

N311 Care Plan # 1

Lakeview College of Nursing

Jayda Davis

**Demographics (5 points)**

|                                     |                               |                                  |                                      |
|-------------------------------------|-------------------------------|----------------------------------|--------------------------------------|
| <b>Date of Admission</b><br>2/25/21 | <b>Client Initials</b><br>W.H | <b>Age</b><br>79                 | <b>Gender</b><br>Female              |
| <b>Race/Ethnicity</b><br>Caucasian  | <b>Occupation</b><br>Factory  | <b>Marital Status</b><br>Widowed | <b>Allergies</b><br>Sulfa, Augmentin |
| <b>Code Status</b><br>DNR           | <b>Height</b><br>62 inches    | <b>Weight</b><br>100.3 kg        |                                      |

**Medical History (5 Points)**

**Past Medical History:** Chronic obstructive pulmonary disorder, Depression, Type II diabetes mellitus, Gout, Hyperlipidemia, Hypertension, Overactive bladder, Vitamin B12 deficiency, Paroxysmal atrial fibrillation.

**Past Surgical History:** Bilateral cataract extraction in 2015, Total replacement of Left Knee in 2005, and Hysterectomy (no reported date)

**Family History:** Father- heart disease and stroke

**Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):**  
No tobacco, alcohol, or drug use.

**Admission Assessment**

**Chief Complaint (2 points):** Chronic obstructive pulmonary disorder with acute exacerbation

**History of Present Illness – OLD CARTS (10 points):** On February 25th, a 79-year-old female was admitted to Mattoon Rehabilitation and Health center for long-term care due to chronic obstructive disorder with acute exacerbation. The patient reported experiencing dyspnea, coughing, and increased sputum production. The patient started having symptoms on February 19th and was hospitalized for five days at Sara Bush Lincoln Hospital. The patient has had symptoms for two weeks. Walking, transferring, and lying flat make the symptoms worse.

Sitting still, not moving, and resting makes it better. The patient has been given an inhaler to help relieve her symptoms.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Chronic obstructive pulmonary disorder

**Secondary Diagnosis (if applicable):** Major depression disorder

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

*Chronic obstructive pulmonary disorder* is a disease located in the lungs. The condition is a combination of emphysema, chronic bronchitis, and hyperactive airway disease (Capriotti, 2022, p.504). COPD is caused by exposure to harmful gases and particles. Cigarette smoking is the most common cause of COPD (Capriotti, 2022, p. 504). It also can be caused by exposure to unhealthy particles and gases (Agarwal et al., 2022). COPD affects adults over the age of 40. Since 2015, there has been a report of 174 million people being affected by COPD (Agarwal et al., 2022). Women have a higher mortality rate than men with COPD (Capriotti, 2022, p.504). Some symptoms of COPD are dyspnea, cough, increased sputum production, hypoxia, and cyanosis (Agarwal et al., 2022).

In COPD, the pathological changes leading to airflow limitation include excessing mucous and fibrosis in the bronchioles, smooth muscle hypertrophy, and the loss of alveolar elastic recoil (Capriotti, 2022, p. 504). Due to inflammation, chronic bronchitis causes remodeling of the pulmonary structure that is permanent (Capriotti, 2022, p. 504). The remodeled bronchioles show thickening of the walls and constriction of the lumens (Capriotti, 2022, p. 504). The proteolytic-antiproteolytic enzyme imbalance in COPD lungs causes changes with emphysema (Capriotti, 2022, p. 504). Emphysema structural change causes the destruction of the

alveolar sacs, which leads to obstructive physiology (Agarwal et al., 2022). Smoking is an irritant of emphysema, therefore, creating an inflammatory response. Macrophages and neutrophils are released as they are multiple inflammatory mediators (Agarwal et al., 2022). With severe COPD, there is poor ventilation and hypoxia. Areas with hypoxia stimulate pulmonary arterial vasoconstriction (Capriotti, 2022, p. 504). This can cause right ventricular hypertrophy and eventually causes right ventricular failure (Capriotti, 2022, p. 504).

COPD is diagnosed with four tests known as the COPD assessment test (CAT), PFTs (spirometry), a complete blood count (CBC), and a chest x-ray. The COPD assessment test is a questionnaire for the patient that asks about the activity and breathing limitations the patient is experiencing (Capriotti, 2022, p. 505). Each item has a scale of 0-5; a higher total score indicates a more severe disease (Capriotti, 2022, p. 505). PFTs (spirometry) use FVC and FEV1 to measure the diagnosis of COPD. FVC is a total air volume exhaled with maximum effort (Capriotti, 2022, p. 501). FEV1 is the volume of air expelled during the first second of exhalation from the lungs (Capriotti, 2022, p. 505). If the airflow limitation of the FEV1/FVC is less than 70%, it indicates COPD (Capriotti, 2022, p. 505). In a complete blood count (CBC), the labs are used to assess for anemia, infection, and polycythemia (Agarwal et al., 2022). The chest x-ray will show characteristics that are consistent with emphysema. The characteristics will show a flattened, low diaphragm border and hyperinflation of both lungs due to retained air (Capriotti, 2022, p.505).

The primary treatment for COPD is a combination inhaler that contains a long-acting  $\beta_2$ -agonist (LABA) and an inhaled corticosteroid (IC) (Capriotti, 2022, p. 507). This inhaler is used for the daily treatment of COPD. Oxygen is also used when the patient's PO<sub>2</sub> is lower than 55 mmHg, and SpO<sub>2</sub> is lower than 88% (Capriotti, 2022, p. 507)

The patient was diagnosed with COPD due to chronic exposure to pollutants. The patient worked in a factory for most of her life. She was diagnosed with COPD from a complete blood count (CBC). She needs help with activities of daily living due to dyspnea from COPD. The patient should be educated on concerning symptoms of COPD that will allow her to communicate and express what she needs help with (Agarwal et al., 2022).

### Pathophysiology References (2) (APA):

Agarwal, A. K., Raja, A., & Brown, B. D. (2022). *Chronic obstructive pulmonary disease - statpearls - NCBI bookshelf*. National Library of Medicine. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK559281/>

Capriotti, T. M. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2<sup>nd</sup> ed.). F. A. Davis Company.  
<https://fadavisreader.vitalsource.com/books/9781719641470>

### 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 (x10 <sup>6</sup> /μL) | 3.80-5.41    | N/A             | 4.44          | N/A                       |
| Hgb (g/dL)                 | 11.3-15.2    | N/A             | 12.2          | N/A                       |
| Hct (%)                    | 33.2-45.3    | N/A             | 37.8          | N/A                       |

|                                        |           |     |      |     |
|----------------------------------------|-----------|-----|------|-----|
| <b>Platelets (K/<math>\mu</math>L)</b> | 149-393   | N/A | 166  | N/A |
| <b>WBC (K/<math>\mu</math>L)</b>       | 4.0-11.7  | N/A | 8.0  | N/A |
| <b>Neutrophils (%)</b>                 | 46.8-70.0 | N/A | 51.1 | N/A |
| <b>Lymphocytes (%)</b>                 | 11.8-45.9 | N/A | 37.1 | N/A |
| <b>Monocytes (%)</b>                   | 4.4-12.0  | N/A | 8.1  | N/A |
| <b>Eosinophils (%)</b>                 | 0.0-8.3   | N/A | 2.7  | N/A |
| <b>Bands (%)</b>                       | 1-5       | N/A | N/A  | N/A |

Chemistry **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| <b>Lab</b>                 | <b>Normal Range</b> | <b>Admission Value</b> | <b>Today's Value</b> | <b>Reason For Abnormal</b> |
|----------------------------|---------------------|------------------------|----------------------|----------------------------|
| <b>Na- (mmol/L)</b>        | 135-145             | N/A                    | 138                  | N/A                        |
| <b>K+ (mmol/L)</b>         | 3.5-5.1             | N/A                    | 4.0                  | N/A                        |
| <b>Cl- (mmol/L)</b>        | 98-107              | N/A                    | 103                  | N/A                        |
| <b>CO2 (mmol/L)</b>        | 21-31               | N/A                    | 29                   | N/A                        |
| <b>Glucose (mg/dL)</b>     | 74-109              | N/A                    | 109                  | N/A                        |
| <b>BUN (mg/dL)</b>         | 7-25                | N/A                    | 25                   | N/A                        |
| <b>Creatinine (mg/dL)</b>  | 0.60-1.20           | N/A                    | 1.20                 | N/A                        |
| <b>Albumin (g/dL)</b>      | 3.5-5.2             | N/A                    | 3.5                  | N/A                        |
| <b>Calcium (mg/dL)</b>     | 8.6-10.3            | N/A                    | 8.6                  | N/A                        |
| <b>Mag (mg/dL)</b>         | 1.8-3.0             | N/A                    | N/A                  | N/A                        |
| <b>Phosphate (units/L)</b> | 1.7-2.6             | N/A                    | N/A                  | N/A                        |
| <b>Bilirubin (mg/dL)</b>   | 0.3-1.0             | N/A                    | 0.7                  | N/A                        |

|                           |        |     |    |     |
|---------------------------|--------|-----|----|-----|
| <b>Alk Phos (units/L)</b> | 34-104 | N/A | 68 | N/A |
|---------------------------|--------|-----|----|-----|

**Urinalysis** **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| <b>Lab Test</b>            | <b>Normal Range</b>    | <b>Value on Admission</b> | <b>Today's Value</b> | <b>Reason for Abnormal</b> |
|----------------------------|------------------------|---------------------------|----------------------|----------------------------|
| <b>Color &amp; Clarity</b> | Light yellow and clear | N/A                       | N/A                  | N/A                        |
| <b>pH</b>                  | 5.0-9.0                | N/A                       | N/A                  | N/A                        |
| <b>Specific Gravity</b>    | 1.001-1.029            | N/A                       | N/A                  | N/A                        |
| <b>Glucose</b>             | Negative               | N/A                       | N/A                  | N/A                        |
| <b>Protein</b>             | Negative/Trace         | N/A                       | N/A                  | N/A                        |
| <b>Ketones</b>             | Negative               | N/A                       | N/A                  | N/A                        |
| <b>WBC</b>                 | 0-5                    | N/A                       | N/A                  | N/A                        |
| <b>RBC</b>                 | 0-5                    | N/A                       | N/A                  | N/A                        |
| <b>Leukoesterase</b>       | Negative               | N/A                       | N/A                  | N/A                        |

**Cultures** **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| <b>Test</b>           | <b>Normal Range</b> | <b>Value on Admission</b> | <b>Today's Value</b> | <b>Explanation of Findings</b> |
|-----------------------|---------------------|---------------------------|----------------------|--------------------------------|
| <b>Urine Culture</b>  | Negative            | N/A                       | N/A                  | N/A                            |
| <b>Blood Culture</b>  | Negative            | N/A                       | N/A                  | N/A                            |
| <b>Sputum Culture</b> | Negative            | N/A                       | N/A                  | N/A                            |
| <b>Stool Culture</b>  | Negative            | N/A                       | N/A                  | N/A                            |

**Lab Correlations Reference (1) (APA):**

Kee, J. L. F. (2017). *Pearson Handbook of Laboratory & Diagnostic tests with nursing implications* (8<sup>th</sup> ed.). Pearson Publication.

Sarah Bush Lincoln Hospital. (2022). *Lab Values*. Sarah Bush Lincoln Hospital.

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):** N/A

**Diagnostic Imaging Reference (1) (APA):** N/A

**Current Medications (10 points, 2 points per completed med)**  
**\*5 different medications must be completed\***

**Medications (5 required)**

| <b>Brand/<br/>Generic</b> | Zyloprim/<br>Allopurinol                       | Zestril/<br>Lisinopril                                                      | Zocor/<br>Simvastatin                                          | K-10 (CAN)<br>/Potassium<br>Chloride           | Lopressor /<br>Metoprolol<br>Tartrate                    |
|---------------------------|------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------|
| <b>Dose</b>               | 300 mg                                         | 40 mg                                                                       | 20 mg                                                          | 10 MEQ                                         | 50 mg                                                    |
| <b>Frequency</b>          | QD                                             | QD                                                                          | QD                                                             | QD                                             | QD                                                       |
| <b>Route</b>              | PO                                             | PO                                                                          | PO                                                             | PO                                             | PO                                                       |
| <b>Classification</b>     | Xanthine<br>oxidase<br>inhibitor &<br>Antigout | Angiotensin-<br>converting<br>enzyme<br>inhibitor &<br>Antihypertens<br>ive | HMG-CoA<br>reductase<br>inhibitor<br>(statin) &<br>Antilipemic | Electrolytes<br>&<br>Electrolyte<br>supplement | Beta-<br>adrenergic<br>blocker &<br>Antihyperten<br>sive |



|                                            |                                                                                                                                                              |                                                                                                                                                                                                                         |                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                              |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mechanism of Action</b>                 | Allopurinol inhibits xanthine oxidase and causes it to block the metabolism of xanthine to uric acid. This helps relieve the symptoms of gout. (Jones, 2020) | Reduce blood pressure by inhibiting angiotensin I conversion to angiotensin II. Helps decrease aldosterone which helps the reduction of sodium and water retention. This then helps lower blood pressure. (Jones, 2022) | Decreased hepatic cholesterol levels stimulate the uptake of LDL. As LDL are consumed, it reduces the levels of cholesterol. (Jones, 2022) | Potassium becomes depleted and the ion leaves the cell. As ion is leaving the cell it is exchange with extracellular sodium and hydrogens to balance out electroneutrality. (PDR search, 2022) | Reduces blood pressure by decreasing the release of renin. Also inhibits the stimulation of beta-receptors sites in the heart. (Jones, 2022) |
| <b>Reason Client Taking</b>                | To treat gout                                                                                                                                                | To treat hypertension                                                                                                                                                                                                   | To treat hypercholesterol emia                                                                                                             | To treat and prevent hypokalemia                                                                                                                                                               | To manage hypertension                                                                                                                       |
| <b>Contraindications (2)</b>               | Hypersensitivity to allopurinol. Renal failure (Jones, 2022)                                                                                                 | Hypersensitivity to lisinopril. Hereditary or idiopathic angioedema (Jones, 2022)                                                                                                                                       | Active hepatic disease<br>Hypersensitivity to simvastatin (Jones, 2022)                                                                    | Complete heart block<br>Decreased kidney function (PDR search, 2022)                                                                                                                           | Hypersensitivity to metoprolol<br>Cardiogenic shock (Jones, 2022)                                                                            |
| <b>Side Effects/ Adverse Reactions (2)</b> | Chills<br>Pruritus (Jones, 2022)                                                                                                                             | Orthostatic hypertension<br><br>Arrhythmias (Jones, 2022)                                                                                                                                                               | Asthenia<br>Pancreatitis (Jones, 2022)                                                                                                     | Bleeding<br>Rash (PDR search, 2022)                                                                                                                                                            | Confusion<br>Bronchospasm (Jones, 2022)                                                                                                      |

### Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2022 nurse's drug handbook* (21st ed.). Jones & Bartlett Learning.

*Prescribers Digital Reference.* (2022) K-Tab (potassium chloride) dose, indications, adverse effects, interactions... Prescribers Digital Reference. Retrieved from <https://www.pdr.net/drug-summary/K-Tab-potassium-chloride-1073>

### Assessment

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

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>GENERAL:</b><br><b>Alertness:</b><br><b>Orientation:</b><br><b>Distress:</b><br><b>Overall appearance:</b>                                                                                                                                                                                          | ANO x4. Patient was alert and oriented. Patient was in no acute distress. Patient was well groomed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>INTEGUMENTARY:</b><br><b>Skin color:</b><br><b>Character:</b><br><b>Temperature:</b><br><b>Turgor:</b><br><b>Rashes:</b><br><b>Bruises:</b><br><b>Wounds:</b><br><b>Braden Score: 15</b><br><b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Type:</b> | Patient's skin was dry, scaly, intact, and warm. No rashes, lesions, or bruising. Skin color was appropriate to ethnicity. Skin turgor was elastic and <3 seconds. Braden score is 15.                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>HEENT:</b><br><b>Head/Neck:</b><br><b>Ears:</b><br><b>Eyes:</b><br><b>Nose:</b><br><b>Teeth:</b>                                                                                                                                                                                                    | Patients head and neck are symmetrical. Thyroid is non palpable. Trachea is midline with no deviation. Bilateral carotid pulses are palpable and 2+. Patient wears glasses. Bilateral sclera white, bilateral conjunctiva is pink, and bilateral cornea is clear. Bilateral lids are pink and moist without any lesions or discharge. PERRLA is bilaterally and EOM's intact bilaterally. Bilateral auricles are visible with no lumps or lesion. Nose is midline and septum are midline. Turbinate's are moist and pink bilaterally. No visible drainage or polyps. Bilateral frontal sinuses are |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nontender to palpation. Patient wears dentures. Tongue and buccal mucosa were pink, moist, and no lesions. |
| <b>CARDIOVASCULAR:</b><br><b>Heart sounds:</b><br><b>S1, S2, S3, S4, murmur etc.</b><br><b>Cardiac rhythm (if applicable):</b><br><b>Peripheral Pulses:</b><br><b>Capillary refill:</b><br><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input type="checkbox"/><br><b>Edema</b> Y <input type="checkbox"/> N <input type="checkbox"/><br><b>Location of Edema:</b>                                                                                                                                                                                                                                                             | N/A                                                                                                        |
| <b>RESPIRATORY:</b><br><b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/><br><b>Breath Sounds: Location, character</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N/A                                                                                                        |
| <b>GASTROINTESTINAL:</b><br><b>Diet at home:</b><br><b>Current Diet</b><br><b>Height:</b><br><b>Weight:</b><br><b>Auscultation Bowel sounds:</b><br><b>Last BM:</b><br><b>Palpation: Pain, Mass etc.:</b><br><b>Inspection:</b><br><b>Distention:</b><br><b>Incisions:</b><br><b>Scars:</b><br><b>Drains:</b><br><b>Wounds:</b><br><b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Size:</b><br><b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Type:</b> | N/A                                                                                                        |
| <b>GENITOURINARY:</b><br><b>Color:</b><br><b>Character:</b><br><b>Quantity of urine:</b><br><b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/><br><b>Dialysis:</b> Y <input type="checkbox"/> N <input type="checkbox"/><br><b>Inspection of genitals:</b><br><b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/>                                                                                                                                                                                                                                                                          | N/A                                                                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>Type:</b><br><b>Size:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>MUSCULOSKELETAL:</b><br><b>Neurovascular status:</b><br><b>ROM:</b><br><b>Supportive devices:</b><br><b>Strength:</b><br><b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br><b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br><b>Fall Score:</b> 9.0<br><b>Activity/Mobility Status:</b><br><b>Independent (up ad lib)</b> <input type="checkbox"/><br><b>Needs assistance with equipment</b> <input checked="" type="checkbox"/><br><b>Needs support to stand and walk</b> <input checked="" type="checkbox"/> | N/A |
| <b>NEUROLOGICAL:</b><br><b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/><br><b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/><br><b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no -<br><b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/><br><b>Orientation:</b><br><b>Mental Status:</b><br><b>Speech:</b><br><b>Sensory:</b><br><b>LOC:</b>                                                                                                                | N/A |
| <b>PSYCHOSOCIAL/CULTURAL:</b><br><b>Coping method(s):</b><br><b>Developmental level:</b><br><b>Religion &amp; what it means to pt.:</b><br><b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>                                                                                                                                                                                                                                                                                                                                         | N/A |

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

| Time | Pulse  | B/P       | Resp Rate   | Temp        | Oxygen |
|------|--------|-----------|-------------|-------------|--------|
| 0838 | 72 bpm | 110/58 LA | 22 resp/min | 36.7°C Oral | 96% RA |

**Pain Assessment, 1 set (5 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|------|-------|----------|----------|-----------------|---------------|
|      |       |          |          |                 |               |

|      |                    |     |   |     |     |
|------|--------------------|-----|---|-----|-----|
| 0845 | Numeric pain scale | N/A | 0 | N/A | N/A |
|------|--------------------|-----|---|-----|-----|

### Intake and Output (2 points)

| Intake (in mL)                         | Output (in mL) |
|----------------------------------------|----------------|
| 75% of breakfast<br><br>200mL of water | Voided 2x      |

### Nursing Diagnosis (15 points)

**\*Must be NANDA approved nursing diagnosis\***

| Nursing Diagnosis                                                                                                                                                                                                                       | Rationale                                                                                      | Interventions (2 per dx)                                                                                     | Outcome Goal (1 per dx)                               | Evaluation                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul> | <ul style="list-style-type: none"> <li>Explain why the nursing diagnosis was chosen</li> </ul> |                                                                                                              |                                                       | <ul style="list-style-type: none"> <li>How did the client/family respond to the nurse’s actions?               <ul style="list-style-type: none"> <li>Client response, status of goals and outcomes, modifications to plan.</li> </ul> </li> </ul> |
| 1. Impaired gas exchange related to chronic obstructive pulmonary disease as evidence by activity intolerance.                                                                                                                          | This diagnosis was given because the patient has a deficit in oxygen elimination.              | 1. Place patient in a position that best allows the facilitation of chest expansion to enhance gas exchange. | 1. The patient maintains an O2 saturation of 92-100%. | Patient is compliant with instructions and wanted what was best for her needs. Nurse will keep a log of respiration vitals in patient’s room to see if there are any changes. Patient                                                              |

|                                                                                         |                                                                                                                        |                                                                                |                                                                               |                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                         |                                                                                                                        | 2.Assist patient with ADLs to decrease tissue oxygen perfusion.                |                                                                               | would like to keep log for future doctor's visits.                                                                                                                                                                                                  |
| 2. Hopelessness related to major depression disorder as evidence by excessive sleeping. | This diagnosis was given because the patient is sleeping excessively. Patient also is withdrawn from life experiences. | 1.Getting patient involved with activities.<br>2. Teach patient coping skills. | 1. Patient interacts with others and regains involvement in life experiences. | Patient is excited to participate and activities and the ability to leave her room more.<br>Patient understands how to cope when feeling down.<br>Patient will contact family to talk but also will do something she loves to do when feeling down. |

**Other References (APA):**

Phelps, L. L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11<sup>th</sup> ed.). Wolters Kluwer.

**Concept Map (20 Points)**

**Subjective Data**

Dyspnea  
Coughing  
Increased sputum production  
Patient reported no pain

**Nursing Diagnosis/Outcomes**

Impaired gas exchange related to chronic obstructive pulmonary disease as evidence by activity intolerance.  
Checking respiratory vital signs Q4H to monitor changes in vital signs.

Hopelessness related to major depressive disorder as evidence by excessive sleeping.  
Patient interacts with others and regains involvement in life experiences.

**Objective Data**

Blood pressure- 110/58  
Respirations- 22 breaths per minute  
Temperature- 36.7  
Pulse- 72 beats per minute  
O2- 96%

**Client Information**

79-year-old patient has chronic obstructive pulmonary disorder. The patient also has a diagnosis of major depression disorder.  
Admitted to long term care facility for COPD.

**Nursing Interventions**

Asses the patient's respiratory vital signs  
Help patient with activities of daily living.  
Encourage patient to participate in activities.  
Teach patient coping skills.







