N441 Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 3/18/23	**Client Initials** F.G.	**Age** 69 years old	**Gender** Male
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Divorced	**Allergies** No known allergies
Code Status Full	**Height** 5’9”	**Weight** 142 pounds	

Medical History (5 Points)

Past Medical History: Heart failure, carcinoma, seizures, diffuse large B-cell lymphoma, thrombocytopenia

Past Surgical History: Tonsillectomy, spine surgery, excision mass

Family History: Cancer in father and mother, cerebral palsy in daughter

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

No reported history of tobacco, alcohol, or illicit drug use.

Assistive Devices: Patient uses walker at home, niece and sister assist with his care.

Living Situation: Patient lives at home by himself.

Education Level: Education level is unknown.

Admission Assessment

Chief Complaint (2 points): Generalized weakness

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

Patient presented to the emergency department for generalized weakness. It primarily persists in lower extremities bilaterally. It has been going on for a “few days” and lasts throughout the day. Patient does not note any defining characteristics. Patient notes walking makes the weakness worse. There are no relieving factors and the patient has not sought previous care out for this complaint.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): NA

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

Pneumonia is an infection in the lungs, inflaming the air sacs (Mayo Clinic, 2020). The sacs fill with fluid, causing a cough with phlegm (Mayo Clinic, 2020). The inflammation makes it hard for the oxygen to get delivered to the bloodstream (Mayo Clinic, 2020). Organisms including bacteria, viruses, and fungi can cause pneumonia. This particular client had a diagnosis of bacterial pneumonia. This client was more susceptible to pneumonia because of his cancer diagnosis. His immune system is weak, therefore increasing his risk for pathogens to infect his body.

There are many broad signs and symptoms of pneumonia that are similar to those of a cold or flu (American Lung Association Scientific and Medical Staff, 2022). Examples include fever, cough, chest pain when breathing, shortness of breath, and fatigue (American Lung Association Scientific and Medical Staff, 2022). It is important to see a provider when temperature rises to 102 degrees fahrenheit or difficulty breathing and chest pain persist (). Common findings on assessment include tachypnea, tachycardia, fever, and crackles upon auscultation (Mayo Clinic, 2020). A CT scan is often completed to take images from different angles, providing more details of the site in comparison to an x-ray (American Lung Association Scientific and Medical Staff, 2022). Blood tests are important, as well because it will identify the organism that is causing the illness (American Lung Association Scientific and Medical Staff, 2022). In this particular case, the patient had a CT scan done along with blood tests. His CT scan showed infiltrates in his lungs, confirming the diagnosis of pneumonia.

Treatment of pneumonia is dependent upon the type of pneumonia that is present (American Lung Association Scientific and Medical Staff, 2022). There are many factors that exist that make each treatment plan different. Controlling the fever, drinking plenty of fluids, resting, and taking antibiotics as prescribed are general ways that patients can heal from bacterial pneumonia (American Lung Association Scientific and Medical Staff, 2022). In this patient's scenario, his condition required IV antibiotics and oxygen therapy.

Pathophysiology References (2) (APA):

American Lung Association Scientific and Medical Staff. (2022). *Pneumonia*. American Lung Association. https://www.lung.org/lung-health-diseases/lung-disease-lookup/pneumonia/what-is-the-connection

Mayo Clinic Staff. (2020). *Pneumonia*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204#:~:text=Pneumonia%20is%20an%20infection%20that,and%20fungi%2C%20can%20cause%20pneumonia.

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	4.4-5.8	3.07	2.4	This patient has lymphoma.
Hgb	13-16.5	10.3	8.1	This patient has lymphoma.
Hct	38%-50%	30.3%	24.2%	This patient has lymphoma.
Platelets	140-440	19	71	This patient has lymphoma, which will affect platelet counts.
WBC	4-12	4	5.10	

Neutrophils	1.40-5.3	3.52	4.69	
Lymphocytes	0.9-3.3	0.20	0.20	This client has lymphoma, which affects the immune system.
Monocytes	0.10-0.9	0.16	0.10	
Eosinophils	0-0.50	0.04	0	
Bands		This lab was not drawn.	This lab was not drawn.	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145	132	138	This client has congestive heart failure, which directly affects the sodium level in the blood.
K+	3.5-5.1	4.2	3.9	
Cl-	98-107	100	105	
CO2	22-30	24	25	
Glucose	70-99	89	106	Hyperglycemia can be a result of stress on the body.
BUN	8-26	25	23	
Creatinine	0.7-1.3	0.79	0.72	
Albumin	3.5-5.0	2.5	2.1	This client's albumin level could be low in relation to poor nutrition (O'Carroll, 2023).
Calcium	8.7-10.5	8.4	8.4	Low calcium levels can be caused by steroid medications and this client is on 2 (Cleveland Clinic Medical Staff, 2022).
Mag	1.6-2.6	1.9	1.8	
Phosphate	40-150	This lab was not drawn.	This lab was not drawn.	

Bilirubin	0.2-1.2	1.2	0.7	
Alk Phos	40-150	103	116	
AST	5-24	24	This lab was not drawn.	
ALT	0-55	33	This lab was not drawn.	
Amylase	25-125	45	This lab was not drawn.	
Lipase	8-78	14.3	This lab was not drawn.	
Lactic Acid	0.7-2.0	2.4	This lab has not been drawn since 3/20.	The client has cancer, which can elevate the lactic acid levels in the blood (Soliman, 2022).
Troponin	0-0.040	0.066	This lab was not drawn.	Heart failure can cause troponin levels to be elevated (Drugs.com, 2023).
CK-MB		This lab was not drawn.	This lab was not drawn.	
Total CK	30-200	38	This lab was not drawn.	

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	0.8-1.1	1.1	This lab was not drawn.	
PT	10-13.1	13	This lab was not drawn.	
PTT	25-36	This lab	This lab	

	seconds	was not drawn.	was not drawn.	
D-Dimer	0-6.22	This lab was not drawn.	This lab was not drawn.	
BNP	0-100	This lab was not drawn.	This lab was not drawn.	
HDL	>40	14	This lab was not drawn.	Low LDL levels are often associated with heart failure (Braun, 2022).
LDL	<130	55	This lab was not drawn.	
Cholesterol	<200	95	This lab was not drawn.	
Triglycerides	<150	129	This lab was not drawn.	
Hgb A1c	4%-6%	This lab was not drawn.	This lab was not drawn.	
TSH	0.27-4.2	This lab was not drawn.	This lab was not drawn.	

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	Yellow and clear	Yellow and clear	This lab was not drawn.	
pH	5-9	7.5	This lab was not drawn.	
Specific Gravity	1.003-1.03	1.026	This lab was not drawn.	
Glucose	Negative	Negative	This lab was not drawn.	
Protein	Negative	Negative	This lab	

			was not drawn.	
Ketones	Negative	Negative	This lab was not drawn.	
WBC	Negative	Negative	This lab was not drawn.	
RBC	Negative	Negative	This lab was not drawn.	
Leukoesterase	Negative	Negative	This lab was not drawn.	

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	7.45	This lab was not drawn.	
PaO2	85-105	91	This lab was not drawn.	
PaCO2	35-45	28	This lab was not drawn.	This client's pneumonia and respiratory distress may cause hypocapnia (Farkas, 2021).
HCO3	22-26	19.6	This lab was not drawn.	This client's pneumonia may cause low levels of bicarbonate in the

				blood.
SaO2	95-98	95	This lab was not drawn.	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	Negative	This lab was not drawn.	
Blood Culture	Negative	Negative	This lab was not drawn.	
Sputum Culture	Negative	Negative	This lab was not drawn.	
Stool Culture	Negative	Negative	This lab was not drawn.	

Lab Correlations Reference (1) (APA):

Braun, A. (2022). *Low LDL symptoms.* Very Well Health. https://www.verywellhealth.com/low-hdl-symptoms-signs-symptoms-and-complications-5188643#:~:text=Abnormal%20cholesterol%20levels%20are%20one%20of%20the%20conditions%2C,been%20associated%20with%20higher%20levels%20of%20insulin%20resistance.

Cleveland Clinic Medical Staff. (2022). *Hypocalcemia*. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/23143-hypocalcemia#:~:text=Other%20causes%20of%20hypocalcemia%20include%3A%201%20Certain%20medications%3A,parathyroid%20hormone%20%28PTH%29%20it%20has.%20...%20More%20items

Drugs.com (2023). *High troponin levels*. Drugs.com. https://www.drugs.com/cg/high-troponin-levels.html

Farkas, J. (2021). *Respiratory alkalosis (hypocapnia)*. Internet Book of Critical Care. https://emcrit.org/ibcc/hypocapnia/

O'Carroll, D. (2023). *What is hypoalbuminemia and how is it treated?* Healthline. https://www.healthline.com/health/hypoalbuminemia#symptoms

Soliman, M. (2022). *Lactic acidosis: What you need to know*. Healthline. https://www.healthline.com/health/lactic-acidosis

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT of the chest, abdomen/pelvis, and head were done along with an EKG.

Diagnostic Test Correlation (5 points):

A CT scan uses a combination of x-rays and computer technology to create images of the inside of the body (Johns Hopkins Medicine, 2023). It shows detailed images of the bones, muscles, fat, and organs (Johns Hopkins Medicine, 2023). CT scans are ordered to diagnose tumors, investigate internal bleeding, or check for other injuries (Johns Hopkins Medicine, 2023). In this patient scenario, he received a CT of the chest, abdomen/pelvis, and head. He was receiving a CT to diagnose tumor metastasis. The scan showed inguinal, mediastinal, and CNS involvement of cancer.

This client also received an electrocardiogram (EKG). An EKG records the electrical signals in the heart. It is a noninvasive way to diagnose many heart problems (Mayo Clinic Staff, 2022). Twelve electrodes are attached to the chest and limbs, reading the signals of the heart beat (Mayo Clinic Staff, 2022). This patient's troponin level was elevated, therefore an EKG was

done to detect any arrhythmias and whether he had a previous heart attack. The patterns of an EKG may help determine which part of the heart has been damaged, as well as the extent of damage (Mayo Clinic Staff, 2022).

Diagnostic Test Reference (1) (APA):

Johns Hopkins Medicine. (2023). *Computed tomography scan*. Johns Hopkins Medicine. https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/computed-tomography-ct-scan

Mayo Clinic Staff. (2022). *Electrocardiogram (ECG or EKG).* Mayo Clinic. https://www.mayoclinic.org/tests-procedures/ekg/about/pac-20384983#:~:text=An%20electrocardiogram%20(ECG%20or%20EKG,attached%20computer%20monitor%20or%20printer.

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

Home Medications (5 required)

Brand/Generic	Omeprazole Prilosec	Dexamethasone Decadon	Folic acid FA-8	Prednisone Rayos	
Dose	20 mg.	2 mg.	1 mg.	20 mg.	
Frequency	once a day	twice a day	once a day	2 tablets once a day	
Route	PO	PO	PO	PO	
Classification	Pharm: proton pump inhibitor Therapeutic: antiulcer	Pharm: glucocorticoid Therapeutic: anti-inflammatory	Vitamin	Pharm: glucocorticoid Therapeutic: immunosuppressant	
Mechanism of	Inhibits the	Binds to	Stimulates	Binds to	

Action	hydrogen proton pump system in gastric cells from H+ entering (Jones & Bartlett Learning, 2021).	intracellular glucocorticoid receptors to suppress inflammation (Jones & Bartlett Learning, 2021).	the production of red blood cells, white blood cells, and platelets (Entringer, 2021).	intracellular receptors and suppresses inflammatory and immune responses (Jones & Bartlett Learning, 2021).	
Reason Client Taking	GERD	Lymphoma	Anemia	Lymphoma	
Contraindications (2)	Concurrent therapy with rilpivirine-containing products, hypersensitivity to omeprazole or its components.	Idiopathic thrombocytopenia administration of live-virus vaccine	Cirrhosis or kidney disease	Hypersensitivity to prednisone or its components or systemic fungal infection	
Side Effects/Adverse Reactions (2)	thrombocytopenia bronchospasm	leukopenia bronchospasm	Nausea and loss of appetite	Heart failure seizures	
Nursing Considerations (2)	Give before meals, preferably in the morning. If needed the capsule may be opened and sprinkled on applesauce.	Use cautiously in patients with CHF, HTN, or renal insufficiency. Give a once-daily dose in the morning.	Allergy to folic acid and kidney disease.	Administer one daily dose in the morning. Monitor daily fluid I/Os.	
Key Nursing Assessment(s)/Lab(s) Prior to	Monitor INR and PT	WBC count and vital signs	RBC count and assessmen	Vital signs and CBC	

Administration			t of physical appearances indicating bleeding.		
Client Teaching needs (2)	Tell patients to take drug before meals. Encourage patients to avoid alcohol and aspirin.	Instruct clients not to store drug in damp or hot places. Caution against consuming alcohol.	Take exactly as prescribed. Do not take antacids within 2 hours of antacids.	Take with food to decrease GI upset. Emphasize the importance of taking drug exactly as prescribed.	

Hospital Medications (5 required)

Brand/Generic	Lipitor Atorvastatin calcium	Midodrine Proamatine	Zosyn Penicillin A	Tylenol Acetaminophen	Lasix Furosemide
Dose	40 mg.	10 mg.	4.5 g. in NaCl 100 mL IVPB	650 mg.	40 mg.
Frequency	at night	3 times a day before meals	continuous	Q4 hours PRN	once
Route	PO	PO	Port line	PO	Port line
Classification	Pharm: HMG-CoA reductase inhibitor Therapeutic: antihyperlipidemic	Pharm: vasopressor Therapeutic: antihypotensive	Pharm: penicillin Therapeutic: antibiotic	Pharm: nonsalicylate Therapeutic: antipyretic	Pharm: loop diuretic Therapeutic: diuretic
Mechanism of Action	Inhibits HMG-CoA reductase and	Forms an active metabolite with alpha1-	Inhibits the final stage of bacterial cell wall	Blocks prostaglandin production	Inhibits sodium and water reabsorpti

	cholesterol synthesis in the liver (Jones & Bartlett Learning, 2021).	agonist, which activates the arteriolar and venous receptors, producing an increase in vascular tone (Cunha, 2021).	synthesis by binding to penicillin proteins inside the cell wall (Jones & Bartlett Learning, 2021).	and interferes with pain impulse (Jones & Bartlett Learning, 2021).	on in the kidneys (Jones & Bartlett Learning, 2021).
Reason Client Taking	Abnormal cholesterol levels	Low blood pressure	Pneumonia	Pain and fever relief	CHF
Contraindications (2)	Active hepatic disease or hypersensitivity to Lipitor.	Severe heart disease and acute renal disease.	Hypersensitivity to penicillin or its components.	Severe hepatic impairment or active liver disease.	Anuria or hypersensitivity to furosemide or its components.
Side Effects/Adverse Reactions (2)	thrombocytopenia and hypoglycemia	Urinary retention and rash	confusion and electrolyte imbalances	Hypotension and hepatotoxicity	Hyperglycemia and thromboembolism
Nursing Considerations (2)	Use cautiously in patients who consume substantial quantities of alcohol. Expect liver function tests to be performed before therapy (Jones & Bartlett Learning, 2021).	The last dose should not be taken after the evening meal or less than 3-4 hours before bedtime because supine hypertension may occur (Cunha, 2021)	Obtain culture and sensitivity samples for culture before starting therapy. Administer at least 1 hour before other antibiotics (Jones & Bartlett Learning, 2021).	Use cautiously in patients with hepatic impairment. Monitor renal function in patients on long term therapy (Jones & Bartlett Learning, 2021).	Use cautiously in patients with advanced hepatic cirrhosis. Give dose in the morning so patient's sleep patterns won't be interrupted (Jones & Bartlett Learning, 2021).

Key Nursing Assessment(s)/Lab(s) Prior to Administration	Liver panel and CBC	Blood pressure and heart rate	Culture and sensitivity sample and allergies.	AST, ALT, bilirubin, and creatinine levels.	Liver panels and blood pressure and heart rate
Client Teaching needs (2)	Tell patients to take drug at the same time each day. Take missed dose as soon as possible (Jones & Bartlett Learning, 2021).	Avoid concomitant use of drugs that increase blood pressure. Educate on the signs and symptoms of bradycardia and hypotension (Cunha, 2021).	Urge the client to tell the provider if diarrhea presents. Instruct client to report previous allergies and notify provider (Jones & Bartlett Learning, 2021).	May be crushed or swallowed whole. Caution patient not to exceed recommended dosage (Jones & Bartlett Learning, 2021).	Take at the same time each day. Urge client to take it even when feeling well (Jones & Bartlett Learning, 2021).

Medications Reference (1) (APA):

Cunha, J. (2021). *Midodrine*. RxList. https://www.rxlist.com/consumer_midodrine_proamatine/drugs-condition.htm

Entringer, S. (2021). *Folic acid.* Drugs.com https://www.drugs.com/folic_acid.html

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented times, person, place, and time. Patient doesn't appear to be using accessory muscles when breathing. He is not in any acute distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 12 **Drains present: Y☐ N X** **Type:**	Skin color is pink, dry, and cool to the touch. There are no lesions present. Petechia is noted on legs bilaterally and on the back. Patient has a pressure ulcer on his coccyx. No drains are present. Patient's braden score is a 12.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical upon inspection and the trachea is midline. There are no noted nodules and the thyroid is nonpalpable. Bilateral carotid pulses 2+ upon palpation. Bilateral auricles have no visible drainage or deformities present. Both eyes appear to have no lesions upon inspection. PERRLA. EOMs are intact on both eyes. Septum is midline with no notable drainage. Oral mucosa is pink and moist with no noted lesions. Patient has clean, intact dentition. .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X** **Edema Y ☐ N X** **Location of Edema:**	Normal heart sounds with no murmurs or gallops present. Rate and rhythm are normal. Presents with a 2+ pulse upon palpation of all pulse sites. Capillary refill is less than 3 seconds bilaterally. No edema or neck vein distension is noted.
RESPIRATORY: **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character**	Normal breath sounds located in all lung fields. Respirations and patterns are non-labored with a normal respiratory rate. Patient is not using

ET Tube: **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	accessory muscles when breathing. This patient did not have an ET tube in place.
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 X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X** **Type:**	Patient was on a regular diet while at home and during hospitalization. Patient's height is 5 '9 " and weighs 142 pounds. Normoactive bowel sounds are present in all quadrants among auscultation. Last bowel movement was 3/21/2023. Upon inspection there were no distension, incisions, scars, drains, or wounds present.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y X N ☐** **Type:** external catheter **Size:** **CAUTI prevention measures:**	Patient's urine was yellow with no odor. The client had an output of 500 mL during this shift. There was no pain with urination and he is not on dialysis. Unable to examine genitals. CAUTI prevention measures include changing the external catheter every 8-12 hours, keeping the site dry and clean.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:**	There was no noted weakness on any extremity. Patient needs assistance with activities of daily living. He uses a walker when ambulating at home. Unable to assess gait while hospitalized due to his oxygen intolerance. Patient needs

ADL Assistance: Y☐ N ☐ **Fall Risk: Y X N☐** **Fall Score:** 45 **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	assistance with equipment and it takes 1-2 people. Morse fall score is 45.
NEUROLOGICAL: **MAEW: Y X N☐** **PERLA: Y X N☐** **Strength Equal: Y X N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient moves all extremities well. No noted weakness throughout limbs and strength is equal throughout. Patient is alert and oriented to person, place, and time. Patient is well spoken and answers questions appropriately. PERRLA.
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 resides in a home by himself. Patient appears to have a good family structure, niece and daughter assist the client with care at home. Patient's developmental level is appropriate for his age and he has appropriate coping methods. Patient didn't state any religious practices.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	76	102/67	17	98.9	100% via BiPAP
1200	74	100/63	16	99.5	100% via high flow nasal cannula with humidity

Vital Sign Trends/Correlation:

The vital signs remained stable and consistent. Temperature spiked slightly, otherwise no notable changes to report.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1200	0-10	No pain reported	No pain reported	No pain reported	No pain reported
1530	0-10	No pain reported	No pain reported	No pain reported	No pain reported

IV Assessment (2 Points)

IV Assessment	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:**	Patient did not have IV sites.
Other Lines (PICC, Port, central line, etc.)	
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:**	Patient has a port on his right chest. On 3/18/23 it was re-accessed. The dressing is clean, dry, and intact. No signs of erythema or drainage noted. There were initials with the date, due for dressing change on 3/24/23. CLABSI prevention measures included CURO caps present, appropriate hand hygiene, chlorhexidine was used for skin prep, and the site was clean and dry.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
water and coke 100 mL	500 mL of urine

Nursing Care

Summary of Care (2 points)

Overview of care: Patient tolerating BiPAP well. High humidity nasal cannula is utilized when the patient needs a break from the BiPAP machine.

Procedures/testing done: No procedures or testing were done.

Complaints/Issues: The client did not have any complaints at the time of assessment.

Vital signs (stable/unstable): Vital signs were stable during this shift.

Tolerating diet, activity, etc.: Patient is tolerating diet well, though he doesn't have a strong appetite. He is unable to participate in physical activities due to his intolerance. He will need a physical therapy consultation once he's medically appropriate.

Physician notifications: Physician orders remained the same in regards to oxygen therapy. Another platelet transfusion is anticipated. Continued cardiac monitoring and frequent vital signs.

Future plans for client: This patient is to finish IV antibiotic therapy and consult with physical and occupational therapy before discharge to home.

Discharge Planning (2 points)

Discharge location: Patient's goal is to discharge home.

Home health needs (if applicable): NA

Equipment needs (if applicable): Oxygen therapy

Follow up plan: Patient should follow up with his oncologist post hospital stay to discuss plan of care regarding diagnosis.

Education needs: Patient should have education on hospice/palliative care.

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

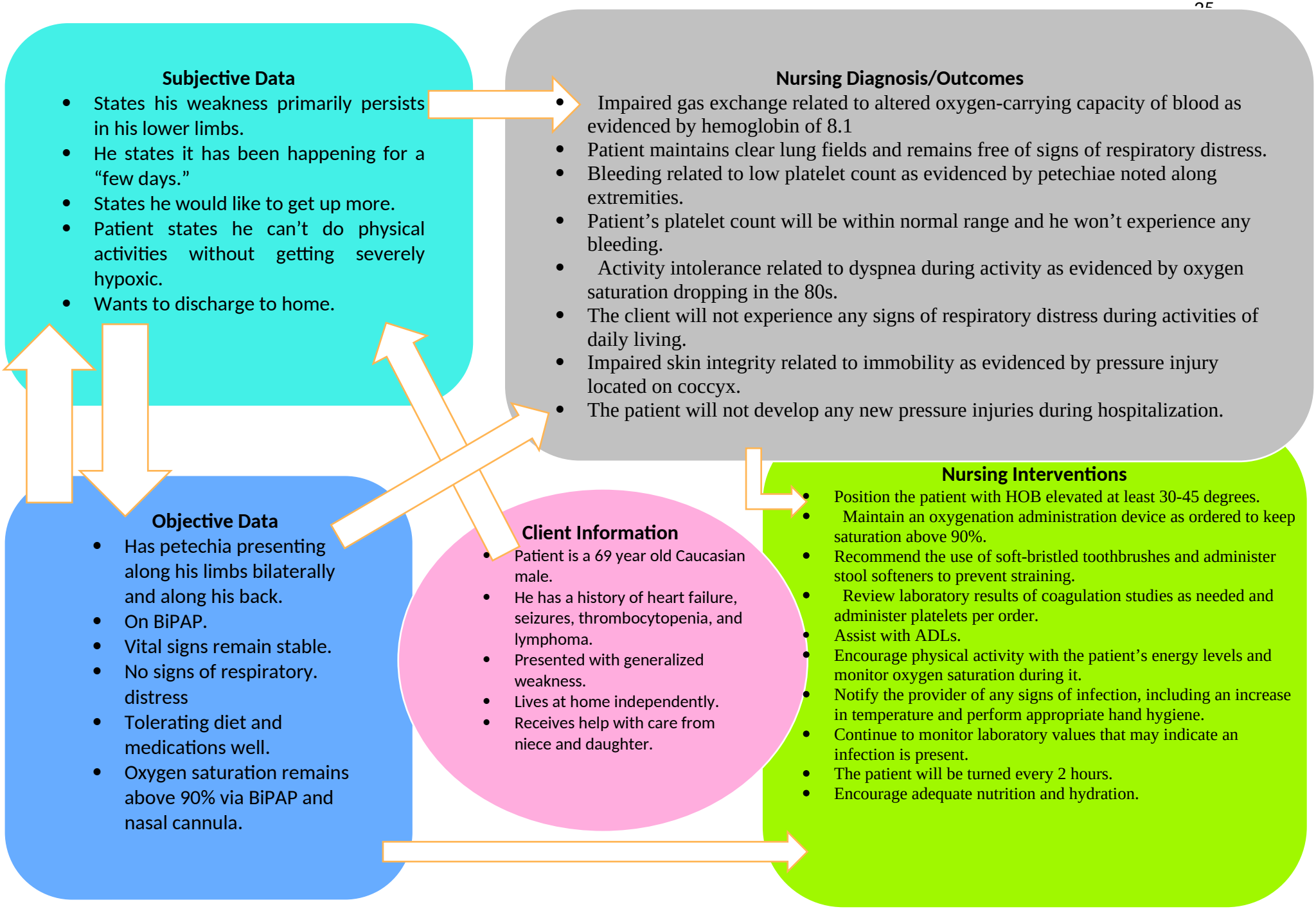
Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components ● Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** ● Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** ● How did the client/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Impaired gas exchange related to altered oxygen-carrying capacity of blood as evidenced by hemoglobin of 8.1	This diagnosis was chosen because it directly affects the patient's ability to adequately breathe. He was receiving BiPAP therapy and blood transfusions to enhance his oxygenation.	**1.** Position the patient with HOB elevated at least 30-45 degrees. **2.** Maintain an oxygenation administration device as ordered to keep saturation above 90%.	**1.** Patient maintains clear lung fields and remains free of signs of respiratory distress.	The client responded well to the nursing actions in place. He tolerated BiPAP and understood the importance of it. The patient will be monitored continuously for any changes.
2. Bleeding related to low platelet count as evidenced by petechiae noted along extremities.	This diagnosis was chosen because the client's platelet count was 19 upon admission.	**1.** Recommend the use of soft-bristled toothbrushes and administer stool softeners to prevent straining. **2.** Review laboratory results of coagulation	**1.** Patient's platelet count will be within normal range and he won't experience any bleeding.	The patient responded well to these nursing interventions in place. Platelet counts raised significantly, will administer platelets as ordered.

		studies as needed and administer platelets per order.		
3. Activity intolerance related to dyspnea during activity as evidenced by oxygen saturation dropping in the 80s.	This patient was unable to do physical therapy because of his intolerance, which prevents the patient from returning to normal activities.	**1.** Assist with ADLs. **2**.Encourage physical activity with the patient's energy levels and monitor oxygen saturation during it.	**1.** The client will not experience any signs of respiratory distress during activities of daily living.	The patient understood the importance of conserving energy. Will continue to assist him with ADLs until oxygenation improves.
4. Risk for infection related to chronic disease process as evidenced by low lymphocyte level.	This patient has a history of cancer, which is a significant risk for infections.	**1.** Notify the provider of any signs of infection, including an increase in temperature and perform appropriate hand hygiene. **2.** Continue to monitor laboratory values that may indicate an infection is present.	**1.** The client will not experience any infections during his hospital stay.	The patient understood the importance of reporting any signs of infection promptly.
5. Impaired skin integrity related to immobility as evidenced by pressure injury located on coccyx.	6. This patient had a pressure injury on his coccyx.	**1.**The patient will be turned every 2 hours. **2.** Encourage adequate nutrition and hydration.	**1.** The patient will not develop any new pressure injuries during hospitalization.	**7.** The patient responded well to the nursing interventions in place. He understood the

				importance of Q2 turns and appropriate hydration.

Other References (APA):

Concept Map (20 Points):


Subjective Data
States his weakness primarily persists in his lower limbs.
He states it has been happening for a "few days."
States he would like to get up more.
Patient states he can't do physical activities without getting severely hypoxic.
Wants to discharge to home.
Nursing Diagnosis/Outcomes
Impaired gas exchange related to altered oxygen-carrying capacity of blood as evidenced by hemoglobin of 8.1
Patient maintains clear lung fields and remains free of signs of respiratory distress.
Bleeding related to low platelet count as evidenced by petechiae noted along extremities.
Patient's platelet count will be within normal range and he won't experience any bleeding.
Activity intolerance related to dyspnea during activity as evidenced by oxygen saturation dropping in the 80s.
The client will not experience any signs of respiratory distress during activities of daily living.
Impaired skin integrity related to immobility as evidenced by pressure injury located on coccyx.
The patient will not develop any new pressure injuries during hospitalization.
Objective Data
Has petechia presenting along his limbs bilaterally and along his back.
On BiPAP.
Vital signs remain stable.
No signs of respiratory. distress
Tolerating diet and medications well.
Oxygen saturation remains above 90% via BiPAP and nasal cannula.
Client Information
Patient is a 69 year old Caucasian male.
He has a history of heart failure, seizures, thrombocytopenia, and lymphoma.
Presented with generalized weakness.
Lives at home independently.
Receives help with care from niece and daughter.
Nursing Interventions
Position the patient with HOB elevated at least 30-45 degrees.
Maintain an oxygenation administration device as ordered to keep saturation above 90%.
Recommend the use of soft-bristled toothbrushes and administer stool softeners to prevent straining.
Review laboratory results of coagulation studies as needed and administer platelets per order.
Assist with ADLs.
Encourage physical activity with the patient's energy levels and monitor oxygen saturation during it.
Notify the provider of any signs of infection, including an increase in temperature and perform appropriate hand hygiene.
Continue to monitor laboratory values that may indicate an infection is present.
The patient will be turned every 2 hours.
Encourage adequate nutrition and hydration.