N431 Care Plan # 1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
2-22-2023	CB	79 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Retired	Married	N/A
Code Status	**Height**	**Weight**	
Full Code	72 inches	86.300 kg	

Medical History (5 Points)

Past Medical History:

- Acute orchitis
- Benign hypertension
- Heart failure
- Chronic kidney disease
- Type 2 diabetes
- Hypercholesterolemia
- Hypertensive cardiovascular disease
- Hypothyroidism
- Peripheral edema

Past Surgical History:

- Cataracts bilateral

Family History:

- Father had a heart attack.

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

- Patient denies any use of tobacco, drugs, and alcohol.

Assistive Devices:

- Patient uses a walker daily due to not having enough strength and feeling unbalanced. Patient also wears glasses all the time.

Living Situation:

- Patient lives at home with his wife Helen.

Education Level: High School Diploma

Admission Assessment

Chief Complaint (2 points): The patient fell.

History of Present Illness – OLD CARTS (10 points): The patient fell on 2-22-23 at his home and came to the hospital the same day. The patient complained of hip and chest pain after the incident. The patient does have history of hip pain. The healthcare team did several diagnostic tests to rule out breaks. There was no treatment done prior to admission. The patient did not verbalize the severity of the pain. The patient described feeling weak several days before.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): N/A

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

The patient came to the hospital after a fall and later got diagnosed with pneumonia by the diagnostic tests. Pneumonia primarily affects the respiratory system. “Intricate balance between the organisms residing in the lower respiratory tract and the local and systemic defense mechanisms (both innate and acquired) which when disturbed gives rise to inflammation of the lung parenchyma” (Jain et al., 2022). The macrophages that are found in the lung serve to protect the lung from foreign pathogens. “The inflammatory reaction triggered by these very macrophages is responsible for the histopathological and clinical findings seen in pneumonia” (Jain et al., 2022). The macrophages then engulf the pathogens, which trigger signals to the molecules or cytokines (Jain et al., 2022). Neutrophils are signaled to respond to the site of infection. “They also serve to present these antigens to the T cells that trigger both cellular and humoral defense mechanisms, activate complement and form antibodies against these organisms” (Jain et al., 2022). When these actions take place, it causes the lung parenchyma to be inflamed. The capillaries to leak. The leakage leads to “exudate congestion and underlines the pathogenesis of pneumonia” (Jain et al., 2022). Pneumonia affects the respiratory, muscular, and cardiovascular systems. The signs and symptoms affect the respiratory system, making the patient have difficulty breathing. The muscular system puts a toll on the body, leaving it weak and sore. Cardiovascular is also related to symptoms causing chest pain and decreased cardiac output putting the patient at an increased risk for heart failure. These symptoms include shortness of breath, coughing, fever, chills, and chest pain. Other common symptoms include nausea, vomiting, and diarrhea. The temperature may be elevated with pneumonia. The respiratory rate will be increased while oxygen saturation will be decreased. C-reactive protein and WBC will be elevated due to inflammation. Other labs may vary depending on the patient. Several variations are included to diagnose pneumonia. These tests include a chest x-ray, complete blood count,

and blood culture (MedlinePlus, 2021). The patient had a chest x-ray and complete blood count done to diagnose his pneumonia. Other diagnostic tests may include a sputum test, chest CT, pleural fluid culture, bronchoscopy, and blood oxygen levels (MedlinePlus, 2021). Treatment of pneumonia includes antibiotics. The patient is on azithromycin and ceftriaxone to treat his pneumonia.

Pathophysiology References (2) (APA):

Jain, V., Vashisht, R., Yilmaz, G., & Bhardwaj, A. (2022). *Pneumonia pathology* . National Library of Medicine. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK526116/

U.S. National Library of Medicine. (2021). *Pneumonia*. MedlinePlus. Retrieved from https://medlineplus.gov/pneumonia.html

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	"4.28-5.56 trillion cells/L" (Capriotti & Frizzell, 2020).	5.33	4.10	Low red blood cells are a common complication in patients with chronic kidney disease. Kidneys are unable to filter the blood leaving them unable to function and filter properly. (Capriotti & Frizzell, 2020).
Hgb	"13.0-17.0 g/dL" (Capriotti & Frizzell, 2020).	15.4	12.1	Low hemoglobin is a result form chronic kidney disease. Kidneys are unable to filter the blood leaving the kidneys to build up with waste and fluid. The kidneys will progressively

				worsen over time. (Capriotti & Frizzell, 2020).
Hct	"35%-47%" (Capriotti & Frizzell, 2020).	45.2%	35.4%	N/A
Platelets	"149,000-393,000 billion/L" (Capriotti & Frizzell, 2020).	306,000	335,000	N/A
WBC	"4,000-11,000 cells/mcL" (Capriotti & Frizzell, 2020).	23.6	13.05	The patients white blood count is elevated due to patient positive for pneumonia. Pneumonia is a bacterial infection in the lungs. With infections you will see a rise in white blood cells. (Capriotti & Frizzell, 2020).
Neutrophils	"45%-75%" (Capriotti & Frizzell, 2020).	46.5%	N/A	N/A
Lymphocytes	"20%-40%" (Capriotti & Frizzell, 2020).	22%	N/A	N/A
Monocytes	"1.0%-10.0%" (Capriotti & Frizzell, 2020).	2.3%	N/A	N/A
Eosinophils	"1% to 4%" (Capriotti & Frizzell, 2020).	N/A	N/A	N/A
Bands	"0% to 3%" (Capriotti & Frizzell,	1.0%	N/A	N/A

	2020).			

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 mmol/L" (Capriotti & Frizzell, 2020).	131 mmol/L	139 mmol/L	N/A
K+	"3.5-5.1 mmol/L" (Capriotti & Frizzell, 2020).	3.1 mmol/L	3.4 mmol/L	The patient had consistent diarrhea a couple days after admission. Feces can deplete electrolytes especially potassium. (Capriotti & Frizzell, 2020).
Cl-	"98-107 mEq/L" (Capriotti & Frizzell, 2020).	95 mEq/L	114 mEq/L	Elevated chloride levels are a cause from diabetes. Diabetes then damages the kidneys leaving the body to try and compensate for acid-base balance. This process makes the kidneys hold onto chloride. (Capriotti & Frizzell, 2020).
CO2	"21-31 mmol/L" (Capriotti & Frizzell, 2020).	22 mmol/L	18 mmol/L	The patient can have low CO2 levels due to his chronic kidney disease. It can also be low due to being a diabetic. (Capriotti & Frizzell, 2020).
Glucose	"74-109 mg/dL" (Capriotti & Frizzell, 2020).	182 mg/dL	170 mg/dL	The patient has a history of Type 2 diabetes. Depending on when the patient received their insulin would determine the elevated levels in glucose. (Capriotti & Frizzell, 2020).
BUN	"7-25 mg/dL" (Capriotti & Frizzell,	82 mg/dL	54 mg/dL	The patient has an elevated BUN due to history of chronic kidney disease. Blood urea nitrogen is a waste product that is supposed to be

	2020).			filtered from the kidneys. When kidneys are unable to function properly this allows for levels to rise. (Capriotti & Frizzell, 2020).
Creatinine	"0.70-1.30 mg/dL" (Capriotti & Frizzell, 2020).	2.89 mg/dL	2.00 mg/dL	The patient has chronic kidney disease which allows the kidney to not function properly. The body is suppose to remove this product through the blood by filtering from the kidneys. Since the kidneys are unable to filter this results in elevated creatinine. (Capriotti & Frizzell, 2020).
Albumin	"3.5-5.2 g/dL"	3.4 g/dL	N/A	N/A
Calcium	"8.6-10.3 mg/dL" (Capriotti & Frizzell, 2020).	8.8 mg/dL	7.6 mg/dL	In patients with chronic kidney disease the calcium levels are often decreased. The body is trying to compensate which raises the phosphorus levels in the blood and decreases calcium. (Capriotti & Frizzell, 2020).
Mag	"1.6-2.4 mg/dL" (Capriotti & Frizzell, 2020).	2.7 mg/dL	2.2 mg/dL	N/A
Phosphate	"34-104 mg/dL" (Capriotti & Frizzell, 2020).	N/A	N/A	N/A
Bilirubin	"0.3-1.0 mg/dL" (Capriotti & Frizzell, 2020).	1.1 mg/dL	N/A	N/A
Alk Phos	"34-104 IU/L" (Capriotti &	90 IU/L	N/A	N/A

	Frizzell, 2020).			
AST	"13-39 U/L" (Capriotti & Frizzell, 2020).	195 U/L	N/A	N/A
ALT	"7-52 U/L" (Capriotti & Frizzell, 2020).	86 U/L	N/A	N/A
Amylase	"30-220 U/L" (Capriotti & Frizzell, 2020).	N/A	N/A	N/A
Lipase	"0-160 U/L" (Capriotti & Frizzell, 2020).	N/A	N/A	N/A
Lactic Acid	"0.5-2.0 mg/dL" (Capriotti & Frizzell, 2020).	N/A	N/A	N/A
Troponin	"0.0-0.04 ng/mL" (Capriotti & Frizzell, 2020).	N/A	N/A	N/A
CK-MB	"5-25 units/L" (Capriotti & Frizzell, 2020).	N/A	N/A	N/A
Total CK	"30-223 IU/L" (Capriotti & Frizzell,	6,345 IU/L	149 IU/L	N/A

	2020).			

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	"0.86-1.14 seconds" (Capriotti & Frizzell, 2020).	1.04 seconds	N/A	N/A
PT	"11.9-15.0 seconds" (Capriotti & Frizzell, 2020).	14.1 seconds	N/A	N/A
PTT	"22.6-35.3 seconds" (Capriotti & Frizzell, 2020).	24.7 seconds	N/A	N/A
D-Dimer	"0.0-0.4 ng/mL" (Capriotti & Frizzell, 2020).	N/A	N/A	N/A
BNP	"0-100 pg/mL" (Capriotti & Frizzell, 2020).	302 pg/mL	N/A	N/A
HDL	">60 mg/dL" (Capriotti & Frizzell, 2020).	N/A	N/A	N/A
LDL	"<130	N/A	N/A	N/A

	mg/dL" (Capriotti & Frizzell, 2020).			
Cholesterol	"<200 mg/dL" (Capriotti & Frizzell, 2020).	N/A	N/A	N/A
Triglycerides	"<150 mg/dL" (Capriotti & Frizzell, 2020).	N/A	N/A	N/A
Hgb A1c	"4.0%-5.9%" (Capriotti & Frizzell, 2020).	N/A	N/A	N/A
TSH	"0.4-4.0 U/mL" (Capriotti & Frizzell, 2020).	N/A	N/A	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	N/A	N/A
pH	N/A	N/A	N/A	N/A
Specific Gravity	N/A	N/A	N/A	N/A
Glucose	N/A	N/A	N/A	N/A
Protein	N/A	N/A	N/A	N/A
Ketones	N/A	N/A	N/A	N/A

WBC	N/A	N/A	N/A	N/A
RBC	N/A	N/A	N/A	N/A
Leukoesterase	N/A	N/A	N/A	N/A

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" (Capriotti & Frizzell, 2020).	7.38	N/A	N/A
PaO2	"80-100 mmHg" (Capriotti & Frizzell, 2020).	63.2 mmHg	N/A	N/A
PaCO2	"35-45 mmHg" (Capriotti & Frizzell, 2020).	36.5 mmHg	N/A	N/A
HCO3	"22-26 mEq/L" (Capriotti & Frizzell, 2020).	22.1 mEq/L	N/A	N/A
SaO2	"95%-100%" (Capriotti &Frizzell, 2020).	91%	N/A	N/A

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

Test	Normal	Value on	Today's	Explanation of Findings

	Range	Admission	Value	
Urine Culture	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	**N/A**

Lab Correlations Reference (1) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company

Diagnostic Imaging

All Other Diagnostic Tests (5 points): The patient has a CT of brain and head without contrast, Venous Duplex, EKG, CT of Abdomen and Pelvis with contrast, Chest x-ray, and Hip x-ray.

Diagnostic Test Correlation (5 points):

The first diagnostic test the patient went through was a CT of brain and head on 2-22-23. The purpose of this test was to rule out injury from the falls the patient took. The patient did not remember hitting his head, but just wanted to verify there was no bleeding. The 3D image allows us to look for damage to the brain tissue and blood on the brain. The test shows no acute intracranial abnormalities.

The patient went through a Venous Duplex Lower Exit Bilateral test on 2-23-23. This test was to rule out a suspected DVT. This test allows us to look at how well the blood is moving through the veins primarily in the legs, but also could be used for the arms as well. The exam indicated the patient was negative for a DVT.

The patient was put on cardiac monitoring throughout his stay. The patient had a fall and was complaining of chest pain on admission. The EKG allows us to visualize the electrical activity of the heart. They EKG resulted in sinus rhythm with premature atrial complexes.

The patient has a CT of the abdomen and pelvis with contrast done on 2-25-23. This exam showed a left lower infiltrate, bilateral pleural effusion, renal atrophy, minor free fluid, degenerative lumbar spine changes, and a large bowel with liquid gaseous contents. This is a 3D image shows “detailed images of any part of the body including the bones, muscles, fat, organs, and blood vessels” (John Hopkins Medicine, 2021). The reason for this exam was patient complaining of constant diarrhea.

The patient has a chest x-ray on 2-22-23. The reason for this exam was patient complain of chest pain on admission. The image shows left lower lobe pneumonia. This image will help diagnose conditions by showing us electromagnetic waves of the structures in the chest.

The last diagnostic test was a hip x-ray on 2-22-23. The patient has a history of bilateral hip pain plus multiple falls which indicated the test. The image shows no acute osseous abnormality. This image would allow us to detect broken or dislocated joints. This procedure can help identify chronic symptoms the patient may be experiencing.

Diagnostic Test Reference (1) (APA):

Computed Tomography . Johns Hopkins Medicine. (2021). Retrieved from https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/computed-tomography-ct-or-cat-scan-of-the-abdomen

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

Home Medications (5 required)

Brand/ Generic	aspirin/ Bayer	insulin aspart/Novolog	methimazole/ Tapazole	nebivolol hydrochloride/Bystolic	pantoprazole sodium/Protonix
Dose	81 mg	Dose given per glucose draw	5 mg	10 mg	40 mg
Frequency	Daily	One to four times per day before meals.	Daily Monday-Saturday	Daily	Daily
Route	PO	Subcutaneous	PO	PO	PO
Classification	Pharmacological: "Salicylate" (Nurse's Drug Handbook, 2021, p. 103). Therapeutic: "NSAID" (Nurse's Drug Handbook, 2021, p. 103).	Pharmacological class: Insulin Therapeutic class: Short acting	Pharmacological: "Thyroid hormone" (Nurse's Drug Handbook, 2021, p. 847). Therapeutic: "Antithyroid" (Nurse's Drug Handbook, 2021, p. 847).	Pharmacologic: "Beta-adrenergic blocker" (Nurse's Drug Handbook, 2021, p. 942). Therapeutic: "Antihypertensive" (Nurse's Drug Handbook, 2021, p. 942).	Pharmacological: "Proton pump inhibitor" (Nurse's Drug Handbook, 2021, p. 1038). Therapeutic: "Antiulcer" (Nurse's Drug Handbook, 2021, p. 1038).
Mechanism of Action	"Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators	"Insulin aspart binds to the insulin receptor (IR), a heterotetrametric protein consisting of two extracellular alpha units and two transmembrane beta units. The	"Directly interferes with thyroid hormone synthesis in the thyroid gland by inhibiting iodide incorporation into thyroglobulin. Iodination of thyroglobulin is an important step in synthesizing	"May prevent arterial dilation and inhibit renin secretion, although precise mechanisms of action aren't known. Negative	"Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphate (H+ K+ - ATPase) enzyme

	in the inflammatory response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside. Pain is also relieved because prostaglandins play a role in pain transmission from the periphery to the spinal cord. Aspirin inhibits platelet aggregation by interfering with production of thromboxane A2, a substance that stimulates	binding of insulin to the alpha subunit of IR stimulates the tyrosine kinase activity intrinsic to the beta subunit of the receptor. The bound receptor autophosphorylation and phosphorylates numerous intracellular substrates such as insulin receptor substrates (IRS) proteins, Cbl, APS, Shc and Gab 1. Activation of these proteins leads to the activation of downstream signaling molecules including PI3 kinase and Akt. Akt regulates the activity of glucose transporter 4 (GLUT4) and protein kinase C (PKC), both of which play critical roles in metabolism and catabolism. In	the thyroid hormones thyroxine and triiodothyronine. Eventually, thyroglobulin is depleted and the circulating thyroid hormone level drops" (Nurse's Drug Handbook, 2021, p. 848).	chronotropic effects may slow resting heart rate, and negative inotropic effects may reduce cardiac output, myocardial contractility, and myocardial oxygen consumption during exercise or stress. All of these actions may work together to lower systolic and diastolic blood pressure" (Nurse's Drug Handbook, 2021, p. 942-943).	system or proton pump, in gastric parietal cells. Normally, the proton pump uses energy from hydrolysis of ATPase to drive H+ and chloride (Cl-) out of parietal cells and into the stomach lumen in exchange for potassium (K+), which leaves the stomach lumen and enters parietal cells. After this exchange, H+ and Cl- combine in the stomach to form hydrochloric acid (HCI). Pantoprazole irreversibly inhibits the final step in gastric acid production by blocking the exchange of

	platelet aggregation. Aspirin acts on the heat regulating center in the hypothalamus and causes peripheral vasodilation, diaphoresis" (Nurse's Drug Handbook, 2021, p. 104).	humans, insulin is stored in the form of hexamers; however, only insulin monomers are able to interact with IR. Substitution of the proline residue at B28 with aspartic acid reduces the tendency to form hexamers and results in a faster rate of absorption and onset of action and shorter duration of action" (Drug Bank, 2023).			intracellular H+ and extracellular K+, thus preventing H+ from entering the stomach and additional HCI from forming" (Nurse's Drug Handbook, 2021, p. 1039).
Reason Client Taking	Prevents clots from forming.	To improve glycemic control in patients with diabetes.	Patient is taking medication for hypothyroidism.	To treat hypertension.	To treat GERD (gastroesophageal reflux disease).
Contraindications (2)	"Hypersensitivity to aspirin" (Nurse's Drug Handbook, 2021, p. 104). "Current or recent GI bleed or ulcers" (Nurse's Drug	Hypoglycemia Breastfeeding	"Hypersensitivity to methimazole" (Nurse's Drug Handbook, 2021, p. 848). "Breastfeeding" (Nurse's Drug Handbook, 2021, p. 848).	"Cardiogenic shock" (p. 943). "Decompensated cardiac failure" (Nurse's Drug Handbook, 2021, p. 943).	"Hypersensitivity to pantoprazol" (p. 1039). "Concurrent therapy with rilpivirine containing products" (Nurse's Drug Handbook, 2021, p. 1039).

	Handbook, 2021, p.104).				
Side Effects/Adverse Reactions (2)	"Diarrhea" (Nurse's Drug Handbook, 2021, p. 105). "Ecchymosis" (Nurse's Drug Handbook, 2021, p. 105).	Hypoglycemia Reaction at injection site	"Hypothyroidism" (Nurse's Drug Handbook, 2021, p. 848). "Diarrhea" (Nurse's Drug Handbook, 2021, p. 848).	"Hyperglycemia" (Nurse's Drug Handbook, 2021, p. 943). "Elevated BUN levels" (Nurse's Drug Handbook, 2021, p. 943).	"Hyperglycemia" (Nurse's Drug Handbook, 2021, p. 1039). "Diarrhea" (Nurse's Drug Handbook, 2021, p. 1039).
Nursing Considerations (2)	"Be aware that elderly patients and dehydrated febrile children are at higher risk for toxicity" (Nurse's Drug Handbook, 2021, p. 105). "Advise adult patient taking low-dose aspirin not to also take ibuprofen	Monitoring nutritional status and time the patient will intake food. Avoid massaging over the injection site.	"Watch for signs and symptoms of hypothyroidism, such as cold intolerance, depression, and edema" (Nurse's Drug Handbook, 2021, p. 848). "Be aware that hyperthyroidism may increase metabolic clearance of beta blockers and tat dosage of this drug may need to be reduced as the patient's thyroid condition becomes corrected" (Nurse's Drug	"Use cautiously in patient with impaired hepatic or renal function" (Nurse's Drug Handbook, 2021, p. 943). "Expect to administer an alpha blocker, as ordered, before stating nebivolol therapy in patients	"Be aware that if therapy lasts more than 3 years, patient may not be able to absorb vitamin B12" (Nurse's Drug Handbook, 2021, p. 1040). "Monitor the patient, especially the patient on long-term therapy for hypomagnesemia" (Nurse's

	or naproxen because these drugs may reduce the cardioprotective and stoke preventive effects of aspirin" (Nurse's Drug Handbook, 2021, p. 105).		Handbook, 2021, p.848).	with pheochromocytoma" (Nurse's Drug Handbook, 2021, p. 943).	Drug Handbook, 2021, p. 1040).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	"Administer with food to reduce adverse gastrointestinal effects" (Nurse's Drug Handbook, 2021, p. 104). Review patients' history to rule out history of bleeding.	Blood glucose. Previous administration site used.	"Closely monitor thyroid function test results during methimazole therapy" (Nurse's Drug Handbook, 2021, p.848). "Check CBC results to detect abnormalities cause by inhibition of myelopoiesis" (Nurse's Drug Handbook, 2021, p. 848).	"Monitor blood pressure and pulse rate often, especially at start of nebivolol therapy" (Nurse's Drug Handbook, 2021, p.943). "Assess distal circulation and peripheral pulses in patient with peripheral vascular disease because drug can	"Expect to monitor PT or INR during theory if patient take an oral anticoagulant" (Nurse's Drug Handbook, 2021, p. 1040). "Monitor patients urine output because it may cause acute tubulointerstitial nephritis" (Nurse's Drug Handbook, 2021, p. 1040).

				worsen it" (Nurse's Drug Handbook, 2021, p. 943).	
Client Teaching Needs (2)	"Have patients swallow whole enteric-coated or extended-release forms. These forms should not be chewed, crushed, or split" (Nurse's Drug Handbook, 2021, p. 104). "Extended-release capsules should be taken with a full glass of water at the same time every day. Capsules should be swallowed whole" (Nurse's Drug Handbook, 2021, p.	Always rotate sites every administration to prevent bruising. Exercise may reduce glucose resulting in hypoglycemia.	"Instruct patient to take drug with meals to avoid adverse GI reactions" (Nurse's Drug Handbook, 2021, p. 848). "Instruct patient to notify provider immediately about cold intolerance, fever, sore throat, tiredness, and unusual bleeding or bruising" (Nurse's Drug Handbook, 2021, p. 848).	"Instruct patient to take as prescribed and do not stop abruptly" (Nurse's Drug Handbook, 2021, p. 944). "Advise patient to rise slowly from a lying or seated position to minimize effects of orthostatic hypotension" (Nurse's Drug Handbook, 2021, p. 944).	"Instruct patient to swallow delayed-release tablets whole and not to break, chew, or crush them" (Nurse's Drug Handbook, 2021, p. 1040). "Tell patient to take delayed-release oral suspension 30 minutes before a meal mixed in apple juice or applesauce; no other liquid or food should be used" (Nurse's Drug Handbook, 2021, p. 1040).

	104).				

Hospital Medications (5 required)

Brand/ Generic	azithromycin/ Zithromax	ceftriaxone/ Rocephin	enoxaparin sodium/Lovenox	potassium bicarbonate / K-Electrolyte	nifedipine/ Adalat CC
Dose	500 mg	2000 mg	90 mg	20 mEq (100 mL)	60 mg
Frequency	Once a day for 7 days over 60 minutes.	Once a day for at least 10 days over 30 minutes.	Daily	2 doses administered over 2 hours each.	Daily
Route	IV piggyback	IV piggyback	Subcutaneous	IV	PO
Classification	Pharmacological: "Macrolide" (Nurse's Drug Handbook, 2021, p. 128). Therapeutic: "Antibiotic" (Nurse's Drug Handbook, 2021, p. 128).	Pharmacological: "Third-generation cephalosporin" (Nurse's Drug Handbook, 2021, p. 239). Therapeutic: "Antibiotic" (Nurse's Drug Handbook, 2021, p. 239).	Pharmacological: "Low-molecular-weight heparin" (Nurse's Drug Handbook, 2021, p. 452). Therapeutic: "Anticoagulant" (Nurse's Drug Handbook, 2021, p. 452).	Pharmacological: "Electrolyte cation" (Nurse's Drug Handbook, 2021, p. 1070). Therapeutic: "Electrolyte replacement" (Nurse's Drug Handbook, 2021, p. 1070).	Pharmacologic: "Calcium Channel blocker" (Nurse's Drug Handbook, 2021, p. 956). Therapeutic: "Antianginal, antihypertensive" (Nurse's Drug Handbook, 2021, p. 956).
Mechanism of Action	"Binds to a ribosomal	"Interferes with bacterial	"Potentiates the action of	"Acts as the major	"May slow movement

	subunit of susceptible bacteria, blocking peptide translocation and inhibiting RNA-dependent protein synthesis. Drug concentrates in phagocytes, macrophages, and fibroblasts, which release it slowly and may help move it to infection sites" (Nurse's Drug Handbook, 2021, p. 129).	cell wall synthesis by inhibiting cross-linking of peptidoglycan strands. Peptidoglycan makes the cell membrane rigid and protective. Without it, bacterial cells rupture and die" (Nurse's Drug Handbook, 2021, p. 241).	antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors (primarily factor Xa and thrombin). Without thrombin, fibrinogen can't convert to fibrin and thrombus can't form" (Nurse's Drug Handbook, 2021, p. 453-454).	cation in intracellular fluid, activating many enzymatic reactions essential for physiological processes, including nerve impulse transmission and cardiac and skeletal muscle contraction. Potassium also helps maintain electroneutrality in cells by controlling exchange of intracellular and extracellular ions. It also helps maintain normal renal function and acid-base balance" (Nurse's Drug Handbook, 2021, p.	of calcium into myocardial and vascular smooth-muscle cells by deforming calcium channels in cell membranes, inhibiting ion-controlled gating mechanisms, and disrupting calcium release from sarcoplasmic reticulum. Decreasing intracellular calcium level inhibits smooth muscle cell contraction and dilates arteries, which decreases myocardial oxygen demand, peripheral resistance, blood pressure, and afterload"

				1071).	(Nurse's Drug Handbook, 2021, p. 957).
Reason Client Taking	To treat community-acquired pneumonia	To treat community-acquired pneumonia	To prevent a deep vein thrombosis	To treat hypokalemia	"To manage chronic stable angina" (Nurse's Drug Handbook, 2021, p. 956)
Contraindications (2)	"Hypersensitivity to azithromycin, erythromycin, ketolide antibiotics" (Nurse's Drug Handbook, 2021, p. 129-130). "History of cholestatic jaundice or hepatic dysfunction associated with prior use of azithromycin" (Nurse's Drug Handbook, 2021, p. 129).	"Hypersensitivity to ceftriaxone or cephalosporins, penicillins, or their components" (Nurse's Drug Handbook, 2021, p. 241). "Intravenous administration of ceftriaxone solutions containing lidocaine" (Nurse's Drug Handbook, 2021, p. 241).	"History of immune-mediated heparin-induced thrombocytopenia (HIT) within past 100 days or in the presence of circulating antibodies" (Nurse's Drug Handbook, 2021, p. 454). "Active major bleeding" (Nurse's Drug Handbook, 2021, p. 454).	"Acute dehydration" (Nurse's Drug Handbook, 2021, p. 1071). "Hyperkalemia" (Nurse's Drug Handbook, 2021, p. 1071).	"Hypersensitivity to nifedipine or its components" (Nurse's Drug Handbook, 2021, p. 957). Hypotension
Side	"Elevated BUN	"Diarrhea"	"Congestive	"ECG	"Heart

Effects/Adverse Reactions (2)	and serum creatinine levels" (Nurse's Drug Handbook, 2021, p. 130). "Hyperglycemia" (Nurse's Drug Handbook, 2021, p. 130).	(Nurse's Drug Handbook, 2021, p. 241). "Elevated BUN level" (Nurse's Drug Handbook, 2021, p. 241).	heart failure" (Nurse's Drug Handbook, 2021, p. 454). "Pneumonia" (Nurse's Drug Handbook, 2021, p. 454).	changes" (Nurse's Drug Handbook, 2021, p. 1072). "Thrombosis" (Nurse's Drug Handbook, 2021, p. 1072).	failure" (Nurse's Drug Handbook, 2021, p. 957). "Hyperglycemia" (Nurse's Drug Handbook, 2021, p. 957).
Nursing Considerations (2)	"Monitor liver enzymes closely in patient with impaired liver function and expect to discontinue the drug immediately if signs and symptoms of hepatitis occur" (Nurse's Drug Handbook, 2021, p. 130). "Know that azithromycin should not be used in patient who have undergone donor stem cell transplant for cancer of the blood or lymph nodes because of an increased risk for cancer relapse and	"Use ceftriaxone cautiously in patients who are hypersensitive to penicillins because cross-sensitivity has occurred in about 1% to 3% of such patients" (Nurse's Drug Handbook, 2021, p. 241). "Be aware that local anesthetics such as lidocaine used to lessen the pain of an I.M. infection may cause methemoglobinemia as late as several hours after the	"Use cautiously in those with bleeding diathesis, diabetic retinopathy, hepatic or renal impairment, recent GI hemorrhage or ulceration, or uncontrolled hypertension" (Nurse's Drug Handbook, 2021, p. 454). "Use enoxaparin with extreme caution in patients	"Review patients' medical history before administering potassium chloride, because there are many conditions that may predispose patient to develop hyperkalemia and increased sensitivity to potassium" (Nurse's Drug Handbook, 2021, p. 1072). "Regularly	"Be aware that patients with galactose intolerance should not take nifedipine because the drug contains lactulose" (Nurse's Drug Handbook, 2021, p. 958). "Use cautiously in patients with cirrhosis" (Nurse's Drug Handbook, 2021, p. 958).

	possibly death" (Nurse's Drug Handbook, 2021, p. 130).	injection" (Nurse's Drug Handbook, 2021, p. 241).	with a history of heparin induced thrombocytopenia (HIT) (Nurse's Drug Handbook, 2021, p. 454).	assess patient for signs of hypokalemia, such as arrhythmia, fatigue, and weakness, and for signs of hyperkalemia, such as arrhythmias, confusion, dyspnea, and paresthesia" (Nurse's Drug Handbook, 2021, p. 1072).	
Key Nursing Assessment(s) /Lab(s) Prior to Administration	"Obtain culture and sensitivity test results, if possible, before starting therapy" (Nurse's Drug Handbook, 2021, p. 130). "Monitor elderly patients closely for arrhythmias because they are more susceptible to drug effects on the QT interval" (Nurse's Drug Handbook, 2021, p. 130).	"Obtain culture and sensitivity results, if possible and as ordered, before giving drug" (Nurse's Drug Handbook, 2021, p. 241). "Monitor BUN and serum creatinine levels to detect early signs of nephrotoxicity. Also monitor fluid intake	"Check serum potassium level for elevation" (Nurse's Drug Handbook, 2021, p. 455). "Be aware that drug isn't recommended for patients with prosthetic heart valves, especially pregnant	"Monitor serum potassium level before and during administration of I.V. potassium" (Nurse's Drug Handbook, 2021, p. 1073). "Monitor serum creatinine level and urine output during administration, because	"Monitor fluid intake/output and daily weight; fluid retention may lead to heart failure" (Nurse's Drug Handbook, 2021, p. 958). "Keep In mind that because of drug's negative inotropic

		and output; decreasing urine output may indicate nephrotoxicity" (Nurse's Drug Handbook, 2021, p. 241).	women, because of risk of prosthetic valve thrombosis" (Nurse's Drug Handbook, 2021, p. 455).	adequate renal function is needed for potassium supplementation" (Nurse's Drug Handbook, 2021, p. 1073).	effect on some patients, frequently monitor heart rate and rhythm, as well as blood pressure, especially in patients who take a beta blocker or have heart failure, significant left ventricular dysfunction, or tight aortic stenosis" (Nurse's Drug Handbook, 2021, p. 958).
Client Teaching Needs (2)	"Tell patient to report signs and symptoms of allergic reaction (such as rash, itching, hives, chest tightness, and trouble breathing) immediately" (Nurse's Drug Handbook, 2021, p. 131). "Warn patients that abdominal	"Tell patient to report evidence of blood dyscrasia or superinfection to prescriber immediately" (Nurse's Drug Handbook, 2021, p. 242). "Tell the patient that if he received drugs as an	"Advise patient to notify prescriber about adverse reactions, especially bleeding" (Nurse's Drug Handbook, 2021, p. 455). "Caution	"Inform patient that potassium is part of a normal diet and that most meats, seafoods, fruits, and vegetables contain sufficient potassium to meet recommended daily	"Caution patient that hot tubs, prolonged hot showers, and saunas may cause dizziness and fainting" (Nurse's Drug Handbook, 2021, p. 958).

	pain and loose, watery stools may occur. If diarrhea persists or becomes sever, urge him to contact prescriber and replace fluids" (Nurse's Drug Handbook, 2021, p. 131).	I.M. injection that used lidocaine as the diluent, he should watch for signs and symptoms such as fatigue; headache; light-headedness; skin color change of blue, gray, or pale; rapid heart rate; or shortness of breath. If present, patient should seek immediate medical attention" (Nurse's Drug Handbook, 2021, p. 242).	patient not to rub the site after giving the injection to minimize bruising" (Nurse's Drug Handbook, 2021, p. 455).	intake" (Nurse's Drug Handbook, 2021, p. 1073). "Instruct patient to take drug with or right after food" (Nurse's Drug Handbook, 2021, p. 1073).	"Teach patient to measure blood pressure and pulse rate and advise her to call prescriber if they drop below accepted levels" (Nurse's Drug Handbook, 2021, p. 958).

Medications Reference (1) (APA):

Insulin aspart. Drugs.com. (2023). Retrieved from https://www.drugs.com/mtm/insulin-aspart.html

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (20th ed.), (p. 103-105, 128-131, 239-242, 452-455, 847-848, 942-944, 956-958, 1038-1040 & 1070-1073, Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented to person, place, situation, and time. Patient appears to be in no acute distress and appearance is appropriate for the setting.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Patients' skin color is appropriate for ethnicity. Skin is warm and dry upon palpation. No rashes are present. There is bruising and lesions noted bilaterally on upper extremities from a fall that brought the patient to the hospital. There are no wounds or drains present. Nails are without clubbing or cyanosis. Skin turgor is non-tenting. Capillary refill is less than 3 seconds bilaterally on fingers and toes. Patient scores a 19 on the Braden scale which results in a medium risk for pressure ulcers.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no nodules noted. Bilateral carotid pulses are palpable and 2+. There is no lymphadenopathy noted in the head or neck. Sclera bilaterally white, cornea bilaterally clear, bilaterally conjunctiva clear. There is no visible drainage from the eyes. Lids are moist and pink without lesions bilaterally. PERRLA is not intact due to cataracts. EOMs are intact bilaterally. Patient wears glasses all the time. Auricles have no palpable lumps or lesions bilaterally. Patient does have a difficulty hearing and prefers to read lips. Septum is midline, frontal sinuses are nontender to palpation bilaterally. Nasal condition is patent without discharge. Tonsils are moist and pink without exudate +1. Uvula is midline; soft palate rises and falls symmetrically. Hard palate intact. Patient is missing a few teeth, oral mucosa overall is moist and pink without lesions noted. .

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 murmurs, gallops, or rubs. PMI palpable at 5th intercostal space at midclavicular line. Normal rate and rhythm. Peripheral pulses are 3+ bilaterally. Capillary refill is less than 3 seconds bilaterally on toes and fingers. There is no neck vein distention or edema noted.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	The patient had an irregular respiratory pattern. There was a regular rate of respirations. Student nurses did count for a full minute to assess respirations. Respirations were non-labored, lungs are clear anterior/posterior bilaterally, no wheeze, crackles, or rhonchi noted. Lung aeration is equal bilaterally. There is no ET tube noted.
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:**	Diet at home and at the hospital is regular. Patient weighs 86.300 kg and height of 72 inches. Bowel sounds are hyperactive in all four quadrants. Abdomen is soft, nontender, no organomegaly or masses noted upon palpation. Last bowel movement was 2-27-22 at 0430 as stated by the patient. There is no distention, incisions, scars, drains, or wounds noted. There is no ostomy, nasogastric, or feeding tube noted.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐**	The patient's urine is yellow and clear. Patient intake was 480 mL and voided 420 mL. Patient stated there is no pain with urination. Patient has a foley catheter that is a size 14. Inserting the catheters and keeping it clean is a part of the CAUTI prevention measures.

Type: **Size:**	
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☐**	Upper extremities have a full active range of motion. Unable to assess lower extremities due to patient refusal. Patient has an unsteady gait. Strength is +4 in upper extremities. Capillary refill is less than 3 seconds bilaterally. Extremities are warm and dry bilaterally. There is no cyanosis or clubbing noted bilaterally. Patient uses a walker at all times for an unsteady gait. Patient scored a 70 on Morse Fall Risk scale which indicates a high risk for falling. Patient is not independent. Patient does need assistance with equipment and needs support to stand and walk.
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☐ N☒** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☒ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is oriented to person, place, situation, and time. Patient has normal cognition. Speech is clear but delayed with extensive questions. Patient is awake and answers questions appropriately. Patient moves upper extremities well but is unable to assess lower extremities due to refusal. PERRLA is not intact. Hands grips and pedal pushes and pulls demonstrated normal and equal strength for upper extremities. Cranial nerves intact. Sensory is intact.
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 is Methodist but has not been to church in a while stated by the client. Patient has a wife named Helen. Patient has two daughters and five grandchildren. Patient stated he does not have a preferable coping method. Patient is in late adulthood for developmental level.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	**63 bpm**	**141/63 mmHg**	**20 breaths per minute**	**36.7 C**	**91% on Room Air**
1035	**59 bpm**	**123/60**	**20 breaths**	**37.0 C**	**92% on**

		mmHg	**per minute**		**Room Air**

Vital Sign Trends: The patient's temperature and respirations are within normal range. The patient's blood pressure was elevated during the morning shift. The patient does have a history of hypertension. Patient took antihypertensives to decrease blood pressure which resulted the patient being within normal range at lunch. Patients' oxygen is on the lower side due to his diagnosis of pneumonia. The patient's pulse was within normal range until the lunch vital signs then it slightly decreased to 59 beats per minute.

Pain Assessment, 2 sets (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
0800	**Numeric**	**N/A**	**0/10**	**N/A**	**No interventions done at this time.**
1035	**Numeric**	**N/A**	**0/10**	**N/A**	**No interventions done at this time.**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV:18 G **Location of IV:** Left Midline **Date on IV:** 2-26-23 **Patency of IV:** No complications at this time, flushes smoothly. **Signs of erythema, drainage, etc.:** There is no sign of erythema, drainage, infiltration, or phlebitis noted. **IV dressing assessment:** Dry, clean, and	Normal Saline lock and Potassium riders administering 2 doses over 4 hours total.

intact.	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
240 mL of water 240 mL of tea	Voided 420 mL over 4 hours through a catheter.

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was admitted due to a fall. The healthcare team worked together to diagnose pneumonia. A full body assessment, labs, and imaging was performed for suspected breaks and pneumonia.

Procedures/testing done: A CT of the brain and head, Venous duplex, EKG, CT of abdomen and pelvis with contrast, chest x-ray, and hip x-ray were performed to rule out breaks, pneumonia, and DVT's.

Complaints/Issues: The patient had no complaints or issues while I was on the unit.

Vital signs (stable/unstable): The patient's temperature and pulse are within normal limits and stable. The patient's blood pressure was high and trending downward after the administration of antihypertensive medications. The patient's respiration rate is on the higher side at 20. Oxygen is on the lower side ranging at 91%-92%. The patient has been diagnosed with pneumonia which could cause the vital signs to vary.

Tolerating diet, activity, etc.: The patient is on a regular diet and has eaten all of his meals during the clinical setting. The patient describes that he is weak and does not think he is able to walk without assistance.

Physician notifications: The physician did not see the patient during this clinical time. I did not have to contact the physician for appearing symptoms.

Future plans for client: The patient plans to be discharged on 2-27-23. The patient is going home with his wife, Helen. Patient will continue to be compliant with medications to cure his pneumonia. The patient will continue to have a regular diet. I would anticipate the client will require home health upon discharge due to severe weakness.

Discharge Planning (2 points)

Discharge location: The client is going home with his wife, Helen.

Home health needs (if applicable): The patient requested home health care physical therapy to improve the patient's weakness.

Equipment needs (if applicable): The patient is going home with a walker.

Follow up plan: The patient will get home health care physical therapy. He will also follow up with his PCP in a month or sooner if symptoms persist.

Education needs: The patient will receive education on exercises to strengthen the muscles. Educate patient on potassium electrolyte imbalance signs and symptoms.

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

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	**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.

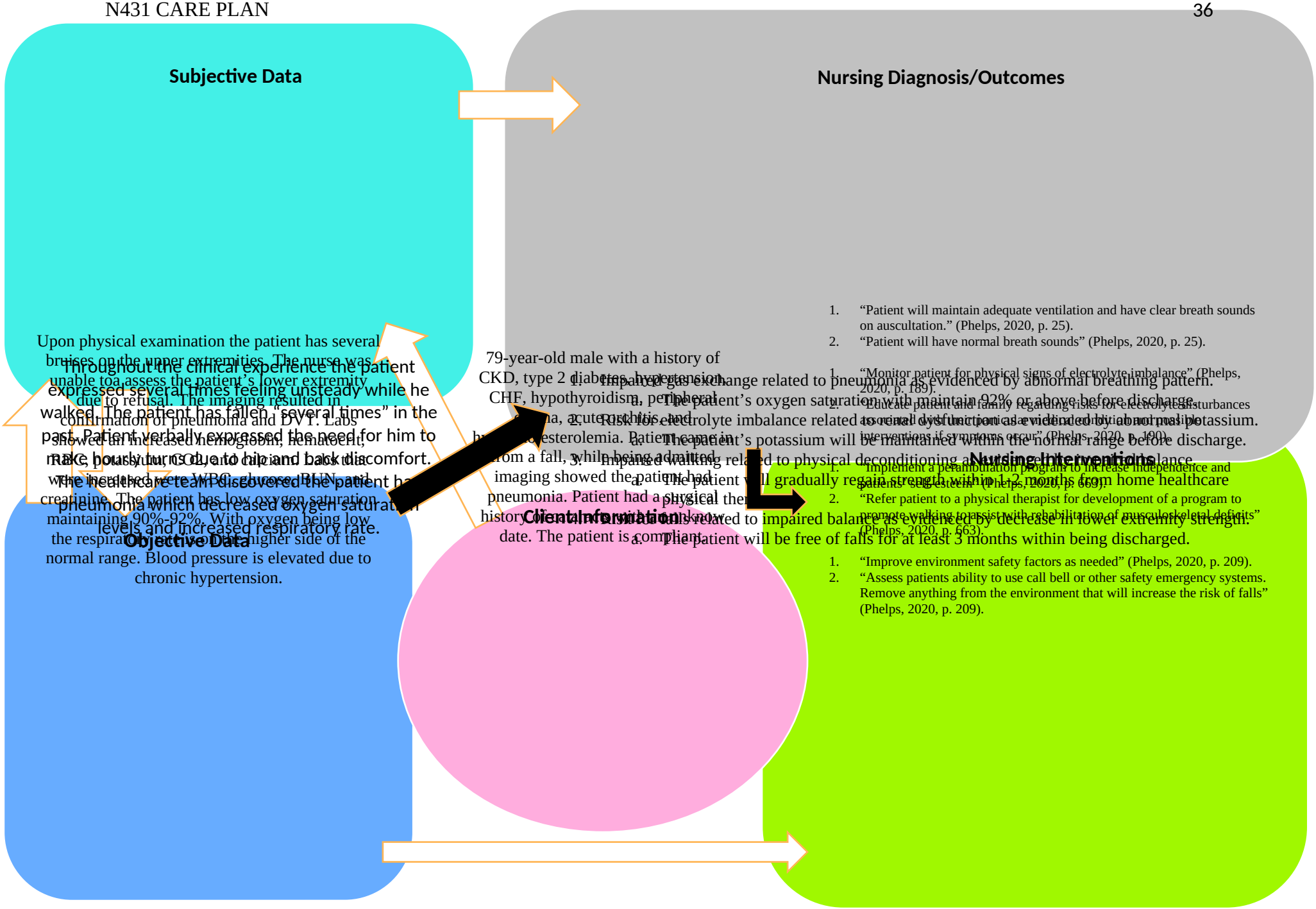
this client				
1. Impaired gas exchange related to pneumonia as evidenced by abnormal breathing pattern.	The patient's oxygen saturation is on the lower side between 90%-92% on room air due to pneumonia.	**1.**"Patient will maintain adequate ventilation and have clear breath sounds on auscultation" (Phelps, 2020, p. 25). **2.**"Patient will have normal breath sounds" (Phelps, 2020, p. 25).	**1.** The patient's oxygen saturation will maintain 92% or above before discharge.	The patient responded well to the goals and verbally acknowledged the status of the goals and outcomes.
2. Risk for electrolyte imbalance related to renal dysfunction as evidenced by abnormal potassium.	The patient's potassium level was 3.1 mmol/L on admission and 3.4 mmol/L after potassium riders. The patient was ordered 2 more doses of potassium before discharge.	**1.** "Monitor patient for physical signs of electrolyte imbalance" (Phelps, 2020, p. 189). **2.**"Educate patient and family regarding risks for electrolyte disturbances associated with their particular medical condition and possible interventions if symptoms occur" (Phelps, 2020, p. 190).	**1.** The patient's potassium will be maintained within the normal range before discharge.	The patient responded well to the goals and verbally acknowledged the status of the goals and outcomes.
3. Impaired walking related to physical deconditioning as evidenced by impaired balance.	The patient expressed multiple times throughout the clinical that he does not have good balance and has fallen multiple times in the past. Due to the patient	**1.** "Implement a perambulation program to increase independence and patients' self-esteem" (Phelps, 2020, p. 663). **2** "Refer patient to	**1.** The patient will gradually regain strength within 1-2 months from home healthcare physical therapy.	The patient responded well to the goals and verbally acknowledged the status of the goals and outcomes.

	being bedridden it has decreased muscle strength.	a physical therapist for development of a program to promote walking to assist with rehabilitation of musculoskeletal deficits" (Phelps, 2020, p. 663).		
4. Risk for falls related to impaired balance as evidence by decrease in lower extremity strength.	The patient has expressed he has had several falls in the past. The patient has lower extremity strength causing impaired balance.	**1.** "Improve environmental safety factors as needed" (Phelps, 2020, p. 209). **2.** "Assess patients' ability to use call bell or other safety emergency systems. Remove anything from the environment that will increase the risk of falls" (Phelps, 2020, p. 209).	**1.** The patient will be free of falls for at least 3 months within being discharged.	The patient responded well to the goals and verbally acknowledged the status of the goals and outcomes.

Other References (APA):

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.), p. 25, 189, 190, 209, & 663. Wolters Kluwer.

Concept Map (20 Points):


Subjective Data
Throughout the clinical experience the patient expressed several times feeling unsteady while he walked. The patient has fallen "several times" in the past. Patient verbally expressed the need for him to take hourly turns due to hip and back discomfort.
Objective Data
Upon physical examination the patient has several bruises on the upper extremities. The nurse was unable to assess the patient's lower extremity due to refusal. The imaging resulted in confirmation of pneumonia and DVT. Labs showed an increased hemoglobin, hematocrit, potassium, CO2, and calcium and decreased WBC, glucose, BUN, and creatinine. The patient has low oxygen saturation maintaining 90%-92%. With oxygen being low the respirations are elevated on the higher side of the normal range. Blood pressure is elevated due to chronic hypertension.
79-year-old male with a history of CKD, type 2 diabetes, hypertension, CHF, hypothyroidism, peripheral edema, acute psychosis, and hypercholesterolemia. Patient came in from a fall, while being admitted, imaging showed the patient had pneumonia. Patient had a surgical history of [illegible] unknown date. The patient is compliant.
Clinical Information
The healthcare team discovered the patient had pneumonia which decreased oxygen saturation levels and increased respiratory rate.
Nursing Diagnosis/Outcomes
1. Impaired gas exchange related to pneumonia as evidenced by abnormal breathing pattern.
a. The patient's oxygen saturation will maintain 92% or above before discharge.
2. Risk for electrolyte imbalance related to renal dysfunction as evidenced by abnormal potassium.
a. The patient's potassium will be maintained within the normal range before discharge.
3. Impaired walking related to physical deconditioning as evidenced by decrease in lower extremity strength.
a. The patient will gradually regain strength within 1-2 months from home healthcare physical therapy.
4. Risk for falls related to impaired balance as evidenced by decrease in lower extremity strength.
a. The patient will be free of falls for at least 3 months within being discharged.
1. "Patient will maintain adequate ventilation and have clear breath sounds on auscultation." (Phelps, 2020, p. 25).
2. "Patient will have normal breath sounds" (Phelps, 2020, p. 25).
1. "Monitor patient for physical signs of electrolyte imbalance" (Phelps, 2020, p. 189).
2. "Educate patient and family regarding risks for electrolyte disturbances as renal dysfunction as evidenced by abnormal potassium interventions if symptoms occur" (Phelps, 2020, p. 190).
Nursing Interventions
1. "Implement a perambulation program to increase independence and patients' self-esteem" (Phelps, 2020, p. 669).
2. "Refer patient to a physical therapist for development of a program to promote walking to assist with rehabilitation of musculoskeletal deficits" (Phelps, 2020, p. 663).
1. "Improve environment safety factors as needed" (Phelps, 2020, p. 209).
2. "Assess patients ability to use call bell or other safety emergency systems. Remove anything from the environment that will increase the risk of falls" (Phelps, 2020, p. 209).