N311 Care Plan #3

Lakeview College of Nursing

Kelsy Marsh

Demographics (5 points)

Date of Admission 10/11/2022	Client Initials F.W.	Age 80	Gender Female
Race/Ethnicity White	Occupation Not employed	Marital Status Legally Separated	Allergies Lisinopril Reaction: swelling of the tongue
Code Status Full code	Height 5’	Weight 124 lbs.	

Medical History (5 Points)

Past Medical History: Throughout the span of roughly 8 years the patient has been diagnosed with a variety of different medical problems, such as: alcohol abuse (2014), anxiety disorder, breast cancer, cervical spondylosis, chronic respiratory failure (2020), clavicle fracture (2014), compression fracture of T12 vertebra (2021), COPD (chronic obstructive pulmonary disease), depression, hypercholesteremia, hypertension, hypothyroidism, malignant gastrointestinal stromal tumor of the stomach (2019), osteoarthritis involving multiple joints on both sides of the body, skin cancer, stomach cancer and subdural bleeding (2021).

Past Surgical History: In the year of 2004 the patient had a breast lumpectomy on the left side. In the year of 2007, the patient had a gastrectomy. In the year 2014, the patient had a umbilical hernia repair. In the year 2018, the patient had a surgery on her right hand. This surgery was done to repair her metacarphphalangeal ligament. In the year 2019 and 2021, the patient had an upper gastrointestinal endoscopy done. Also in the year of 2021, the patient had a right finger surgery. This surgery was a closed pinning of the patient’s right thumb.

Family History: The patient's family history includes breast cancer in her maternal aunt. The patient's father had congestive heart failure. The patient's mother had melanoma.

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

Smoking: The patient does not currently smoke cigarettes. The patient does admit to smoking before, but she quit. When the patient would smoke, it would be cigarettes. The patient has a 10.00 pack-year smoking history.

Smokeless Tobacco: The patient does not use smokeless tobacco.

Alcohol: The patient said that she use to drink a lot, but now she does not drink often. The patient said that she currently drinks around 10.8 oz. of alcohol per week. The patient did not specify whether the alcohol consumed was wine, beer or liquor.

Drug: The patient does not use drugs.

Vaping: The patient does not vape.

Admission Assessment

Chief Complaint (2 points): Shortness of breath

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

An 80-year-old patient with an extensive past medical history of hyperlipidemia, alcohol abuse, chronic respiratory failure (on 2 L of oxygen at home) and hypothyroidism presents to the ED. The patient presented to the ED on 10/11/2022 complaining of shortness of breath (**Onset**). The patient is a poor historian, but she said that she is short of breath (**Location**). The patient denies drinking heavily. The patient does have a past history of alcohol abuse (**Duration).** The patient denies any headaches, no chest pain, no abdominal pain, no constipation, no diarrhea, no arthralgias or myalgias (**Associated Manifestations).** After coming to the hospital, the patient

was in respiratory distress and was requiring BiPAP (**Characteristics).** Preliminary chest x-ray results showed pneumonia (**Aggravating Factors).** The patient was given one dose of Rocephin and doxycycline (**Relieving Factors).** There was a concern for aspiration since the patient was found in bed with copious amount of vomiting in labor breathing. The patient did not mention of having to be treated for this in any prior situations (**Treatment).**

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute hypoxemic respiratory failure

Secondary Diagnosis (if applicable): acute respiratory failure with hypoxia, aspiration pneumonia, and hyperlipidemia

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

People with acute hypoxemic respiratory failure means that they do not have "enough oxygen in your blood but your levels of carbon dioxide are close to normal." (Capriotti, 2020) This condition can trigger serious complications within the body and pull out severe underlying conditions within the body that the patient may not know about. Some symptoms of this condition include rapid breathing, loss of consciousness, sleepiness, profuse sweating and confusion. People with low oxygen levels may also experience cyanotic skin and fingers. There are several different causes of acute respiratory failure, and here are a few: " obstruction of the airway, injury to the airway, ARDS and drug or alcohol abuse." (Pagana, 2021) People at risk for this certain condition include those who smoke, drink alcohol, have a family history and have a compromised immune system.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition* (page 180). F.A. Davis.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

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	4.2- 5.4	3.91	3.31	**Red blood cell count was lower than normal limits. This could indicate Iron deficiency anemia, or another underlying chronic disease in the body. (Capriotti, 2022)**
Hgb	12-16	10.9	10.2	**Hgb levels were lower than the normal limits. This could indicate a Vitamin B12 deficiency, folate deficiency, gastrointestinal bleeding or anemia. (Capriotti, 2022)**
Hct	37-47	32.7	30.4	**Hct levels were lower than the normal limits. This could indicate hypothyroidism, inflammation of the stomach or intestines or an iron deficiency. (Capriotti, 2022)**
Platelets	150-400	270	259	**The patient's platelet count was within normal limits.**
WBC	4.5-11.0	7.50	6.90	**White blood cells were within normal limits.**
Neutrophils	55-70	83.2	71.7	**Patient had high neutrophils indicating they were fighting an infection in their body. (Capriotti, 2022)**
Lymphocytes	20-40	4.7	13.3	**Lymphocytes were lower than the**

				normal limits. Low lymphocytes can be a sign of a weak immune system or ones body is fighting infection. (Capriotti, 2022)
Monocytes	2-8	11.9	11.4	**Monocytes were higher than the normal limits. This can be linked to signs of infectious diseases, such as mononucleosis. (Capriotti, 2022)**
Eosinophils	1-4	0.2	2.7	Eosinophil's were lower than the normal limits. This low level can indicate: infection, allergies, inflammatory bowel disease or an autoimmune disease.
Bands	0-5	N/A	N/A	**Bands were not found.**

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145	136	135	**The patient's sodium levels were slightly below normal limits. This could indicate a consumption of too many fluids or a possible kidney failure. (Capriotti, 2022)**
K+	3.5-5	4.4	4.2	**The potassium levels were within normal limits.**
Cl-	98-106	95	94	**The patient's chloride levels were low. This could indicate heart failure or lung disease. (Capriotti, 2022)**
CO2	23-30	30	30	**CO2 was within normal limits.**
Glucose	74-106	104	100	**Glucose was within normal limits.**

BUN	10-20	14	16	**BUN was within normal limits.**
Creatinine	0.5-0.8	0.75	0.79	**Creatinine was within normal limits.**
Albumin	3.5-5	4.0	4.0	**Albumin was within normal limits.**
Calcium	4.5-5.6	9.2	9.0	**The calcium levels were higher than the normal limits. This can indicate cancer, severe dehydration or overactive parathyroid glands. (Capriotti, 2022)**
Mag	1.3-2.1	N/A	2.3	**The patient's Magnesium levels were slightly elevated. This could be an indication of Addison disease, kidney disease or dehydration. (Capriotti, 2022)**
Phosphate	3.0-4.5	N/A	N/A	**Phosphates were not noted.**
Bilirubin	0.3-1	0.5	N/A	**Bilirubin was within normal limits.**
Alk Phos	30-120	103	103	**Alk phos was within normal limits.**

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/ Clear**	**N/A**	**Urine color and clarity was within normal limits.**
pH	4.6-8.0	**5.5**	**N/A**	**pH was within normal limits.**

Specific Gravity	1.005-1.030	**1.010**	**N/A**	**Patient specific gravity was within normal limits.**
Glucose	Negative	**Negative**	**N/A**	**Patient's glucose was within normal limits.**
Protein	Negative	**Negative**	**N/A**	**Protein levels were within normal limits.**
Ketones	Negative	**Negative**	**N/A**	**Ketones were within normal limits.**
WBC	Negative	**Negative**	**N/A**	**WBC were within normal limits.**
RBC	Negative	**Negative**	**N/A**	**Red blood cells were within normal limits.**
Leukoesterase	Negative	**N/A**	**N/A**	**Leukoesterase was not noted.**

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 Postive > 100,000	**N/A**	**N/A**	**Abnormal urine culture may indicate a UTI or bladder infection. (Capriotti, 2022)**
Blood Culture	Negative	**N/A**	**N/A**	**If there is a positive blood culture this means there is an infection or bacteria in the blood. (Capriotti, 2022)**
Sputum Culture	Normal URT	**N/A**	**N/A**	**Abnormal septum culture will indicate a fungal infection within the body. (Capriotti, 2022)**

Stool Culture	Normal intestinal flora	**N/A**	**N/A**	**Abnormal stool culture will indicate a disease or cancer in the body. (Capriotti, 2022)**

Lab Correlations Reference (1) (APA):

Capriotti, T. (2022). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition*. F.A. Davis.

Diagnostic Imaging

The x-rays listed were all completed due to the recent chest pain that the patient has been experiencing. These x-rays were all done to ensure that the patient did not have any injuries to the lungs. A full x-ray was obtained of the abdomen because the patient has a history of gastric cancer, and presents with acute abdominal pain.

All Other Diagnostic Tests (10 points):

- **CT Abdomen/Pelvis with IV Contrast**
  - **Finding: The mediastinum has a small hiatal hernia; and the patient has mild cholelithiasis. The bladder shows that it's distended, which correlates that there's urinary retention. When looking at the bones and joints, it shows degenerative changes with the spine. The x-ray also shows that there is a chronic right inferior pubic ramus fracture. From the vascular standpoint, there are atherosclerotic changes without evidence of aneurysm.**

Diagnostic Imaging Reference (1) (APA):

Capriotti, T. (2020). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition* (page 180). F.A. Davis.

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

Brand/Generic	**Calcium carbonate Tablet Tums**	**Acetaminophen Tylenol**	**Enoxaparin/ Lovenox**	**Levothyroxine/ synthroid**	Losartan/ Cozaar
Dose	**1000mg**	**650mg**	**40mg**	**100mg**	25mg
Frequency	**PRN every 8 hours**	**PRN every 4 hours**	**Daily Injection**	**Daily**	Daily
Route	**Oral**	**Oral**	**SQ**	**Oral**	**Oral**
Classification	**Calcium salts, anti-acid, anti-hyper phosphatemic, calcium replacement cardiotonic. Jones & Bartlett Learning, LLC. (2022).**	**Nonsalicylate, paraaminophenol derivative. Non-opioid. Jones & Bartlett Learning, LLC. (2022).**	Antiplatelet drugs. **Jones & Bartlett Learning, LLC. (2022).**	Synthetic thyroid hormones. **Jones & Bartlett Learning, LLC. (2022).**	**Angiotensin II receptor antagonists. Jones & Bartlett Learning, LLC. (2022).**
Mechanism of Action	**Increases levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal system. Jones & Bartlett**	**Inhibits the enzymes by blocking prostaglandin production and interfering with pain and pulse generation and the peripheral nervous system. Jones & Bartlett Learning,**	**The drug binds and accelerates the activity of antithrobin III, an enzyme that causes blood to clot by acting on a blood protein called fibrinogen. Jones & Bartlett**	**Triiodothyronine (T3) and L-thyroxine (T4) diffuse into the cell nucleus and bind to thyroid receptor proteins attached to DNA. Jones & Bartlett Learning, LLC. (2022).**	Block the vasoconstrictor and aldosterone-secreting effects of angiotensin II by selectively blocking the binding of angiotensin II to the AT1 receptor found in

	Learning, LLC. (2022).	**LLC. (2022).**	**Learning, LLC. (2022).**		many tissues. **Jones & Bartlett Learning, LLC. (2022).**
Reason Client Taking	**Heart burns**	**Pain management**	**Maintain blood pressure**	Hypothyroidism	Hypertension
Contraindications (2)	**Cardiac resuscitation with risk of existing digitalis toxicity or presence of ventricular fibrillation. Frequent use of calcium supplements or calcium salts. Jones & Bartlett Learning, LLC. (2022).**	**Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe active liver disease. Jones & Bartlett Learning, LLC. (2022).**	**Recent brain operation, operation on the spine, eye surgery, diabetic retinopathy, increased risk of bleeding. Jones & Bartlett Learning, LLC. (2022).**	Fatigue, increased appetite, weight loss, heat intolerance, fever, excessive sweating. **Jones & Bartlett Learning, LLC. (2022).**	Hepatic disease, heart failure, hypotension, hyperkalemia, children and infants. **Jones & Bartlett Learning, LLC. (2022).**
Side Effects/Adverse Reactions (2)	**Nausea or vomiting, hypotension or irregular heartbeat. Jones & Bartlett Learning, LLC. (2022).**	**Anxiety, fatigue, fever, headache, hypertension, hypertension. Jones & Bartlett Learning, LLC. (2022).**	Nausea, diarrhea, anemia, confusion or pain. **Jones & Bartlett Learning, LLC. (2022).**	Heart palpitations or increased heart rate. **Jones & Bartlett Learning, LLC. (2022).**	Blurred vision, difficult breathing, dizziness, faintness, stomach pain and nausea. **Jones & Bartlett Learning, LLC. (2022).**

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:**	Patient is alert and oriented to person place and time. Patient is in no distress. Patient has no pain. Patient is over well-groomed overall.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Patient's temperature was 97.6 F. Patient skin is warm and dry patient skin color was white. Patient's turgor was quick to return. Patient has no rashes. The Braden score was a 20. Patient does not have any bruises or wounds. No drains were present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patient's head and neck were symmetrical. Patient eyes were clear bilaterally. Patient ears or warm to the touch and had no deformities. Patient's nose was symmetrical with face. Patient's teeth were well taken care of.

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:**	Apical pulse was regular. Patient's capillary refill was less than 3 to 5 seconds. There is no neck vein distension. There is no edema present.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	The patient was positive for shortness of breath. There were accessory muscles in use. Breath sounds over all of the lungs were diminished wheezes. The patient is on oxygen through nasal cannula set on 2L/hr.
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:**	Patient's diet is good overall. Height is 5'. Weight is 124 lbs. Bowel sounds were within normal limits. There are no feeding tube in place and no ostomy bag in place. Last BM was 10/13/22. Upon palpation, there is no pain or mass present. Upon inspection, there is no incision, drains or wounds. There are scars present from previous medical surgeries. There is no nasogastric tube in place. The patient is positive for nausea and vomiting. There is distention present.

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Patient's urine is clear and yellow. Patient has no pain with urination. Patient is not on dialysis. Patient does not have a catheter.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **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☐**	Patient has full range of motion besides right foot. Patient is a fall risk due to age, cardiovascular medication, mobility weakness, altered elimination. No equipment is needed to move patient. Fall score is a 9.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	PERRLA is intact. Strength is equal. Speech is clear. Patient is oriented to person place and time.
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 believes in God. Patient has a husband and children. Patient's cousin sent flowers to hospital. Patient developmental level is within normal limits.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:05 am	78	138/72	22	97.6 F	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:05am	0-10	Chest	2	Tight	Respiratory therapy/Pain medications

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240cc 240cc	450cc

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. Impaired Gas Exchange related to altered oxygen-carrying capacity of blood as evidenced by hypercapnia, dyspnea and abnormal breathing.	The client will adapt breathing patterns over time to facilitate gas exchange. Changes in breath sounds may reveal the cause of impaired gas exchange. Phelps, L. L. (2020).	**1. Assess the respiratory depth, rate and rhythm.** **2. Assess the client's breath sounds. Assess cough for signs of bloody sputum.** Phelps, L. L. (2020).	**1. Client will maintain optimal gas exchange, as evidenced by ABG's within client's usual range; oxygen saturation of 90% or greater; alert, responsive mentation or no further reduction in the level of consciousness; and relaxed breathing and baseline HR for the client.** Phelps, L. L. (2020).	Response overall was great to the treatments. The client's response to the status of goals is very hopeful.

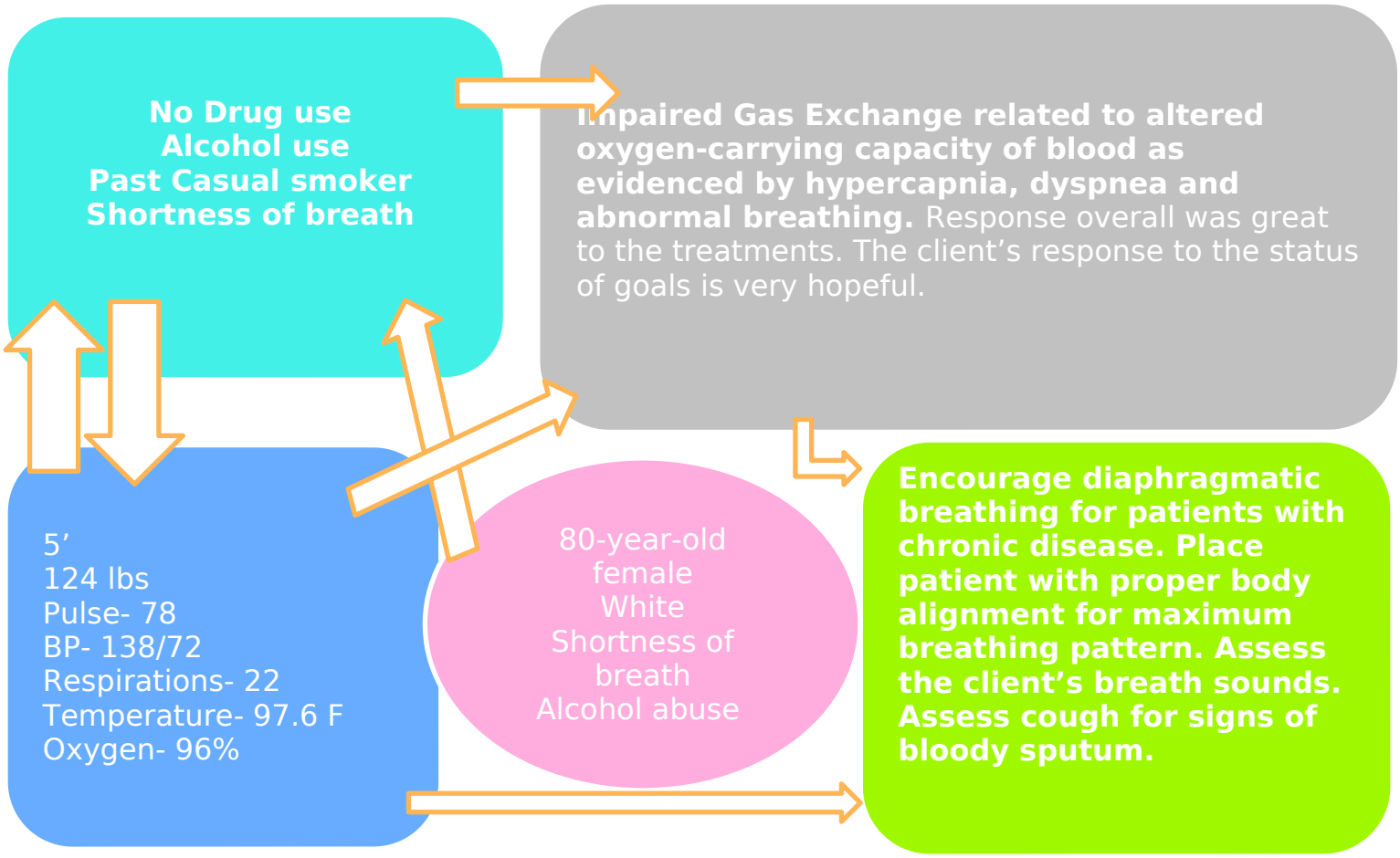
2. Ineffective breathing pattern related to tachypnea evidenced by wheezing. Phelps, L. L. (2020).	A sitting position permits maximum lung excursion and chest expansion. This method relaxes muscles and increases the patient's oxygen levels. Phelps, L. L. (2020).	**1. Place patient with proper body alignment for maximum breathing pattern.** **2. Encourage diaphragmatic breathing for patients with chronic disease.** Phelps, L. L. (2020).	**1. When patient carries out ADL's, breathing pattern remain normal.** Phelps, L. L. (2020).	Response was overall good. The patient is staying positive with the treatment process.

Other References (APA):

Phelps, L. L. (2020). In *Sparks & Taylor's nursing diagnosis reference manual* (11th ed.).

essay, Wolters Kluwer.

Concept Map (20 Points):


No Drug use
Alcohol use
Past Casual smoker
Shortness of breath
Impaired Gas Exchange related to altered oxygen-carrying capacity of blood as evidenced by hypercapnia, dyspnea and abnormal breathing. Response overall was great to the treatments. The client's response to the status of goals is very hopeful.
5'
124 lbs
Pulse- 78
BP- 138/72
Respirations- 22
Temperature- 97.6 F
Oxygen- 96%
80-year-old
female
White
Shortness of
breath
Alcohol abuse
Encourage diaphragmatic breathing for patients with chronic disease. Place patient with proper body alignment for maximum breathing pattern. Assess the client's breath sounds. Assess cough for signs of bloody sputum.