N441 Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
1/21/2023	JL	66	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Disabled	Divorced	NKDA
Code Status	**Height**	**Weight**	
Full Code	175.3 cm	59.8 kgs	

Medical History (5 Points)

Past Medical History: The patient has a past medical history of COPD, Chronic Respiratory Failure, OSA, Chronic pulmonary disease, HTN, Hyperlipidemia, Anxiety, Depression, a lower respiratory infection, and Seizures.

Past Surgical History: The patient has a past surgical history of a neuroplasty- 3/3/2017, Right Knee Arthroplasty, and Cardiac Catheterization (7/28/2021).

Family History: The patient's father had a heart attack and a stroke. His mother also had a stroke.

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

Cigarettes: 1 pack a day, 46 pack year history

ETOH: History of 0.6 oz per week

Drugs: Hydrocodone, Benzodiazepines, Marijuana, and Methamphetamines*

Quantity and Duration of drug use were not stated or given by the patient

Assistive Devices: The patient uses a cane, glasses, and dentures.

Living Situation: The patient lives alone in a one-story home.

Education Level: The patient completed high school.

Admission Assessment

Chief Complaint (2 points): Respiratory Distress

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

JL is a 66-year-old male who presents via EMS with trouble breathing. The patient has a history of COPD and chronic respiratory failure. The patient is normally on 3 L of oxygen via nasal cannula. The present family stated that the patient was eating yesterday and felt like something was stuck in his throat. The patient's family states that no factors helped or worsened the condition. The family states that the client's condition worsened over the course of the day. The patient started showing worsening shortness of breath and became unresponsive today (1/21/2023). While in the ambulance, the patient had an oxygen saturation of 68% and was intubated. Also, en route, the patient was given 5 mg of Versed but opens his eyes on command.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute respiratory failure with hypoxia

Secondary Diagnosis (if applicable): NA

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

Respiratory failure is a clinical condition when the respiratory system fails to maintain its primary function, gas exchange (Shebl & Burns, 2019). On a cellular level, this client has a reduced number of alveoli making gas exchange harder to accomplish. JL has a history of COPD. COPD causes the lungs to become hyperinflated because of an increased work of breathing. Chronic hyperinflation of the lungs results in the bursting of alveoli, significantly reducing the surface area for gas exchange. Respiratory failure occurs when the pulmonary system fails to oxygenate the blood or sufficiently eliminate carbon dioxide. Respiratory failure classifies as either hypoxemic or hypercapnic respiratory failure (Shebl & Burns, 2019). Hypoxemic respiratory failure occurs when the pressure of oxygen in arterial blood is lower than

60 mm Hg with regular arterial carbon dioxide (Shebl & Burns, 2019). Many acute lung diseases can cause respiratory failure, including pulmonary edema, PE, pneumonia, or pneumothorax. In this patient's case, his history of COPD, smoking, and respiratory failure led him to acquire a mucus plug. The mucus plug obstructed the client's airway, and the reduced alveoli led him to need an ET tube.

Respiratory failure presents with shortness of breath, increased work of breathing, cyanosis, low oxygen saturation, abnormal ABG results, and activity intolerance. Hypercapnic respiratory failure occurs when carbon dioxide in arterial blood (PaCO2) exceeds 50 mm Hg (Shebl & Burns, 2019). Common causes of hypercapnia include COPD and asthma. Hypoxemia commonly accompanies hypercapnic respiratory failure in persons who are breathing room air (Shebl & Burns, 2019). An individual can expect to see oxygen saturations of less than 90%, tachycardia, hypertension, and abnormal ABG results based on whether the client is hypoxic or hypoxemic. A patient can be diagnosed with respiratory failure after completing ABGs and a chest X-ray (Shebl & Burns, 2019). A doctor commonly uses oxygen therapy, medications like bronchodilators, and the treatment of underlying disease to treat respiratory failure.

JL presented with an oxygen saturation of 68%, was unresponsive, and had diminished breath sounds. Post-removal of the mucus plug via a bronchoscopy, the patient has oxygen saturations in the normal range while on 5 L via a nasal cannula and tolerates activities of daily living.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company

Eman Shebl, & Bracken Burns. (2019, May 6). *Respiratory Failure.* Nih.gov; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK526127/

Laboratory Data (15 points)

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	**4.1-5.7**	**4.95**	**4.37**	Within normal limits.
Hgb	**12-18**	**15.6**	**12.5**	Within normal limits
Hct	**37-51**	**46.5**	**37.3**	Within normal limits
Platelets	**140-400**	**432**	**341**	Within normal limits
WBC	**4-11**	**10.20**	**10.60**	Within normal limits
Neutrophils	**1.6-7.7**	**6.6**	**7.20**	Within normal limits
Lymphocytes	**1-4.8**	**1.70**	**1.80**	Within normal limits
Monocytes	**2-8**	**13.7**	**14.3**	JL's monocytes are most likely elevated due to the infectious process of his lower respiratory tract (Pagana et al.,2020).
Eosinophils	**1-4**	**0.40**	**0.3**	Within normal limits
Bands	**0-5**	**NA**	**NA**	

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-	**135-145**	**136**	**145**	Within normal limits
K+	**3.5-5**	**4.5**	**4.0**	Within normal limits
Cl-	**98-106**	**104**	**111**	A high chloride level is associated with acidotic imbalances. The patient's ABG result shows respiratory acidosis which is consistent with his history of COPD and ards (Pagana et al., 2020).

CO2	**23-30**	**21**	**26**	Within normal limits
Glucose	**74-106**	**98**	**103**	Within normal limits
BUN	**10-20**	**13**	**33**	An elevated BUN can be associated with dehydration as the other kidney function tests are within the normal range. The client is likely dehydrated due to his fluid restriction and diuretic medications (Pagana et al., 2020).
Creatinine	**0.5-0.8**	**0.78**	**0.80**	Within normal limits
Albumin	**3.5-5.7**	**4.1**	**3.5**	Within normal limits
Calcium	**8.8-10.2**	**9.3**	**9.0**	Within normal limits
Mag	**1.6-2.6**	**NA**	**2.1**	Within normal limits
Phosphate	**2.2-4.5**	**NA**	**NA**	
Bilirubin	**0.2-0.8**	**NA**	**NA**	
Alk Phos	**40-150**	**96**	**58**	Within normal limits
AST	**5-34**	**39**	**38**	A high AST level can be connected to the patient's history of hyperlipidemia (Pagana et al., 2020).
ALT	**0-55**	**13**	**15**	Within normal limits
Amylase	**40-140**	**NA**	**NA**	
Lipase	**0-160**	**NA**	**NA**	
Lactic Acid	**0.5-2.0**	**NA**	**NA**	
Troponin	**0-0.03**	**<0.030**	**NA**	Within normal limits

CK-MB	**3-5%**	**NA**	**NA**	
Total CK	**200-395**	**NA**	**NA**	

Other Tests 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
INR	**0.9-1.1**	**NA**	**NA**	
PT	**11.7-13.8**	**NA**	**NA**	
PTT	**25-36**	**NA**	**NA**	
D-Dimer	**<0.5**	**NA**	**NA**	
BNP	**<100**	**NA**	**NA**	
HDL	**<60**	**NA**	**NA**	
LDL	**>70**	**NA**	**NA**	
Cholesterol	**125-200**	**NA**	**NA**	
Triglycerides	**<150**	**NA**	**NA**	
Hgb A1c	**>5.7**	**NA**	**NA**	
TSH	**0.35-4.94**	**NA**	**NA**	

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	**Colorless/ yellow**	**NA**	**Colorless Yellow**	
pH	**5-9**	**NA**	**NA**	
Specific Gravity	**1-1.03**	**NA**	**NA**	

Glucose	**Neg**	**NA**	**NA**	
Protein	**Neg**	**NA**	**NA**	
Ketones	**Neg**	**NA**	**NA**	
WBC	**0-25**	**NA**	**NA**	
RBC	**0-20**	**NA**	**NA**	
Leukoesterase	**Neg**	**NA**	**NA**	

Arterial Blood Gas 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
pH	**7.35-7.45**	**7.29**	**NA**	The pH is acidotic (Pagana et al., 2020).
PaO2	**80-100**	**71**	**NA**	The PaO2 is acidotic (Pagana et al., 2020).
PaCO2	**35-45**	**52**	**NA**	The PaCO2 is acidotic (Pagana et al., 2020).
HCO3	**22-26**	**25.3**	**NA**	Within normal limits
SaO2	**95-100**	**92**	**NA**	The SaO2 is acidotic (Pagana et al., 2020).

***The ABG results show that the patient is in respiratory acidosis. This finding is congruent with his history of COPD and the incident where he desaturated to 68% prior to intubation.**

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	**Neg:<10,000 Pos:>100,000**	**NA**	**NA**	
Blood Culture	**Negative**	**NA**	**NA**	
Sputum Culture	**Negative URT**	**NA**	**NA**	
Stool Culture	**Normal intestinal flora**	**NA**	**NA**	

Lab Correlations Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2020). *Mosby's Diagnostic and Laboratory Test Reference* (15th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CHEST X-RAY: 1/21/2023

CT CHEST W CONTRAST: 1/21/2023

FIBEROPTIC BRONCHOSCOPY PROCEDURE: 1/22/2023

Diagnostic Test Correlation (5 points):

The patient's chest x-ray shows that his left lower lung has signs of atelectasis/consolidation. Bilaterally the lungs show moderate signs of hyperinflation. The purpose of a chest x-ray is to visualize any abnormalities within the chest cavity. Chest x-rays can verify the location of endotracheal and nasogastric tubes by visualizing foreign objects in the chest cavity.

The chest CT shows extensive left lung volume loss, as the chest x-ray suggests. The chest CT also shows loss of the lower lung bronchi, likely from mucous plugging or debris suspicious of aspiration. The right lung shows hyperinflation congruent with COPD. The purpose of a chest CT is to provide a detailed view of the client's chest. The interpreters can pinpoint precisely where structural or foreign abnormalities lie.

The bronchoscopy shows a mucus plug in the left lung with mucoid secretions obstructing the main bronchus, left-lower lobe, and left upper lobe. The right bronchial tree shows no signs of obstruction and appears normal except for hyperinflation. The purpose of bronchoscopy is to visualize the airway and bronchi directly. A small tube and camera pass through the airway and the lungs (Mayo Clinic, 2019). In JL's case, the bronchoscopy found and removed a mucus plug that was preventing him from breathing.

Diagnostic Test Reference (1) (APA):

Mayo Clinic. (2019, May 31). *Bronchoscopy* - Mayo Clinic. Www.mayoclinic.org. https://www.mayoclinic.org/tests-procedures/bronchoscopy/about/pac-20384746#:~:text=Bronchoscopy%20is%20a%20procedure%20that

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	**Paroxetine Paxil**	**Quetiapine Seroquel**	**Amlodipine Norvasc**	**Baclofen Lioresal**	**Hydroxyzine Vistaril**
Dose	**40 mg**	**25 mg**	**10 mg**	**20 mg**	**25 mg**
Frequency	**Q24**	**Q24**	**Q24**	**TID**	**BID**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**P: SSRI T: Antianxiety /Antidepressant**	**P: Dibenzothiazepine T: Antipsychotic**	**P: Calcium Channel blocker T: Antihypertensive**	**P: Gamma-aminobutyric acid (GABA) agonist T:Skeletal Muscle Relaxants**	**P:Piperazine Derivative T: Anxiolytic**
Mechanism of Action	**Exerts antianxiety, antidepressant, antiobsessional, and antipanic effects.**	**May produce antipsychotic effects by binding to dopamine type 2 receptor sites in the brain and antagonizing g serotonin, dopamine, histamine, and adrenergic alpha receptors.**	**Binds to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vascular smooth-muscle cells and inhibits influx of extracellular calcium ions across slow calcium channels.**	**Reduces the release of excitatory neurotransmitters in the pre-synaptic neurons and stimulates inhibitory neuronal signals in the post-synaptic neurons with resultant relief of spasticity.**	**Competes with histamine for histamine receptor sites on surfaces of effector cells.**
Reason Client Taking	**Anxiety and Depression**	**Seizure disorder Depression**	**Hypertension**	**Baclofen has been shown to**	**Anxiety**

				help bronchodia late and patient reports stiff neck and spine	
Contraindications (2)	**Hyponatremia Increased risk of bleeding**	**Hyponatremia Hypothyroidism**	**Hepatic impairment Aaortic Stenosis**	**Hypotension Hypersensitivity to Baclofen**	**Prolonged QT interval Cardiac arrhythmias**
Side Effects/Adverse Reactions (2)	**Ventricular Fibrilation Neuroleptic Malignant Syndrome**	**Prolongation of the QT interval Cardiomyopathy**	**Pancreatitis Jaundice**	**Diaphoresis Rapid eye movements**	**Seizures tremor**
Nursing Considerations (2)	**Do not give enteric coated form with antacids Monitor the patient closely for signs of a GI bleed**	**Monitor the patient for orthostatic hypotension Assess the patient for hypothyroidism**	**Monitor for chest pain Monitor for signs of hepatic impairment**	**Monitor for constipation Monitor for activity intolerance**	**Monitor for oversedation Use cautiously in patient's that have electrolyte imbalances**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**The nurse should monitor the client's sodium levels The nurse should assess the patient for signs of**	**The nurse should monitor the client's hepatic enzymes The nurse should monitor the client's blood**	**The nurse should monitor the client's blood pressure and pulse The nurse should monitor the client's**	**The nurse should monitor the client's respiratory system The nurse should monitor the client's pain level**	**The nurse should monitor the client's level of consciousness The nurse**

	serotonin syndrome	**glucose levels.**	**liver enzymes routinely**		**should monitor the client's EKG for any signs of abnormalities**
Client Teaching needs (2)	**The nurse should educate the patient not to consume alcohol with this medication** **The nurse should teach the patient to taper the drug and not to stop taking it abruptly.**	**The nurse should instruct the patient to make position changes slowly** **The nurse should educate the patient to have regular eye examinations**	**The nurse should teach the patient to take their blood pressure daily** **The nurse should educate the patient to take the medication with food to prevent GI upset**	**The nurse should instruct the patient to avoid alcohol use** **The nurse should teach the patient to avoid hazardous activity**	**The nurse should educate the patient to avoid alcohol** **The nurse should instruct the patient to never chew or crush the medication**

Hospital Medications (5 required)

Brand/ Generic	**Amoxicillin-clavulanate Augmentin**	**Baclofen Lioresal**	**Enoxaparin Lovenox**	**Finasteride Proscar**	**Levetiracetam Keppra**
Dose	**125 MG**	**20 mg**	**40 mg**	**5 mg**	**750mg**
Frequency	**Q24**	**TID**	**Q24**	**Q24**	**BID**

Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**P: Aminopenicillin T: Antibiotic**	**P: Gamma-aminobutyric acid (GABA) agonist T:Skeletal Muscle Relaxants**	**P: Low-molecular weight heparin T: Anticogulant**	**P:5- alpha reductase inhibitor T: Benign prostatic hyperplasia agent**	**P:Pyrrolidine derivative T:Anticonvulsant**
Mechanism of Action	**Kills bacteria by binding to and inactivating penicillin-binding proteins on the inner bacterial cell wall, weakening the bacterial cell wall and causing lysis**	**Reduces the release of excitatory neurotransmitters in the pre-synaptic neurons and stimulates inhibitory neuronal signals in the post-synaptic neurons with resultant relief of spasticity.**	**Potentiates the action of antithrombin, a coagulation inhibitor.**	**Inhibits 5-alpha reductase, an intracellular enzyme that converts testosterone to its metabolite in liver, prostate, and skin.**	**May protect against secondary generalized seizure activity by preventing coordination of epileptiform burst firing.**
Reason Client Taking	**Respiratory Tract Infection**	**Baclofen has been shown to help bronchodialate and patient reports stiff neck and spine**	**Prophylactic Anticoagulant**	**BPH**	**Seizure disorder**
Contraindications (2)	**Hepatic Impairment Renal Impairment**	**Hypotension Hypersensitivity to Baclofen**	**Active major bleeding History of heparin-induced**	**Hypotension hypersensitivity**	**Anemia Neutropenia**

			thrombocytopenia		
Side Effects/Adverse Reactions (2)	**Vasculitis** **C-diff associated diarrhea**	**Diaphoresis** **Rapid eye movements**	**CVA** **Hyperakalemia**	**Angioedema** **progressive multifocal leukoencephalopathy**	**Hyponatremia** **Alopecia**
Nursing Considerations (2)	**Can be used before culture and sensitivity results come back** **Monitor the patient for diarrhea**	**Monitor for constipation** **Monitor for activity intolerance**	**Watch closely for bleeding** **Keep protamine sulfate nearby**	**Immunize the against shingles before administering proscar** **Prosar affects PSA levels**	**Monitor for bleeding** **Assess the patient for compliance**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor the client's renal and hepatic function tests** **Monitor the patient for signs of superinfection**	**The nurse should monitor the client's respiratory system** **The nurse should monitor the client's pain level**	**The nurse should monitor the client's platelet count** **The nurse should monitor the client's potassium level.**	**The nurse should monitor the patient's PSA level** **The nurse should assess the client for angioedema**	**The nurse should monitor the patient's sodium level** **The should monitor the patient for dizziness**
Client Teaching needs (2)	**Urge the client to take the full dose for the prescribed amount of time** **Teach the patient to alert the provider of signs of hypersensitivity or**	**The nurse should instruct the patient to avoid alcohol use** **The nurse should teach the patient to avoid hazardous activity**	**Inform the patient that attending follow-up appointments is important** **Teach the client about bleeding precautions**	**Explain to the patient that the medication may cause sexual dysfunction problems** **Urge the patient to have periodic follow-ups to drug**	**Advise the patient not to stop the medication abruptly** **Urge the patient's family to watch out for suicidal tendencies**

	superinfection			**effectiveness**	

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *Nurse's Drug Handbook 2021*. Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Patient is A&O x 4 The Patient does not show signs of distress. The patient is well-appearing and well-groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	 Pink Dry Warm Normal/brisk return No rashes, bruises, or wounds 21 No
HEENT: **Head/Neck:** **Ears:** **Eyes:**	Head and neck are normocephalic, symmetrical, and atraumatic, PERRLA Ears are without redness and lesions, clear tympanic

Nose: **Teeth:**	PERRLA and EOMS intact Septum is midline, nose is pink and moist,no lesions noted Patient is missing several teeth and uses dentures
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:**	Normal rate and rhythm, S1 S2 noted with no murmurs, rubs, or gallops auscultated. PMI palpable at the 5th intercostal space at the midclavicular line. NSR 2+ >3 seconds No
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character** **ET Tube:** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	 No Fine crackles with diminished breath sounds in the lower lobes bilaterally. No ET tube
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 ☐**	. Full Full 175.3 cm 59.8 kg Normoactive 1/23/23 No masses, pain, signs of guarding noted None noted None None None None No No No

Type:	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:** **CAUTI prevention measures:**	 Yellow Clear 360 mls No No Normal Appearing No
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☐**	. A&O x 4 Normal Patient uses a cane at home Normal Standby assist Yes 50 Standby assist
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	. Yes Yes Yes Both A&O x 4 Appropriate for age Speech is clear and coherent The client's sensory perception is intact The patient is conscious of his environment
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):**	The patient uses drugs, tobacco, and ETOH as his coping mechanism. The patient is appropriate for his age and appears to be in the formal operational stage. The patient states he is from a Lutheran background. The client has recently broken up with his girlfriend and POA. He is now relying on his brother and sons. Case management is consulting

	today to change his POA to his brother.

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	**63 bpm**	**154/88**	**10 rpm**	**98.4 F**	**93 %, 5L via NC**
0900	**76 bpm**	**142/76**	**13 rpm**	**98.1 F**	**95 %, 5L via NC**

Vital Sign Trends/Correlation:

The patient's vital signs remained stable throughout my shift with the exception of his blood pressure and one respiration rate reading. The patient's blood pressure readings were congruent with his history of hypertension. The patient's state of rest and relaxation contributed to a low respiration rate.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	**Numeric-3**	**Neck**	**Mild**	**Constant**	**Patient stated that his baclofen should help. His TV is being used as a distraction technique.**

0900	**Numeric-0**	**NA**	**NA**	**NA**	**Patient is still using his TV as a distraction.**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**	**Fluid Type/Rate or Saline Lock**
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	18 Gauge Left Hand 1/21/23 Patent- Blood return/Flushes well No signs of phlebitis or infiltration Transparent/ Tegaderm Saline Locked	20 Gauge Right Wrist 1/22/23 Patent- Blood return/ Flushes well No signs of phlebitis or infiltration Transparent/ Tegaderm Saline Locked
Other Lines (PICC, Port, central line, etc.)	None	None
Type: **Size:** **Location:** **Date of insertion:** **Patency:** **Signs of erythema, drainage, etc.:** **Dressing assessment:** **Date on dressing:** **CUROS caps in place: Y ☐ N ☐** **CLABSI prevention measures:**		

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
240 ml- Coffee **100% of breakfast** **100% of lunch** **425 ml- Water**	**The patient voided 665mls.** **The patient did not have a bowel** **movement throughout my shift.**

= 865 ml total intake **Patient did not have an infusion and took all medications by mouth with water included in the above number.**	

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was intubated and extubated within a day. The patient underwent a bronchoscopy for mucus plug removal. The patient is currently pending transport to a Med-Surg floor for further monitoring.

Procedures/testing done: Yes, the patient underwent a bronchoscopy to remove the mucus plug that was blocking his airway.

Complaints/Issues: The patient is tolerating the plan of care and has not shown signs of deteriorating within my shift.

Vital signs (stable/unstable): The patient's vital signs were stable.

Tolerating diet, activity, etc.: The patient is tolerating his diet well and working on walking and other activities with physical therapy.

Physician notifications: There were no notifications to the physician throughout my shift.

Future plans for client: The patient is planning to discharge to a long-term care facility per POA recommendation.

Discharge Planning (2 points)

Discharge location: The patient is planning to discharge to a nursing home.

Home health needs (if applicable): NA

Equipment needs (if applicable): The patient needs his cane and oxygen.

Follow up plan: No follow-up plan has been made due to a change in POA and is planning to DC to a nursing home.

Education needs: The patient requires education on oxygen safety and cessation of drugs, alcohol, and tobacco.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	**Rationale**	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation**
● Include full nursing diagnosis with "related to" and "as	● Explain why the nursing diagnosis was chosen			● How did the client/family respond to the nurse's actions? ● Client response,

evidenced by" components ● Listed in order by priority – highest priority to lowest priority pertinent to this client				status of goals and outcomes, modifications to plan.
1. Ineffective airway clearance related to a mucus plug as evidenced by the patient losing consciousness and having an oxygen saturation of 68%.	**This diagnosis was chosen because the mucus plug occluded the patient's airway causing him to lose consciousness.**	**1. Teach the patient an easly performed cough technique to clear the airway without fatigue.** **2. Mobilize the patient to their full capabilities to facilitate chest expansion and ventilation.**	**1. The patient will maintain a patent airway.**	**The patient tolerated the bronchoscopy, and the physician was able to remove the mucus plug. Following the procedure, the patient could be extubated and returned to his baseline.**
2. Impaired gas exchange related to COPD, chronic respiratory distress, and the patient's	**This diagnosis was chosen because the patient's oxygen saturations were low throughout his stay. The patient's**	**1. Place the patietn in a position that best facilitates chest expansion to enhance gas exchange.** **2. Assist the patient**	**1. The patient will have oxygen readings within the normal range.**	**The patient's respiratory values were stable throughout my shift. The patient is improving on ADLs with less assistance.**

decrease in alveoli as evidenced by the patient's subjective medical history and his chest x-ray.	**decrease in alveoli and respiratory diseases make oxygenation and perfusion much harder.**	**with ADLs to decrease tissue oxygen demand.**		
3. Risk for injury related to the patient's history of epilepsy as evidenced by the patient's medications and history of tonic-clonic seizures.	**This diagnosis was chosen because of the patient's history of seizures. The patient could begin seizing and fall and hit his oxygen tank. This incidence could lead to serious injury or death.**	**1. Assist the patient and his family to identify situations and hazards that can cause accidents to increase the patient's awareness of potential dangers.** **2. Encourage the patient and his family to make repairs and remove potential safety hazards from the environment to decrease the possibility of injury.**	**1. The patient will remain free from physical injury.**	**The patient shares that his house is free from dangers. The client was receptive to the idea of a safety plan in the case of a seizure.**
4. Activity intolera	**This diagnosis**	**1. Involv e the**	**1. The patient's vital signs will**	**The patient has been improving**

nce related to respiratory failure as evidenced by the patient's oxygen use, oxygen saturations during activity, and subjective reports of fatigue.	**was chosen because the patient found it harder to breath while walking. While walking the patient's vital signs were slighlty elevated and his o2 saturation was slightly lower than when he was resting.**	**patient in planning and decision-,aking to encourage greater compliance with the activity plan.** **2. Teach the patient exercises for increasing strength and endurance to improve breathing and promote general physical reconditioning.**	**remain within prescribed limits during periods of activity.**	**during walks. The patient was apprehensive to get out of bed due to his telemetry monitor. We assured him that he can move around with them on.** **The patient did well with physical therapy during my shift.**
5. Knowledge deficit related to the use of drugs, alcohol, and tobacco as evidenced by the	**The patient's use of cigarettes concurrently with oxygen use is contraindicated and severely puts the patient and anyone**	**1.Find a quiet, private environment for teaching the patient and his family.** **2.Communicate openly and honestly with the patient and their family**	**1. The patient will demonstrate an understanding of the teaching and demonstrate steps to follow through.**	**The patient expressed understanding and states that he will be trying to quit smoking. We discussed how quitting all of his substance abuses would be overwhelming. The patient expresses the want to quit after being**

patient's continued use of substances with his diagnoses.	**around him at risk for combustion.**	**to build trust.**		**educated on oxygen safety.**

Other References (APA):

Linda Lee Phelps. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual.* Wolters Kluwer Medical.

Concept Map (20 Points):


0800- Vitals
P: 3
HR: 63
BP: 154/88
RR: 10
O2: 93% 5L via NC
Temp: 98.4 F
The present family stated that the patient was eating yesterday and felt like something was stuck in his throat. The patient's family states that no factors helped or worsened the situation. The family states that the client's condition worsened over the course of the day. The patient started showing worsening shortness of breath and became unresponsive today
JL is a 66-year-old male who presents via EMS with trouble breathing. While in the ambulance, the patient had an oxygen saturation of 68% and was intubated. Also, en route, the
Client Information
Nursing Diagnoses and Outcomes
Ineffective airway clearance related to a mucus plug as evidenced by the patient losing consciousness and having an oxygen saturation of 68%.
The patient will maintain a patent airway.
1. Teach the patient an easily performed cough technique to clear the airway without fatigue.
2. Mobilize the patient to their full capabilities to facilitate chest expansion and ventilation.
Impaired gas exchange related to COPD, chronic respiratory distress, and the patient's decrease in alveoli as evidenced by the patient's subjective medical history and his chest x-ray.
The patient will have oxygen readings within the normal range.
1. Place the patient in a position that best facilitates chest expansion to enhance gas exchange.
Risk for injury related to the patient's history of epilepsy as evidenced by the patient's medications and history of tonic-clonic seizures.
The patient will remain free from injury during hospitalization.
1. Assist the patient with ADLs to decrease tissue oxygen demand.
Activity intolerance related to respiratory failure as evidenced by the patient's oxygen use, oxygen saturations during activity, and subjective reports of fatigue.
The patient's vital signs will remain within prescribed limits during periods of activity.
1. Assist the patient and his family to identify situations and hazards that can cause accidents to increase the patient's awareness of potential dangers.
Knowledge deficit related to the use of drugs, alcohol, and tobacco as evidenced by the patient's continued use of substances with his diagnoses.
The patient will demonstrate an understanding of the teaching and demonstrate steps to follow through.
2. Encourage the patient and his family to make repairs and remove potential safety hazards from the environment to decrease the possibility of injury.