mark>. .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.**	Clear S1 and S2 without murmurs gallops or rubs. Normal rate and rhythm. Capillary refill was less than 3 seconds on fingers and toes

Cardiac rhythm (if applicable): **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	bilaterally. No neck vein distention. ==2+ pitting edema on legs and feet==. Peripheral pulses were 2+ bilaterally.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Normal rate and pattern of respirations, respirations symmetrical and non-labored, ==lung sounds present with coarse crackles.==

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:
	Current and at home diet is regular. Height is 6'0", weight is 165lbs. Auscultation and palpation of bowel sounds were normal. Client had bowel movement prior to admission. No distention, drains, wounds, or scars. No ostomy. ==Patient has 55 cm NG tube as well as an OG tube==.

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐   N ☐
Dialysis: Y ☐   N ☐
Inspection of genitals:
Catheter: Y ☐   N ☐
    Type:
    Size:
	Patient urine is yellow and clear. Voided 800 mL of urine. No pain with urination. Non latex 16 Fr catheter present. Not on dialysis. Inspection of genitals was normal.

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:**	Neurovascular unable to be assessed. ROM unable to assess. Patient is on bed rest. Strength is equal. ADL is needed. Fall risk is moderate at 13. Patient did not need ADL assistance. Patient is on bed rest so he has not activity.

ADL Assistance: Y☐ N ☐ **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW and PERRLA are intact. Patient has equal strength in both arms and legs. Patient is alert to himself. <mark>Patients' mental status is intubated and sedated.</mark> <mark>No speech present due to ET tube.</mark> Unable to assess sensory. <mark>Patient LOC is under sedation.</mark> Deep tendon reflexes are reactive.
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):**	<mark>Unable to assess due to intubation and sedation.</mark>

Vital Signs, 2 sets (5 points) – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800 am	92 bmp	118/79	24 breaths	97.9 degrees F	96% Vent
1100 am	98 bpm	117/74	20 breaths	97.7 degrees F	95% Vent

Vital Sign Trends: All vital signs are stable and trending on the normal side.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800 am	CPOT	0	0	0	0
1100 am	CPOT	0	0	0	0

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 g **Location of IV:** Left proximal forearm **Date on IV:** 09/26/2022 **Patency of IV:** Dry and intact **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Normal	Pt also has arterial line. This patient has multipole fluids being administered.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
NPO (IV fluids)	800 mL urine No stool

Nursing Care

Summary of Care (2 points)

Overview of care: Today the patient was intubated and sedated. The nurse tried to turn down his sedation, but he was not tolerating and trying to pull out his intubation. He was also seen by respiratory to reduce his ventilation to assess his progression, but he quickly declined and had to be raised again. The patient is taking breaths with the ventilation as well. The nurse will continue to try and lower the vent and his sedation.

Procedures/testing done: The patient did not leave the floor bur received a bed side echocardiogram.

Complaints/Issues: Unable to communicate due to intubation and sedation.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient is tolerating NPO and turn every 2 hours. He is on bed rest, intubated and sedated.

Physician notifications: Physician was notified of pupil deviated to the right

Future plans for client: Patient should seek addiction counseling.

Discharge Planning (2 points)

Discharge location: Home to hospice care

Home health needs (if applicable): Hospice care

Equipment needs (if applicable): None

Follow up plan: Not determined, patient is intubated

Education needs: Not determined, patient is intubated

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

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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	The patient was admitted for respiratory	1. Anticipate the need for intubation and	1. The patient will not be in	The patient was sedated and intubated to

alveolar-capillary membrane changes secondary to COPD as evidenced by oxygen saturation 80%, and patient reports of dyspnea.	failure and was in severe distress.	mechanical ventilation **Rational:** The patient is steadily declining. **2.**Assess respirations for rate and quality, as well as use of accessory muscles **Rationale:** Increased breathing effort is a sign of hypoxia. Changes in breathing patterns can indicate changes in oxygenation status	respiratory distress anymore.	improve respiratory distress.
1. Risk for decreased cardiac output related to impaired contractility as evidence by ejection fraction less than 40%.	The patient's ejection fraction was 25-30 %	**1.** Monitor blood pressure frequently **Rational:** May indicate impending cardiac failure**.** **2.**Auscultate heart and breath sounds. **Rationale:** Heart and breath sounds may indicate cardiac issues and pulmonary congestion**.**	**1.** The patient's blood pressure will be kept within the normal range.	The patient's blood pressure was within normal ranges for the shift.
2. Risk for aspiration as	The patient is intubated and	**1.**Keep suction at the bedside.	**1.** The patient will	The patient did not experience

evidence by decreased level of consciousness related to endotracheal tube	receiving medication through his OG tube.	**Rationale:** Patients at an increased risk for aspirating should have functioning suctioning equipment at the bedside for immediate use. **2.** Preforming suctioning. **Rationale**: Patients with a large amount of secretions or who cannot clear them themselves may require frequent suctioning.	experience no aspiration.	aspiration and tolerated medications through OG tube.
3. Risk for impaired skin integrity as evidence by physical immobility related to bed rest.	The patient is sedated and intubated.	**1.** Braden skin assessment. **Rationale:** The Braden Scale is an evidence-based tool that predicts the risk for pressure injuries. **2.** Repositioning and support of boney prominences. **Rationale**: Patients who cannot reposition themselves should be turned in bed on a schedule at least every 2 hours. Boney prominences	**1.** The patient will maintain intact skin integrity.	The patient did not have any skin breakdown.

		should be supported with pillows or devices to allow for proper skin perfusion.		

Other References (APA):

Phelps, L.L. (2020). *Sparks and Taylor's Nursing Diagnosis Reference Manual* (11th ed.).

Wolters Kluwer.

Concept Map (20 Points):