N311 Care Plan 3

Lakeview College of Nursing

Karlie Roberts

Demographics (5 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
10/12/22	J.L.B	4/6/1937 (85)	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Retired	Widowed	Lovastatin (severity=unknown) Penicillin's (severity=unknown)
Code Status	**Height**	**Weight**	
Full Code	5'0"	205 lbs 4.8 oz	

Medical History (5 Points)

Past Medical History: CHF, COPD Exacerbation, depression/anxiety, hyperlipidemia, HTN, kidney disease, osteoarthritis

Past Surgical History: no past surgical history

Family History: father (brain tumor)

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

The patient reports that she has never smoked or smoked smokeless tobacco. She reports that she does not drink alcohol and does not use drugs.

Admission Assessment

Chief Complaint (2 points): shortness of breath

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

J.L.B is an 85-year-old female who presented to the emergency department with shortness of breath on 10/11/22. The patient stated that all the sudden she was not feeling well on the morning of 10/11/22 and ended up at the hospital. The patient had no recollection of what happened before arrive to the emergency department. When EMT's arrived at her house, she was stating at 77% before being put on a CPAP as well as 2+ edema in bilateral extremities. The patient stated that she has not been eating well and does not watch her fluid or salt intake. The shortness of

breath had been constant and worsening as time went on prior to EMS arrival and being put on the CPAP. There were no relieving or aggravating factors, but she did have coughing and wheezing as associated symptoms. The CPAP was the only relieving factor to help with the patient's shortness of breath.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): acute respiratory failure with hypoxia and hypercapnia

Secondary Diagnosis (if applicable): N/A

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

When someone presents with shortness of breath, it leads to increased work of breathing, stimulation of the receptors of the upper or lower airway, lung parenchyma, or chest wall, and excessive stimulation of the respiratory center by the central and peripheral chemoreceptors (Capriotti, 2020). Shortness of breath is a common cause of cardiopulmonary diseases such as COPD. Shortness of breath can be described as an intense tightening of the chest, air hungry, or the feeling of suffocation. Some common risk factors of shortness of breath are, heart disease, respiratory infections, obesity, chronic bronchitis, etc. A test that can identify this disease would be an Electrocardiogram (ECG or EKG). An ECG is where wires connect the electrodes to a computer, which displays the test results. An ECG can show if the heart is beating too fast, too slow, or not at all. You can also run an Echocardiogram. This is a noninvasive test that uses sound waves to create images of the heart's size, structure, and motion. A common imaging test that can identify shortness of breath would be a chest X-Ray. This is done to rule out heart problems, a collapsed lung, pneumonia, or broken ribs. Blood tests that may be done to help diagnose pulmonary diseases are arterial blood gas (ABG) laboratory tests. An ABG measures

the amount of oxygen and carbon dioxide in your blood. It also checks the acidity of the blood that tells whether your pH is balanced or not (Phelps, 2020).

During the patient's admission, they received a chest X-Ray and a CT head or brain WO contrast to help support the patient's diagnosis of acute respiratory failure with hypoxia and hypercapnia. The chest X-Ray showed an enlarged heart and the CT head or brain WO contrast showed chronic small vessel ischemia. Now that the tests were completed, the patient is currently on 6 L nasal cannula for extra oxygen and a BiPAP at night to help decrease her CO2 levels (Capriotti, 2020).

Pathophysiology References (2) (APA):

Phelps, L. L. (2020). In *Spark's & Taylor's Nursing Diagnosis Reference Manual* 11th ed. essay, Wolters Kluwer.

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives*. 2nd ed., F.A. Davis, 2020.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	3.80-5.30	4.09	4.17	RBC are within normal limits
Hgb	12.0-15.8	**11.1**	**11.4**	**Hgb is lower than normal due to the patient's kidney disease (Jones & Bartlett Learning, 2022).**
Hct	36.0-47.0	**34.6**	**35.2**	**Hct is lower than normal due to the patient's kidney disease (Jones & Bartlett Learning, 2022).**
Platelets	140-440	247	248	Platelets are within normal limits

WBC	4.0-12.0	5.30	**3.60**	**WBC are lower than normal due to a possible viral infection (Jones & Bartlett Learning, 2022).**
Neutrophils	47.0-73.0	**76.2**	**78.8**	**Neutrophils are higher than normal due to the patient's kidney disease (Jones & Bartlett Learning, 2022).**
Lymphocytes	18.0-42.0	**15.1**	**14.0**	**Lymphocytes are lower than normal due to the patient's kidney disease (Jones & Bartlett Learning, 2022).**
Monocytes	4.0-12.0	6.4	6.6	Monocytes are within normal limits
Eosinophils	0.0-0.5	**1.4**	0.0	**Eosinophils were high upon admission due to the patient's kidney disease, but they are now within normal limits (Jones & Bartlett Learning, 2022).**
Bands	N/A	N/A	N/A	Bands were not obtained

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	142	140	Sodium is within normal limits
K+	3.5-5.1	4.7	4.4	Potassium is within normal limits
Cl-	98-107	99	**95**	**Chloride is low due to the patient's heart failure (Jones & Bartlett Learning, 2022).**
CO2	21-31	29	**33**	**CO2 is high due to the patient's COPD exacerbation (Jones & Bartlett Learning, 2022).**
Glucose	70-99	**102**	**109**	**Glucose is high due to the client being obese (Jones & Bartlett Learning, 2022).**
BUN	7-25	**44**	**45**	**BUN is high due to the patient's kidney disease (Jones & Bartlett Learning, 2022).**
Creatinine	0.50-1.00	**2.17**	**1.99**	**Creatinine is high due to the patient's kidney disease (Jones & Bartlett Learning, 2022).**
Albumin	3.5-5.7	4.0	N/A	Albumin was normal upon admission

Calcium	8.8-10.2	9.0	9.2	Calcium is within normal limits
Mag	1.6-2.6	2.5	N/A	Mag is within normal limits
Phosphate	34-104	66	N/A	Phosphate was normal upon admission
Bilirubin	0.2-0.8	0.4	N/A	Bilirubin was normal upon admission
Alk Phos	34-104	66	N/A	Alk Phos was normal upon 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	Yellow	N/A	Color & clarity are within normal limits
pH	4.6-8.0	5.5	N/A	pH is within normal limits
Specific Gravity	1.005-1.030	1.008	N/A	Specific gravity is within normal limits
Glucose	Negative	Negative	N/A	Glucose is within normal limits
Protein	Negative	Negative	N/A	Protein is within normal limits
Ketones	Negative	Negative	N/A	Ketones are within normal limits
WBC	Negative	Negative	N/A	WBC are within normal limits
RBC	Negative	Negative	N/A	RBC are within normal limits
Leukoesterase	Negative	Negative	N/A	Leukoesterase is within normal limits

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 > 10,000**	N/A	N/A	Urine culture was not obtained

Blood Culture	**Negative**	N/A	N/A	Blood culture was not obtained
Sputum Culture	**Normal URT**	N/A	N/A	Sputum culture was not obtained
Stool Culture	**Normal intestinal flora**	N/A	N/A	Stool culture was not obtained

Lab Correlations Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.).

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

X-Ray Chest Single View Portable: for: dyspnea; **impression:** cardiomegaly noted. No consolidation or pneumothorax seen. Vascularity appears within normal limits. The patient received the chest X-Ray to rule out heart problems, a collapsed lung, pneumonia, or broken ribs (Phelps, 2020). The chest X-Ray showed an enlarged heart.

CT Head or Brain WO Contrast: for: ams, random passing out/sleeping then suddenly waking up, unknown stroke or seizure; **impression**: volume loss and likely chronic small vessel ischemic disease. No acute infarct, hemorrhage, or mass. The patient received the CT of the head and brain WO contrast to rule out seizures, stroke, and brain hemorrhaging (Phelps, 2020). The CT showed chronic small vessel ischemia.

Diagnostic Imaging Reference (1) (APA):

Phelps, L. L. (2020). In *Spark's & Taylor's Nursing Diagnosis Reference Manual* 11th ed. essay, Wolters Kluwer.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	**amlodipine (NORVASC)**	**buSPIRone (BUSPAR)**	**HEParin (Porcine)**	**hydralazine**	**Levothyroxine (SYNTHROID)**
Dose	10mg	5mg	5,000 units	25mg	50mcg
Frequency	Daily	3x daily	3x daily	2x daily	Every morning befo breakfast
Route	Oral	Oral	Subcutaneous	Oral	Oral
Classification	Antianginal Agents	Antianxiety agents	anticoagulant	vasodilators	Synthetic thyroid hormones
Mechanism of Action	Inhibits transmembrane influx of calcium ions into vascular smooth muscle and cardiac muscle (Jones & Bartlett Learning, 2022).	Main neuropharmacologic effects are mediated by 5 HT1A receptors (Jones & Bartlett Learning, 2022).	Accelerating the rate of the neutralization of certain activated coagulation factors by antithrombin (Jones & Bartlett Learning, 2022).	Relaxing the blood vessels so blood can flow more easily through the body (Jones & Bartlett Learning, 2022).	T3 and T4 diffuse into the cell nucleus and bind to thyroid receptor proteins attached to DNA (Jones & Bartlett Learning, 2022).
Reason Client Taking	High BP	Anxiety	DVT	HTN	Hypothyroidism
Contraindications (2)	Severe liver disease Severe narrowing of aortic valve	Renal failure Operating machinery	Allergic to corn products Allergic to pork products	CAD Stroke	High BP Infertility
Side Effects/Adverse Reactions (2)	Dizziness headache	Chest pain Muscle weakness	Lightheadedness dizziness	Headache Loss of appetite	Irregular heartbeats headache

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.).

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Pt is alert and oriented to person, place, time, and situation. Pt is well groomed and in no acute distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	Skin is warm and dry upon palpation. No rashes, lesions, or bruising. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor is normal mobility. Capillary refill is less than 2 seconds, fingers and toes bilaterally. **Braden Score: 20**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea midline without deviation, thyroid not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral auricles no visible or palpable deformities, lumps, or lesions. Bilateral sclera white, cornea clear, conjunctiva pink, no visible drainage. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, red light reflex present bilaterally, EOM's intact. Septum midline, turbinate's are moist and pink without exudate, tonsils present +1, uvula midline. Dentition is good. .

CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema: bilateral extremities**	Clear S1 and S2 without murmurs, gallops, or rubs. PMI palpable at fifth intercostal space at MCL. Normal rate and rhythm.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Normal rhythm rate and pattern of respirations, respirations symmetrical, no respiratory distress. Wheezing and rales present bilaterally.
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:**	Abdomen is soft, nontender, no organomegaly or masses noted upon palpation of all four quadrants. Bowel sounds are normoactive in all four quadrants. No CVA tenderness noted bilaterally. Last BM 10/11/22.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine is yellow without foul odor, no reported, observed difficulties, or pain while voiding, no hematuria.
MUSCULOSKELETAL: **Neurovascular status:**	All extremities have full ROM. Hand grips and pedal pushes and pulls demonstrate normal and

ROM: **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 75** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☒**	equal strength. Balanced and smoot gait, pt ambulates with one assist to the bedside commode with no assistive devices. **Fall Score: 75**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is alert and oriented to person, place, time, and situation. PERRLA bilaterally. Cranial nerves intact. Negative Romberg's. Speech is clear
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):**	Pt is cooperative and accepting, watching tv while eating lunch.

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	85	148/59	18	97.5	93% room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric rating pain scale	N/A	0	N/A	N/A

Intake and Output (2 points)

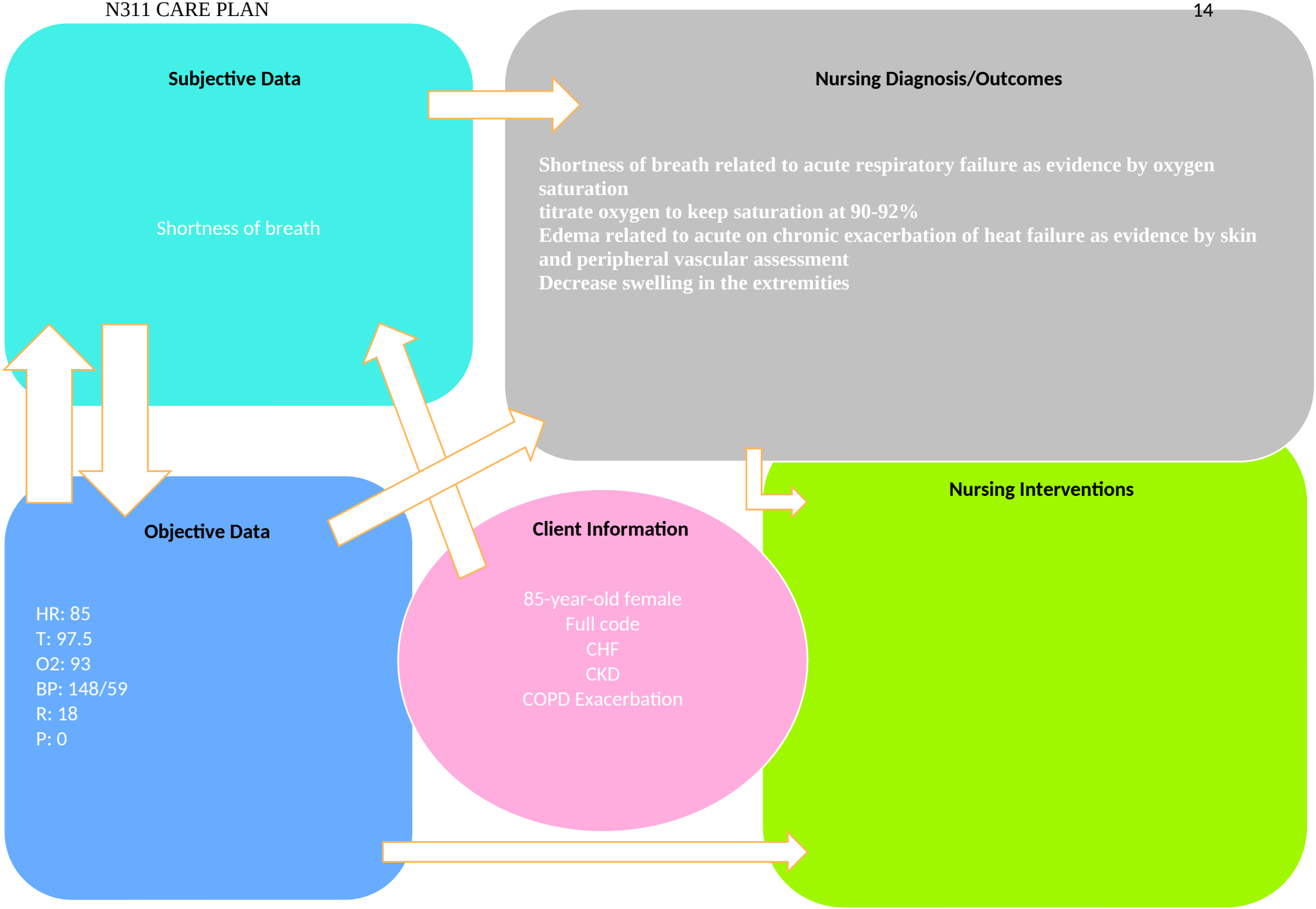
Intake (in mL)	**Output (in mL)**
240 mL of water	0 voids, bsc, 1xa

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. Shortness of breath related to acute respiratory failure as evidence by oxygen saturation	Risk of hypoxia	1.BiPAP at night 2. Monitor O2 every 4 hours	1. titrate oxygen to keep saturation at 90-92%	Pt shows understanding and satisfaction of diagnosis
2. Edema related to acute on chronic exacerbation of heart failure as evidence by skin and peripheral vascular assessment	Risk of fluid overload	1. Lasix 2.Strict I/Os	1. decrease swelling in the extremities	Evaluation of decreased edema

Other References (APA):

Concept Map (20 Points):


Subjective Data
Shortness of breath
Nursing Diagnosis/Outcomes
Shortness of breath related to acute respiratory failure as evidence by oxygen saturation
titrate oxygen to keep saturation at 90-92%
Edema related to acute on chronic exacerbation of heat failure as evidence by skin and peripheral vascular assessment
Decrease swelling in the extremities
Objective Data
HR: 85
T: 97.5
O2: 93
BP: 148/59
R: 18
P: 0
Client Information
85-year-old female
Full code
CHF
CKD
COPD Exacerbation
Nursing Interventions