

Physical Exam/Assessment

Pathophysiology

General: The patient is alert and oriented Xs 3 to person, place, and time. The patient is appropriately developed, alert, and cooperative. The patient is plethoric and responsive but does appear tired.

Integument: Skin is white, intact, warm, and dry without jaundice. Normal turgor. Visualized ecchymosis near the right axilla area.

HEENT: Normocephalic, anicteric sclera, moist mucous membranes, no oral lesions. The head and neck are symmetrical. The trachea is midline without deviation. The oral cavity is pink, moist, and clear. Auricles are bilateral, with no visible deformities. The septum is midline, with no visible bleeding. Teeth are natural and intact.

Cardiovascular: Negative for chest pain and palpitations (+) for lower extremity edema bilaterally. Regular rhythm with no murmurs.

Respiratory: Breath sounds diminished, (+) for dyspnea on exertion. The patient has a nasal cannula running at 4lpm.

Genitourinary: Negative for frequency, dysuria, and hematuria. Patient was heavily incontinent Xs 2 during my clinical shift.

Gastrointestinal: Current diet in hospital setting is full liquids. He is tolerating full liquid diet well. Bowel sounds normoactive in all four quadrants. The abdomen is soft, flat, and non-tender.

Musculoskeletal: Ambulation difficulty – requires equipment (gait belt and assistance). Decreased active range of motion. Weakness associated with using upper extremities (such as shoulder movements). Distal strength present.

Neurological: Negative for headaches, paresthesia, negative for confusion, moves extremities in bed. Appropriate affect, good eye contact, normal speech pattern. Eyesight aided with glasses, hearing aided with (left) hearing aid.

Most recent VS (include date/time and highlight if abnormal): DOS 10.26.22 | Time 1400 | T 97.6 temporal, P 110, RR 26, BP 132/63, O2 91 on Nasal cannula

Medications
(Post your entries)
Learning, 2021)

Disease process: Chronic obstructive pulmonary disease, sometimes known as COPD, is a disease that worsens with time. Breathing becomes challenging with COPD due to decreased airflow into and out of the airways. To force air of the body the lungs rely on the bronchial tubes' and air sacs' inherent suppleness. When exhaling, some air is left in the lungs because of COPD's elasticity loss and excessive expansion (Mayo Clinic Staff, 2020).

S/S of disease: Symptoms of COPD often start out mild but get worse with time. These symptoms can make it difficult for one to do daily tasks. Once may be unable to perform even simple tasks such as walking, climbing, or dressing oneself in a case of severe COPD. Signs and symptoms may include shortness of breath, chest tightness, wheezing, and chronic cough that produces sputum (Mayo Clinic Staff, 2020).

Method of Diagnosis: COPD can be diagnosed by reviewing the medical history, performing a physical exam, lung function tests, ABGs and an X-ray or CT scan (Mayo Clinic Staff, 2020).

Treatment of disease: Treatments of this disease include lifestyle changes (dietary modifications), short-acting bronchodilator inhalers, and oxygen therapy for support (Mayo Clinic Staff, 2020).

ALPRAZolam (Xanax)
Therapeutic Class: Benzodiazepines
Nursing Considerations: Expect to give a higher dosage if patient's panic attacks are severe.
Reason client is taking: The patient has CHF, diuretics help relieve the congestive symptoms of HF.

Pantoprazole (Protonix)
Therapeutic Class: Antiacid
Nursing Considerations: Advise patient to avoid alcohol and foods that could cause reflux.
Reason client is taking: The patient has CHF, diuretics help relieve the congestive symptoms of HF.

Sildenafil (Aronix)
Therapeutic Class: Phosphodiesterase Inhibitors
Nursing Considerations: Monitor BP prior to administration.

Ipratropium-Albuterol (Duoneb)
Therapeutic Class: Anticholinergic agent
Nursing Considerations: Understand this drug is not only used for asthma dysfunction.

Sacubitril-Valsartan (Entresto)
Therapeutic Class: ARNI
Nursing Considerations: Monitor BP as this can cause hypotension.

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
<p>Ineffective airway clearance related to decreased energy as evidenced by not tolerating the OT evaluation/treatment very well</p>	<p>Impaired gas exchange related to altered oxygen supply as evidenced by dyspnea</p>	<p>Activity intolerance related to sedentary lifestyle as evidenced by weakness.</p>
<p>Rationale</p>	<p>Rationale</p>	<p>Rationale</p>
<p>ABCs are a priority. When attempting the OT exercises the patient's respirations noticeable increased.</p>	<p>Another ABC priority. The patient is on a nasal cannula, so the oxygen supply is altered.</p>	<p>This nursing diagnosis was chosen because of the difficulty the patient had during the OT exercises.</p>
<p>Interventions</p>	<p>Interventions</p>	<p>Interventions</p>
<p>Intervention 1: Assist the patient to assume a position of comfort (elevate HOB, have patient lean on an overbed table, or sit on edge of the bed).</p> <p>Intervention 2: Encourage abdominal or pursed lip breathing exercises.</p>	<p>Intervention 1: Encourage expectoration of sputum suction when needed.</p> <p>Intervention 2: Evaluate the level of activity tolerance. Provide a calm, quiet environment. Limit patient's activity or encourage bed or chair rest during the acute phase.</p>	<p>Intervention 1: Instruct on diaphragmatic breathing</p> <p>Intervention 2: Teach conservation techniques. Activity should be increased gradually</p>
<p>Evaluation of Interventions</p>	<p>Evaluation of Interventions</p>	<p>Evaluation of Interventions</p>

<p>I was not able to implement my proposed interventions during this clinical time, but a hopeful outcome would be that the patient demonstrated behaviors to improve airway clearance, for example: coughing effectively and expectorating secretions.</p>	<p>I was not able to implement my proposed interventions during this clinical time, but a hopeful outcome would be that the patient improves ventilation and adequate oxygenation of tissues by ABGs within the patient's normal range and be free of symptoms of respiratory distress.</p>	<p>I was not able to implement my proposed interventions during this clinical time, but a hopeful outcome is that the patient was eventually be able to participate in OT exercises while maintaining respiratory pattern and vital signs within normal limits</p>
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References (3) (APA):

Mayo Clinic Staff. (2020, April 15). *COPD*. Mayo Clinic. Retrieved October 29, 2022, from <https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679>

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