N311 Care Plan #

Lakeview College of Nursing

Shanique Williams

Demographics (5 points)

Date of Admission 10-25-2022	Client Initials K.R	Age 53	Gender Male
Race/Ethnicity Non-Hispanic	Occupation Mail Man	Marital Status Married	Allergies No Known
Code Status Full code	Height 5'10	Weight 184 lbs.	

Medical History (5 Points)

Past Medical History: previous history of tobacco uses and possible undiagnosed COPD

Past Surgical History: N/A

Family History: Family history not on file

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): reports that he has quit smoking he has never used smokeless tobacco. He reports current alcohol use. He reports previous drug use: Marijuana

Admission Assessment

Chief Complaint (2 points): shortness of breath

History of Present Illness – OLD CARTS (10 points): Kevin. K. Richards is a 53-year-old male with recent history of covid-19 infection in august and shortness of breath, few times after that who presented to the hospital with complaints of shortness of breath that was markedly worse on ambulation. Patient says that he could not even walk without getting short of breath for the past two days. He denies smoking any more. He does have a history of smoking for 30 years. He was never diagnosed with asthma or COPD. He denies any fevers or chills before coming to the hospital. No chest pains. He denies any headaches, no dizziness, no abdominal pain, no constipation or diarrhea. On admission patient was

required up to 4 liters of oxygen. He is not on any oxygen at home. He was found to have multi lobular pneumonia. He was given 1 dose of Rocephin and azithromycin in the emergency room.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Community acquired bacterial pneumonia

Secondary Diagnosis (if applicable): Tobacco abuse, acute respiratory failure with hypoxemia, hyponatremia.

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

Pneumonia is a type of lung infection. It can cause breathing problems and other symptoms. In community-acquired pneumonia (CAP), you get infected in a community setting. It doesn't happen in a hospital, nursing home, or other healthcare center. Many different types of germs can cause pneumonia. But certain types cause CAP more often. Worldwide, Streptococcus pneumoniae is a bacteria that is most often responsible for CAP in adults. Some other common bacteria that cause CAP are haemophiles influenzae, mycoplasma pneumoniae, chlamydia pneumoniae, legionella just to name a few. Symptoms of pneumonia can in include shortness of breath, coughing, heavy sputum, fevers and chills. Community acquired pneumonia is diagnosed by chest x-ray and this will mostly diagnose this, a blood test to test for infection. Treatments depend on the state you're in, if pneumonia is severe or not, which intend you to stay in the hospital if its severe (Cedar, 2022). You can take antibiotics so it can kill the germs. If at home you will take medication by mouth for 5 to 7 days. In some cases, you may need extra oxygen or fluids to help with dehydration, or even breathing treatments. You can lower your chances of contacting community acquired pneumonia by getting your vaccines every year (MdlinePlus,

2022). The patient is currently on medication to help with their symptoms in experiencing pneumonia and is taking the necessary steps in getting better.

Pathophysiology References (2) (APA):

"Articles." *Cedars*, 2022, https://www.cedars-sinai.org/health-library/diseases-and-conditions/c/community-acquired-pneumonia-in-adults.html.

"Community-Acquired Pneumonia in Adults: Medlineplus Medical Encyclopedia." *MedlinePlus*, U.S. National Library of Medicine, 2022, https://medlineplus.gov/ency/article/000145.htm.

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		**3.93**	**4.06**	**Patient has a diagnosis of community acquired pneumonia (Pagana, 2019)**
Hgb		**11.8**	**12.2**	**Patient has a diagnosis of community acquired pneumonia (Pagana, 2019)**
Hct		**35.3**	**36.7**	**Patient has a diagnosis of community acquired pneumonia (Pagana, 2019)**
Platelets		**293**	**327**	
WBC		**14.00**	**10.90**	**Patient has a diagnosis of community acquired pneumonia (Pagana, 2019)**
Neutrophils		**87.0**	**89.6**	**Patient has a diagnosis of**

				community acquired pneumonia (Pagana, 2019)
Lymphocytes		**4.8**	**4.4**	**Patient has a diagnosis of community acquired pneumonia (Pagana, 2019)**
Monocytes		**7.2**	**4.6**	
Eosinophils		**0.6**	**N/A**	
Bands		**N/A**	**N/A**	

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-		**131**	**137**	**Patient has a diagnosis of community acquired pneumonia (Pagana, 2019)**
K+		**3.7**	**4.4**	
Cl-		**103**	**100**	
CO2		**20**	**23**	**Patient has a diagnosis of community acquired pneumonia**
Glucose		**101**	**162**	**Patient has a diagnosis of community acquired pneumonia (Pagana, 2019)**
BUN		**7**	**9**	
Creatinine		**0.69**	**0.64**	**Patient has a diagnosis of community acquired pneumonia (Pagana, 2019)**
Albumin		**3.3**	**N/A**	**Patient has a diagnosis of community acquired pneumonia (Pagana, 2019)**
Calcium		**9.0**	**9.7**	
Mag		**2.0**	**N/A**	
Phosphate		**N/A**	**N/A**	
Bilirubin		**N/A**	**N/A**	

Alk Phos		**82**	**N/A**	

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		**N/A**	**N/A**	
pH		**N/A**	**N/A**	
Specific Gravity		**N/A**	**N/A**	
Glucose		**N/A**	**N/A**	
Protein		**N/A**	**N/A**	
Ketones		**N/A**	**N/A**	
WBC		**N/A**	**N/A**	
RBC		**N/A**	**N/A**	
Leukoesterase		**N/A**	**N/A**	

Not obtained during visit

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		**N/A**	**N/A**	
Blood Culture		**No growth in 1 day**	**N/A**	
Sputum Culture		**N/A**	**N/A**	

Stool Culture		**N/A**	**N/A**	

Lab Correlations Reference (1) (APA): Pagana, Kathleen. (2019). Mosby's Diagnostic and Laboratory Test Reference, (14th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): CT chest x-ray: for shortness of breath; impression; multi lobular pneumonia.

Patient received CT chest x-ray due to shortness of breath (Pagana, 2019). The CT chest x-ray indicated that the patient has multi lobular pneumonia, which could cause the patient to have shortness of breath. Multi lobular pneumonia can stem from one having an infected cough, sneeze or talking, sending respiratory droplets into the air. These droplet then can be inhaled by close contacts, you can also get pneumonia from touching an object or surface that has the germs on it then you touch your nose or mouth (American Lung Association, 2022). This specific patient is a mail carrier, his job consists of coming in contact with different individuals and touching different items, his diagnoses say he has community acquired bacteria pneumonia, and he came in for shortness of breath, which resulted in the CT showing the patient has multi lobular pneumonia.

Patient also had biopsy done, due to fluid being in left lung.

Note: when obtaining information they didn't have in the charges where his biopsy was done

Diagnostic Imaging Reference (1) (APA):

American Lung Association . “What Causes Pneumonia?” *American Lung Association*, 2022, https://www.lung.org/lung-health-diseases/lung-disease-lookup/pneumonia/what-causes-pneumonia.

Pagana, Kathleen. (2019). Mosby’s Diagnostic and Laboratory Test Reference, (14th ed.).

Elsevier.

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

Medications (5 required)

Brand/Generic	**Azithromycin**	**Acetaminophen**	**Calcium Carbonate**	**Guaifenesin-dextrometho**	**Magnesium Hydroxide**

	(Zithromax)	**(Tylenol)**	**(Tums)**	**rphan (Robitussin DM)**	**(milk of magnesia)**
Dose	**500 mg**	**650 mg**	**1,000 mg**	**10 mL**	**30 mL**
Frequency	**Daily**	**Every 4 hr PRN**	**PRN**	**PRN 6hr**	**PRN**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Antibiotic**	**Antipyretic**	**Antiacid**	**antitussives**	**Electrolyte replacement**
Mechanism of Action	**Drug concentrates in phagocytes, macrophages, and fibroblasts, which release it slowly and may help move it to infection sites (Jones & Bartlett Learning, 2023)**	**Acetaminophen acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2. (Jones & Bartlett Learning, 2023)**	**Increases levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal system (Jones & Bartlett Learning, 2023)**	**While it is generally proposed that guaifenesin functions as an expectorant by helping to loosen phlegm and thin bronchial secrections to rid the brochial passageways of bothersome mucus and make coughs more productive(Jones & Bartlett Learning, 2023)**	**Assists all enzymes involved in phosphate transfer reactions that use adenosine triphosphate (Jones & Bartlett Learning, 2023)**
Reason Client Taking	**To treat mild community-acquired pneumonia**	**Pain**	**Heartburn, indigestion**	**Cough, congestion**	**constipation**
Contraindications (2)	**History of cholestatic jaundice or**	**Hypersensitivity to**	**Hypercalcemia, renal calculi**	**Hypersensitivity , idiosyncrati**	**Hypersensitivity to magnesium**

	hepatic dysfunction associated with prior use of azithromycin, hypersensitivity to azithromycin	**acetaminophen or its component, severe hepatic impairment, severe active liver disease.**		**c reaction upon administration of the drug**	**salts or any component of magnesium-containing preparations, heart block**
Side Effects/Adverse Reactions (2)	**Chest pain, anxiety**	**Hypertension, anxiety**	**Irregular heartbeat, hypotension**	**Dizziness, drowsiness**	**Dyspnea, respiratory depression or paralysis**

Medications Reference (1) (APA): Jones & Bartlett Learning, (2023). Nurse's Drug Handbook (22nd ed.). Jones & Bartlett

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:**	**Alert, oriented to person, place, time and situation** **Alert and responsive** **No acute distress**

Overall appearance:	**Well groomed**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **White skin** **Intact, dry** **Skin warm** **Skin turgor good mobility** **No rashes** **No bruising** **No wounds** **Braden score = 0**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head is round and symmetrical of skull** **And face** **Trachea is midline no deviations** **No drainage or ear wax** **Conjunctiva clear/ Bilateral sclera, white** **Oral cavity pink/ moist and clear**
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:**	**Clear S1 and S2 without murmur gallops, or rubs** **Pulses 2+ bilaterally** **Breathing is labored** **Capillary refill less than 3 seconds**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**The pulmonary effect is abnormal breathing sounds in left side**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:**	**Regular diet** **NPO** **5'10** **184 lbs.** **No irregular bowel sounds** **Last bowel movement was not obtained** **Abdomen is bloated a little, but no pain indicated. No masses noted.** **skin is intact with no scaring, bruising** **No incisions** **No scars** **No drains** **No wounds**

Wounds: **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Yellow/clear** **Continent to toilet**
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☐**	**Extremity intact, no swelling, no edema, no cyanosis present** **Full ROM of all body joints** **Client can ambulate on their own** **Grip equal bilaterally** **No DVT in legs**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Alert and oriented to person, place, time and situation** **Client was in no acute distress upon meeting was sitting up in bed talking on the phone to wife.** **Speech was clear** **Client doesn't wear any contact/glasses** **No changes in LOC**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and**	**The client lives and home with wife** **The client does not specify any religion**

available family support):	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:10 am	**81**	**110/77**	**20**	**97.3**	**96 nasal cannulas**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:10 am	**0-10**		**0**		

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
NPO	**Patient is continent to toilet**

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• 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	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes,

				modifications to plan.
1. **Risk for ineffective airway clearance related pt having community acquired pneumonia as evidence by pt diagnosis**	**The patient is diagnosed with community acquired pneumonia**	1. **Teach deep breathing exercises** 2. **Assess the pt ability to elevate the head of bed and help change positions frequently**	**1. patient will identify and demonstrate behaviors to achieve airway clearance**	**Patient has followed the nursing diagnosis and has demonstrated affective breathing techniques.**
risk for excess fluid volume related to pt diagnostic result showing that pt has edema in lungs related to pt primary diagnoses of community acquired pneumonia as evidence by diagnostic test showing patient has fluid in left lung	**Patient diagnostic testing showing fluid in the left lung**	**Enforce fluid restrictions and educate on the importance** **Record accurate intake and output**	**Patient will display normal fluid volume as evidenced by balanced intake and output**	**Patient followed the nursing diagnosis**

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient was actively talking on the phone with his wife and seemed to be in good spirits. Patient stated that he couldn't breathe so sitting up helped him breath better. Patient stated he was ready to get back to work.

Risk for ineffective airway clearance related pt having community acquired pneumonia **Nursing Diagnosis/Outcomes**

Outcome: Patient has followed the nursing diagnosis and has demonstrated affective breathing techniques.

risk for excess fluid volume related to pt diagnostic result showing that pt has edema in lungs related to pt primary diagnoses of community acquired pneumonia as evidence by diagnostic test showing patient has fluid in left lung

Outcome: Patient followed the nursing diagnosis

Nursing Interventions

Objective Data

Upon meeting the pt he was alert and oriented x4 was well groomed and in no acute distress. He was very nice and as eager to talk and be playful.

Client Information

K.R
Married/ Non-Hispanic
Height 5'10
Weight 184 lbs.
Full code
No Known Allergies

Teach deep breathing exercises

Assess the pt ability to elevate the head of bed and help change positions frequently

Enforce fluid restrictions and educate on the importance

Record accurate intake and output