N431 Care Plan #1

Lakeview College of Nursing

Abbie Morman

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
9/27/22	A.T	66	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Nail tech at Reflections Spa	Single	Albuterol
Code Status	**Height**	**Weight**	
Full	5’6”	131 pounds	

Medical History (5 Points)

Past Medical History: Atrial fibrillation, COPD, hyperglycemia, ankle fracture

Past Surgical History: cardioversion

Family History: Patient’s mother had cancer and heart disease. No other family history was recalled.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient had been a smoker for twenty years, smoking a pack a day. She quit six years ago. No alcohol or drug use.

Assistive Devices: Uses a walker when ambulating.

Living Situation: Patient lives at home by herself.

Education Level: Patient’s education level is unknown.

Admission Assessment

Chief Complaint (2 points): Shortness of breath

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

Patient came in for complaints of shortness of breath the last two days. Occurs throughout the whole day, accompanied by a cough and nausea. Patient does not report any pain.

Physical activity makes the shortness of breath worse, with no relieving factors. Patient has not sought previous care for this complaint.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): COPD exacerbation

Secondary Diagnosis (if applicable): Does not pertain to this patient.

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

Pathophysiology References (2) (APA):

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	3.8-5.3	4.5	4.45	
Hgb	12-15.8	13.5	13.2	
Hct	36-47	41.6	40.4	
Platelets	140-440	316	305	
WBC	4-12	12.3	10.4	
Neutrophils	47-73	77.4	87.7	The patient stated she had an upper respiratory infection prior to admission. In most cases neutrophils are elevated because of an infection (Kumar, 2022).
Lymphocytes	18-42	14.4	10.7	Low lymphocytes could be caused by corticosteroid use (Sampson, 2019).
Monocytes	4-12	6.2	1.1	Chronic diseases can weaken the immune system which causes low monocytes (Weatherspoon, 2022).
Eosinophils	0-5	1.1	0	
Bands		This lab was not drawn on	This lab was not drawn	

		this patient.	on this patient.	

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-	133-144	136	135	
K+	3.5-5.1	4.4	4.7	
Cl-	98-107	100	99	
CO2	21-31	27	24	
Glucose	70-99	122	129	Glucose levels can be elevated due to stress on the body.
BUN	7-25	19	17	
Creatinine	0.5-1.00	0.83	0.66	
Albumin	3.5-5.7	4.3	This lab was not drawn on this patient.	
Calcium	8.8-10.2	9.7	9.5	
Mag	1.6-2.6	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Phosphate	34-104	This lab was not drawn on this patient.	This lab was not drawn on this patient.	

Bilirubin	0-0.2	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Alk Phos	34-104	158	This lab was not drawn on this patient.	High levels may indicate there is damage to the liver (Cleveland Clinic, 2021). Certain medications such as Tylenol and corticosteroids.
AST	13-39	33	This lab was not drawn on this patient.	
ALT	7-52	27	This lab was not drawn on this patient.	
Amylase	23-85	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Lipase	0-160	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Lactic Acid	4.5-19.8	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Troponin	0-0.04	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
CK-MB	26-192	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Total CK	39-308	This lab	This lab	

		was not drawn on this patient.	was not drawn on this patient.	

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	0.8-1.1	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
PT	10.1-13.1	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
PTT	25-36	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
D-Dimer	220-500	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
BNP	0-100	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
HDL	>40	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
LDL	< 130	This lab was not drawn on this patient.	This lab was not drawn on this patient.	

Cholesterol	< 200	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Triglycerides	<150	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Hgb A1c	4-6%	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
TSH	0.27-4.2	This lab was not drawn on this patient.	This lab was not drawn on this patient.	

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	yellow, clear	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
pH	5-9	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Specific Gravity	1.003-1.030	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Glucose	negative	This lab was not drawn on this	This lab was not drawn on this	

		patient.	patient.	
Protein	negative	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Ketones	negative	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
WBC	negative	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
RBC	negative	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Leukoesterase	negative	This lab was not drawn on this patient.	This lab was not drawn on this patient.	

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	7.38	This lab was not drawn on this patient.	
PaO2	80-100	70	This lab was not	The PaO2 was low because this

			drawn on this patient.	patient has chronic obstructive pulmonary disease and came in for shortness of breath (Mayo Clinic Staff, 2019).
PaCO2	35-45	46	This lab was not drawn on this patient.	Patients with chronic obstructive pulmonary disease retain carbon dioxide, which is why it is elevated with this specific patient (Mayo Clinic Staff, 2019).
HCO3	22-26	26	This lab was not drawn on this patient.	
SaO2	95-100	92	This lab was not drawn on this patient.	Respiratory distress can be a reason for a lower than normal oxygen saturation result (Mayo Clinic Staff, 2019).

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	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Blood Culture	Negative	This lab was not drawn on	This lab was not drawn on	

		this patient.	this patient.	
Sputum Culture	Negative	This lab was not drawn on this patient.	This lab was not drawn on this patient.	
Stool Culture	Negative	This lab was not drawn on this patient.	This lab was not drawn on this patient.	

Lab Correlations Reference (1) (APA):

Cleveland Clinic. (2021). *Alkaline phosphatase*. Cleveland clinic. https://my.clevelandclinic.org/health/diagnostics/22029-alkaline-phosphatase-alp

Kumar, K. (2022). *What does it mean when your neutrophils are high?* Medicinenet. https://www.medicinenet.com/what_does_it_mean_when_your_neutrophils_are_high/article.htm

Mayo Clinic Staff. (2019). *COPD*. Mayo clinic. https://www.mayoclinic.org/diseases-conditions/copd/diagnosis-treatment/drc-20353685

Sampson, S. (2019). *What is lymphocytopenia?* Healthline. https://www.healthline.com/health/lymphocytopenia#:~:text=Lymphocytopenia%2C%20also%20referred%20to%20as%20lymphopenia%2C%20occurs%20when,blood%20cell.%20They%E2%80%99re%20part%20of%20your%20immune%20system.

Weatherspoon, D. (2022). *Monocytes: Absolute monocytes explained in simple terms.* Healthline. https://www.healthline.com/health/absolute-monocytes#how-theyre-made

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest x-ray upon admission

Diagnostic Test Correlation (5 points):

Chest x-rays visualize the heart, lungs, blood vessels, and airway (Mayo Clinic Staff, 2022). If a patient presents to the emergency room with chest pain or shortness of breath, a chest x-ray is done to determine if it is heart-related, lungs, broken ribs, or even cancer (Mayo Clinic Staff, 2022). This student's patient presented to the emergency room with shortness of breath. Therefore an x-ray was done to rule out pulmonary complications. This patient's chest x-ray showed a pleural effusion of the lower lobes.

Diagnostic Test Reference (1) (APA):

Mayo Clinic Staff. (2022). *Chest x-rays.* Mayo clinic. https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

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

Home Medications (5 required)

Brand/Generic	Fluctiacasone Flonase	Zithromax Azithromycin	Flecainide Tambocor	Metoprolol Lopressor	Rivaroxaban Xarelto

Dose	1 puff	500 mg	50 mg tablet	50 mg	20 mg tablet
Frequency	once a day	once a day	two times a day	once a day	once a day
Route	PO- inhaler	PO	PO	PO	PO
Classification	Pharm: corticosteroid Therapeutic: antiasthmatic, anti-inflammatory (Jones & Bartlett Learning, 2021).	Pharm: macrolide Therapeutic: antibiotic (Jones & Bartlett Learning, 2021).	Pharm: Benzamide derivative Therapeutic: Class IC antiarrhythmic (Jones & Bartlett Learning, 2021).	Pharm: beta blocker Therapeutic: antianginal, antihypertensive (Jones & Bartlett Learning, 2021).	Pharm: Factor Xa inhibitor Therapeutic: anticoagulant (Jones & Bartlett Learning, 2021).
Mechanism of Action	Inhibits cells involved in the inflammatory response and production or secretion of chemical mediators (Jones & Bartlett Learning, 2021).	Binds to ribosomal subunits of bacteria, blocking protein synthesis (Jones & Bartlett Learning, 2021).	Slowing intracardiac conduction, which slightly increases the duration of the action potential of the atrial and ventricle muscles (Jones & Bartlett Learning, 2021).	Inhibits stimulation of beta receptor sites resulting in decreased cardiac excitability (Jones & Bartlett Learning, 2021).	Selectively blocks the site of factor Xa, which plays a role in blood coagulation (Jones & Bartlett Learning, 2021).
Reason Client Taking	Maintenance therapy for asthma or inflammation.	Client had an upper respiratory infection prior to admission.	Atrial fibrillation	Manage heart rate and blood pressure	To prevent stroke because of diagnosis of atrial fibrillation
Contraindications (2)	Untreated nasal mucosal infection, sensitivity to milk proteins (Jones & Bartlett Learning, 2021).	History of jaundice or hepatic dysfunction. hypersensitivity to ketolide or other macrolide antibiotics (Jones & Bartlett	Cardiogenic shock, recent MI, second or third degree AV block (Jones & Bartlett Learning, 2021).	Heart block greater than first degree, heart rate less than 45 beats/minute, cardiogenic shock (Jones & Bartlett Learning, 2021).	Active pathological bleeding, hypersensitivity to rivaroxaban or its components (Jones & Bartlett Learning,

		Learning, 2021).			2021).
Side Effects/Adverse Reactions (2)	Bronchospasm, chest congestion and tightness. Cough, dyspnea (Jones & Bartlett Learning, 2021).	Arrhythmias, elevated CK levels, palpitations (Jones & Bartlett Learning, 2021).	Dizziness, dyspnea, chest pain, heart failure (Jones & Bartlett Learning, 2021).	Confusion, CVA, drowsiness, martial insufficiency, arrhythmias (Jones & Bartlett Learning, 2021).	Pulmonary hemorrhage, excessive bleeding, thrombocytopenia (Jones & Bartlett Learning, 2021).
Nursing Considerations (2)	Use cautiously in patients with viral or bacterial infections. Be careful in administering to patients with hepatic impairment (Jones & Bartlett Learning, 2021).	Patients with known bradyarrhythmias and older adults should be monitored closely while receiving this therapy (Jones & Bartlett Learning, 2021).	Check blood pressure, fluid intake and output, and weigh daily. Monitor urine pH beginning at the start of therapy (Jones & Bartlett Learning, 2021).	Use metoprolol with extreme caution in patients with bronchospastic disease who don't respond to antihypertensives. If a patient with heart failure develops symptomatic bradycardia, expect to decrease the dosage (Jones & Bartlett Learning, 2021).	Should not be given to patients with moderate or severe hepatic impairment. Should not be given to acutely ill medical patients at high risk for bleeding (Jones & Bartlett Learning, 2021).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess respiratory rate, oxygen saturation, and lung sounds prior to administration.	Ensure the client doesn't have any allergies to this antibiotic and take vital signs prior to administration.	Monitor cardiac rhythm and check heart rate before administration.	Check blood pressure and pulse before administration.	Check patients coagulation factors and assess vitals before administration.
Client Teaching Needs (2)	Stress to patients that it is not an acute treatment for bronchospasm. Instruct patient to gargle and rinse mouth after	Tell the patient to take azithromycin pill 1 hour before or 2-3 hours after food. Encourage	Advise patients to take missed dose as soon as they remember, if it's within 6 hours of the scheduled time. Teach patients	Teach patient how to check their blood pressure and pulse. Take medicine with food at the same time each day	Advise patients to report any unusual bleeding and teach bleeding precautions.

	ease dose (Jones & Bartlett Learning, 2021).	patients to consult provider before taking any OTC medications (Jones & Bartlett Learning, 2021).	how to take her pulse, and record it daily (Jones & Bartlett Learning, 2021).	(Jones & Bartlett Learning, 2021).	For example, use a soft bristle toothbrush and avoid razors (Jones & Bartlett Learning, 2021).

Hospital Medications (5 required)

Brand/ Generic	Levalbuterol Xopenex	Alprazolam Xanax	Hydrochlorothiazide Microzide	Budesonide Pulmicort	Pantoprazole Protonix
Dose	1.25 mg	0.25 mg	10 mg	500 mcg	10 mg
Frequency	4 times a day	3 times a day	Q6 hours	2 times a day	once a day
Route	PO- Nebulizer treatment	PO	IV	PO- nebulizer treatment	PO
Classification	Pharm: Beta2 agonist Therapeutic: bronchodilator (Jones & Bartlett Learning, 2021).	Pharm: Benzodiazepine Therapeutic: Anxiolytic (Jones & Bartlett Learning, 2021).	Pharm: thiazide diuretic Therapeutic: diuretic (Jones & Bartlett Learning, 2021).	Pharm: corticosteroid Therapeutic: Anti-inflammatory (Jones & Bartlett Learning, 2021).	Pharm: proton pump inhibitor Therapeutic: antiulcer (Jones & Bartlett Learning, 2021).
Mechanism of Action	Increases the intracellular cAMP level, which relaxes the bronchial smooth muscle and inhibits histamine release from the mast cells (Jones & Bartlett Learning, 2021).	May increase the effects of GABA, which helps control emotional behavior (Jones & Bartlett Learning, 2021).	Promotes movement of sodium, chloride, and water from blood in capillaries into nephron distal tubules. Cardiac output, extracellular fluid, and plasma return to normal after several weeks of therapy (Jones & Bartlett Learning, 2021).	Inhibits inflammatory cells and mediators, resulting in decreased inflammation in the airway (Jones & Bartlett Learning, 2021).	Inhibits the final step in gastric acid secretion to prevent additional acid to be secreted (Jones & Bartlett Learning, 2021).

Reason Client Taking	COPD	Anxiety	Treatment of pleural effusion	To manage symptoms of wheezing and shortness of breath	GERD
Contraindications (2)	Hypersensitivity to levalbuterol, racemic or their components (Jones & Bartlett Learning, 2021).	Acute glaucoma or hypersensitivity to alprazolam or other benzodiazepines (Jones & Bartlett Learning, 2021).	Anuria or hypersensitivity to other thiazides (Jones & Bartlett Learning, 2021).	Recent septal ulcers or nasal surgery (Jones & Bartlett Learning, 2021).	Concurrent therapy with rilpivirine-containing products and hypersensitivity to benzimidazoles (Jones & Bartlett Learning, 2021).
Side Effects/Adverse Reactions (2)	Arrhythmias, chest pain, hypertension, asthma exacerbation (Jones & Bartlett Learning, 2021).	EKG changes, confusion, palpitations (Jones & Bartlett Learning, 2021).	Dehydration, weakness, pulmonary edema (Jones & Bartlett Learning, 2021).	Bronchospasm, increased cough (Jones & Bartlett Learning, 2021).	Chest pain, hyperglycemia (Jones & Bartlett Learning, 2021).
Nursing Considerations (2)	Use cautiously in patients with arrhythmias, diabetes, hypertension. Give oral solution by nebulizer treatment only (Jones & Bartlett Learning, 2021).	Monitor patients closely for signs and symptoms of decrease in consciousness, profound sedation, and respiratory depression. Plan to reduce dosage slowly because it can lead to dependency (Jones & Bartlett Learning, 2021).	Give drug in the morning and early evening to avoid nocturia. Assess for signs of hypokalemia (Jones & Bartlett Learning, 2021).	Stopping medication abruptly may cause adrenal insufficiency. Determine if patient has an allergy to milk because this drug contains lactulose (Jones & Bartlett Learning, 2021).	Administer 30 minutes before a meal mixed in apple juice or applesauce. Flush IV line with normal saline solution before and after administration (Jones & Bartlett Learning, 2021).
Key Nursing Assessment(s)/Lab(	Monitor blood pressure and pulse rate before and after	Ensure the client is not hypotensive or has a decreased loss of	Monitor blood pressure, daily weight, fluid intake and output, and	Assess respiratory status and oxygen	Assess any signs of GI bleeding and intensity of

s) Prior to Administration	administration. Assess for dyspnea or wheezing.	consciousness.	serum levels of electrolytes. Monitor for decreased visual acuity or ocular pain especially within hours of starting therapy.	saturation.	heartburn.
Client Teaching Needs (2)	Show patients how to clean a nebulizer or inhaler and stress the importance of cleaning it at least once a week. Tell the patient that the inhaler canister must be shaken well before each use (Jones & Bartlett Learning, 2021).	Warn against stopping drug abruptly because withdrawal symptoms may occur. Warn patients to not consume alcohol during treatment (Jones & Bartlett Learning, 2021).	Instruct patients to take drug with food or milk. Tell the patient to weigh themself at the same time each day wearing the same amount of clothing to ensure accuracy (Jones & Bartlett Learning, 2021).	Instruct patients to not use this inhaler as a rescue device. Advise patients to rinse mouth out with water after each inhaled dose and to contact their provider if they develop a mouth or throat infection (Jones & Bartlett Learning, 2021).	Do not crush tablets, they should be swallowed whole. Tell the patient to notify the provider if there is a decrease in urine(Jones & Bartlett Learning, 2021).

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented times person, place, and time. Patient doesn't appear to be using accessory muscles when breathing. She is overall comfortable and not in any acute distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 21 **Drains present: Y☐ N X** **Type:**	Skin color is pink, dry, and cool to the touch. There are no lesions, rashes, or wounds upon inspection. Skin turgor is normal, less than 3 seconds. Patient's braden score is 21 and is a high fall risk.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical upon inspection and the trachea is midline. There are no noted nodules and the thyroid is nonpalpable. Bilateral carotid pulses 2+ upon palpation. Bilateral auricles have no visible deformities or drainage noted. Both eyes appear to have no lesions upon inspection. PERRLA. EOMs are intact on both eyes. Septum is midline with no notable drainage. Oral mucosa is pink and moist with no noted lesions. Patient has clean, intact dentition.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X**	Normal heart sounds with no murmurs or gallops present. Rhythm is normal, rate is bradycardic. Presents with a 2+ pulse upon palpation of all pulse sites. Capillary refill is less than 3 seconds bilaterally. No edema or neck vein distension is present. Patient is on telemetry to continuously monitor heart rate because of the history of atrial

Edema Y ☐ N X **Location of Edema:**	fibrillation.
RESPIRATORY: **Accessory muscle use: Y X N ☐** **Breath Sounds: Location, character**	Wheezing on expiratory and inspiratory breaths at bases of lungs. Respirations and patterns are non-labored with a normal respiratory rate. Patient is not using accessory muscles when breathing.
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 X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X** **Type:**	Patient was on a regular diet while at home and during hospitalization. Patient's height is 5'6" and weighs 131 pounds. Normoactive bowel sounds are present in all quadrants among auscultation. Last bowel movement was 9-27-22. Upon inspection there were no distension, incisions, scars, drains, or wounds present. No ostomoys, nasogastric tubes, or feeding tubes present.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N X** **Dialysis: Y ☐ N X** **Inspection of genitals:** **Catheter: Y ☐ N X** **Type:** **Size:**	Patient's urine was yellow with no odor. The quantity of urine is unknown. There was no pain with urination and she is not on dialysis. Unable to examine genitals. Patient had no catheter or trouble with urination.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y X N☐** **Fall Score:** 45	There was no noted weakness on any extremity. Patient needs assistance with activities of daily living. She uses a walker when ambulating. One person is needed when getting the patient out of bed because she becomes weak. Patient's fall score is 45, according to the Morse fall score.

Activity/Mobility Status: **Independent (up ad lib)** ☐ **Needs assistance with equipment** X **Needs support to stand and walk**☐	
NEUROLOGICAL: **MAEW: Y X N**☐ **PERLA: Y X N**☐ **Strength Equal: Y X N** ☐ **if no -** **Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient moves all extremities well. No noted weakness throughout limbs and strength is equal throughout. Patient is alert and oriented to person, place, and time. Patient is well spoken and answers questions appropriately. PERRLA.
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):**	Patient resides in a home by herself. Patient appears to have good family structure, as evidenced by the son being involved in her care. Patient's developmental level is appropriate for her age and she has appropriate coping methods. Patient didn't state any religious practices. Patient doesn't rely on anyone to make medical decisions for her.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1115	44 beats per minute	133/61	16 breaths per minute	97.7 degrees oral	100%
1455	49 beats per minute	152/59	18 breaths per minute	96.8 degrees oral	100%

Vital Sign Trends: This client had a trend of bradycardia. The blood pressure was slightly increased in the second set of vitals. Temperature, oxygen saturation, and respiratory rate remained consistent.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1250	0-10	No pain	0	No pain	No pain
1508	0-10	No pain	0	No pain	No pain

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	Patient has a 20 gauge in her left antecubital. The IV site is clean, dry, and intact. There is no drainage or erythema present and there is no date present on the IV.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL of coffee 360 mL of water	Unmeasured amount of urine, patient got up to bedside commode two times.

Nursing Care

Summary of Care (2 points)

Overview of care: The patient receives oxygen therapy and remains on telemetry. She has BiPAP at night and reports no pain. She is awaiting discharge home.

Procedures/testing done: The patient had no procedures done.

Complaints/Issues: The patient did not address any concerns. Patient was calm, pleasant, and not expressing any needs.

Vital signs (stable/unstable): The patient's vitals were stable, besides a low heart rate.

Tolerating diet, activity, etc.: The patient's activity level is low. She needs assistance to the bedside commode. The patient is tolerating her diet well and does not express any pain.

Physician notifications: There were no physician notifications present at the time.

Future plans for client: Anticipate patient will be prepared for discharge to home within the next couple of days.

Discharge Planning (2 points)

Discharge location: The patient will discharge to home.

Home health needs (if applicable): The patient will not need any home health needs.

Equipment needs (if applicable): The patient will not need any equipment.

Follow up plan: The patient has an appointment at OSF for respiratory therapy post hospital stay.

Education needs: Patient will need medication education regarding new prescriptions.

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

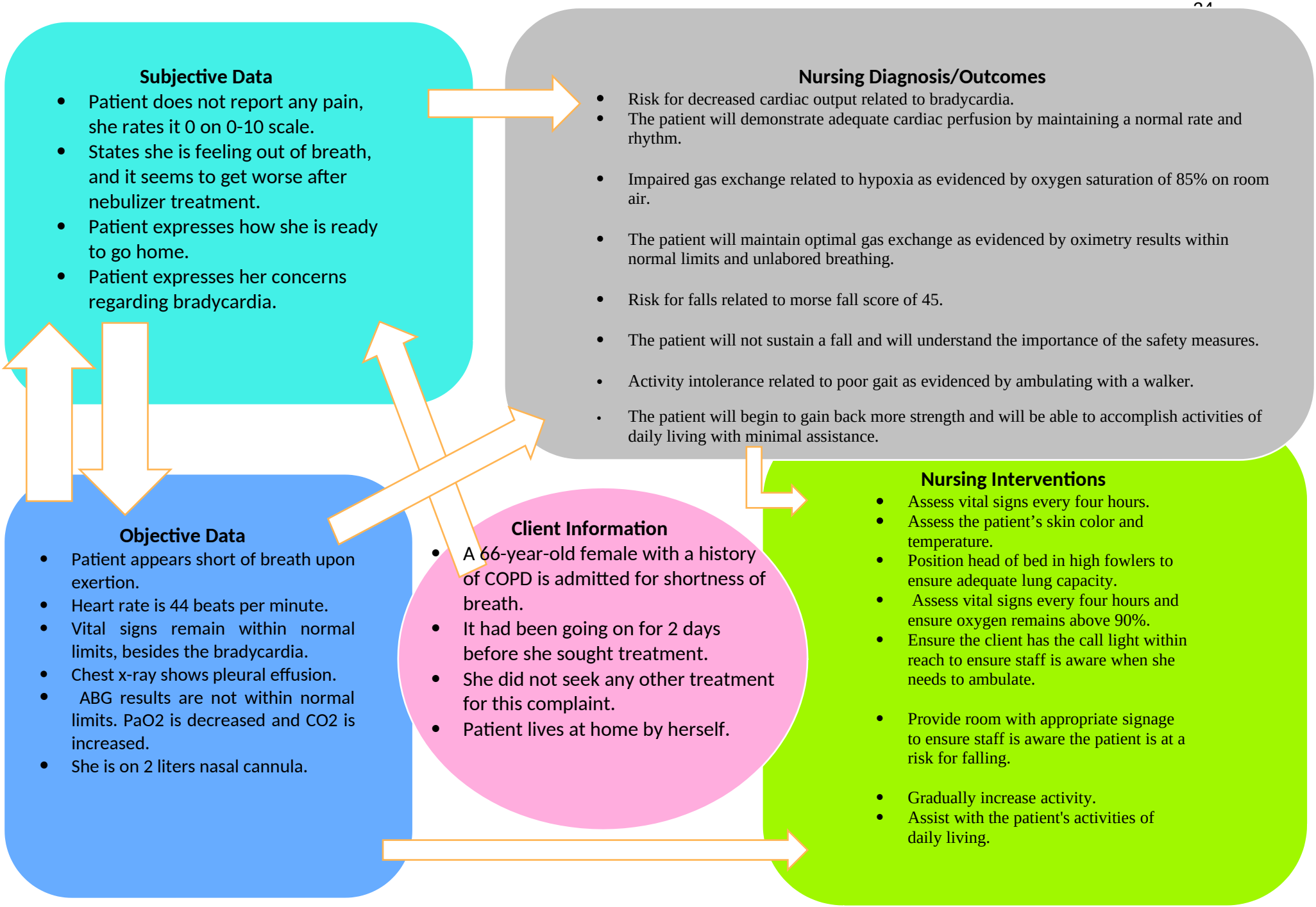
Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components ● Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** ● Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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. Risk for decreased	Patient's heart rate was 44	**1.** Assess vital signs every four hours.	**1.** The patient will	The patient's heart rate did

cardiac output related to bradycardia.	beats per minute.	**2.** Assess the patient's skin color and temperature.	demonstrate adequate cardiac perfusion by maintaining a normal rate and rhythm.	not improve during this shift. All other vital signs were within normal range. Will continue to monitor bradycardia and ensure she doesn't become symptomatic.
2. Impaired gas exchange related to hypoxia as evidenced by oxygen saturation of 85% on room air.	Patient had dyspnea and hypoxia.	1. Position head of bed in high fowlers to ensure adequate lung capacity. 2. Assess vital signs every four hours and ensure oxygen remains above 90%.	1. The patient will maintain optimal gas exchange as evidenced by oximetry results within normal limits and unlabored breathing.	Patient's oxygen saturation was maintained at a normal level, though she experienced episodes of dyspnea while ambulating. Will continue oxygen therapy and monitoring oxygen saturation.
3. Risk for falls related to morse fall score of 45.	Patient was a high fall risk and had a weak gait.	1. Ensure the client has the call light within reach to ensure staff is aware when she needs to ambulate. 2. Provide room with appropriate signage to ensure staff is aware the patient is at a risk for falling.	**1.** The patient will not sustain a fall and will understand the importance of the safety measures.	The patient responded well to these interventions. She was able to verbalize why she was a high fall risk and she did not fall during this student's shift. Will continue these interventions to provide optimal safety.

4. Activity intolerance related to poor gait as evidenced by ambulating with a walker.	Patient was only able to ambulate to the bedside commode and became tired afterwards.	**1.**Gradually increase activity. **2**. Assist with the patient's activities of daily living.	**1.** The patient will begin to gain back more strength and will be able to accomplish activities of daily living with minimal assistance.	The patient was able to ambulate to the bedside commode and she will progressively gain strength back.

Other References (APA):

Concept Map (20 Points):


Subjective Data
Patient does not report any pain, she rates it 0 on 0-10 scale.
States she is feeling out of breath, and it seems to get worse after nebulizer treatment.
Patient expresses how she is ready to go home.
Patient expresses her concerns regarding bradycardia.
Nursing Diagnosis/Outcomes
Risk for decreased cardiac output related to bradycardia.
The patient will demonstrate adequate cardiac perfusion by maintaining a normal rate and rhythm.
Impaired gas exchange related to hypoxia as evidenced by oxygen saturation of 85% on room air.
The patient will maintain optimal gas exchange as evidenced by oximetry results within normal limits and unlabored breathing.
Risk for falls related to morse fall score of 45.
The patient will not sustain a fall and will understand the importance of the safety measures.
Activity intolerance related to poor gait as evidenced by ambulating with a walker.
The patient will begin to gain back more strength and will be able to accomplish activities of daily living with minimal assistance.
Objective Data
Patient appears short of breath upon exertion.
Heart rate is 44 beats per minute.
Vital signs remain within normal limits, besides the bradycardia.
Chest x-ray shows pleural effusion.
ABG results are not within normal limits. PaO2 is decreased and CO2 is increased.
She is on 2 liters nasal cannula.
Client Information
A 66-year-old female with a history of COPD is admitted for shortness of breath.
It had been going on for 2 days before she sought treatment.
She did not seek any other treatment for this complaint.
Patient lives at home by herself.
Nursing Interventions
Assess vital signs every four hours.
Assess the patient's skin color and temperature.
Position head of bed in high fowlers to ensure adequate lung capacity.
Assess vital signs every four hours and ensure oxygen remains above 90%.
Ensure the client has the call light within reach to ensure staff is aware when she needs to ambulate.
Provide room with appropriate signage to ensure staff is aware the patient is at a risk for falling.
Gradually increase activity.
Assist with the patient's activities of daily living.