

N441 Care Plan

Lakeview College of Nursing

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## N441 CARE PLAN

**Demographics (3 points)**

<b>Date of Admission</b> 3/22/23	<b>Client Initials</b> AC	<b>Age</b> 62	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Disability	<b>Marital Status</b> Single	<b>Allergies</b> Chantix and Codeine
<b>Code Status</b> Full	<b>Height</b> 5'5"	<b>Weight</b> 63.5 kg	

**Medical History (5 Points)**

**Past Medical History:** Allergic rhinitis, CHF, COPD, Gallstones, Hyperlipidemia, Sleep Apnea, Vitamin D deficiency, Hypercapnia, and Respiratory Failure

**Past Surgical History:** Tonsillectomy

**Family History:** Mother: Lupus and Rheumatoid Arthritis; Father: Allergic rhinitis, COPD, and CHF

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

Patient quit smoking 8 years ago with a history of 78 packs/year for 32 years

**Assistive Devices:** None.

**Living Situation:** Patient lives in an apartment alone

**Education Level:** Highest level of education is an associates degree.

**Admission Assessment**

**Chief Complaint (2 points):** Shortness of breath

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

The patient was at home visiting with her daughter where she began to feel short of breath. Due to the patient history with respiratory failure and COPD her daughter believed it was best to come to the Emergency Department. Once the patient arrived the patient was placed on 4L of oxygen and received a chest x-ray. The patient has a history of shortness of breath which is

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typically resolved with wearing oxygen. The chest x-ray showed a right pneumothorax. After the results of the chest x-ray the physician inserted a chest tube.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Right Pneumothorax

**Secondary Diagnosis (if applicable):** Right Hemothorax

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

A pneumothorax is a collapsed lung due to the presence of air or fluid in the pleural cavity (Capriotti & Frizzell, 2020). There are 5 different types of pneumothoraxes these are, primary spontaneous pneumothorax, secondary spontaneous pneumothorax, traumatic pneumothorax, tension pneumothorax, and Iatrogenic pneumothorax. This patient likely had a secondary spontaneous pneumothorax (Capriotti & Frizzell, 2020). Secondary spontaneous pneumothorax (SSP) occurs in patients with a variety of lung diseases. This is caused when air enters the pleural space via ruptured blebs which are overly distended and damaged alveoli. Ruptured alveoli are a common cause of emphysema. The signs and symptoms of a pneumothorax are sharp, stabbing chest pain that worsens with breathing, shortness of breath, fatigue, rapid breathing and heartbeat and a dry hacking cough ("Symptoms, diagnosis and treating pneumothorax," 2020). A pneumothorax is diagnosed with a chest x-ray or a CT scan. The chest x-ray will show linear shadow of visceral pleural with lack of lung markings peripheral to the shadows. This indicates a collapsed lung. Typically, the treatment for a pneumothorax is the insertion of a chest tube. The chest tube is used to pull out the air in the pleural cavity which will allow the lung to re-expand. A hemothorax is like a pneumothorax however rather than the presence of air there is blood in the pleural cavity ("Symptoms, diagnosis and treating pneumothorax," 2020). A hemothorax can be caused by a chest trauma, blood clotting defect, or heart surgery. The cause for the

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hemothorax for this patient is unclear however, it is likely related to the mass found in the patient's lung. There are no laboratory results that are related to a pneumothorax however, if a patient is suspected to have a hemothorax they are likely to have decreased hemoglobin and red blood cell count (Capriotti & Frizzell, 2020).

**Pathophysiology References (2) (APA):**

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

Symptoms, diagnosis and treating pneumothorax. (2020, April 10). American Lung Association | American Lung Association. <https://www.lung.org/lung-health-diseases/lung-disease-lookup/pneumothorax/symptoms-diagnosis-treatment>

**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	3.8-5.3	4.39	3.04	The patient is likely experiencing a decreased rbc due to their hemothorax, it is possible the mass in their lung is bleeding (Pagana, 2019).
Hgb	12.0-15.8	12.9	9.4	The patient is likely experiencing a decreased hgb due to their hemothorax, it is possible the mass in their lung is bleeding (Pagana, 2019).
Hct	36-47	39.3	27.3	The patient is likely experiencing a decreased hct due to their hemothorax, it is possible the mass in their lung is bleeding (Pagana, 2019).
Platelets	140-440	277	219	N/A
WBC	4.0-12.0	16.5	9.6	The patients wbc was likely elevated related to the patient pneumothorax

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				and the possible fluid in their lungs (Pagana, 2019).
<b>Neutrophils</b>	<b>47.0-75.0</b>	<b>84.4</b>	<b>76.3</b>	The patients' neutrophils were likely elevated related to the patient pneumothorax and the possible fluid in their lungs (Pagana, 2019).
<b>Lymphocytes</b>	<b>18.0-42.0</b>	<b>10.6</b>	<b>13.3</b>	The patient's lymphocytes were likely decreased related to the patient pneumothorax and the possible fluid in their lungs (Pagana, 2019).
<b>Monocytes</b>	<b>4.0-12.0</b>	<b>3.5</b>	<b>9.9</b>	The patients' monocytes were likely decreased related to the patient pneumothorax and the possible fluid in their lungs (Pagana, 2019).
<b>Eosinophils</b>	<b>0.0-5.0</b>	<b>1.2</b>	<b>0.9</b>	N/A
<b>Bands</b>	<b>0.0-1.0</b>	<b>N/A</b>	<b>N/A</b>	N/A

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

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na-</b>	<b>133-144</b>	<b>142</b>	<b>145</b>	N/A
<b>K+</b>	<b>3.5-5.1</b>	<b>3.7</b>	<b>3.7</b>	N/A
<b>Cl-</b>	<b>98-107</b>	<b>94</b>	<b>87</b>	The patient's decrease in Cl- is likely related to the patient's respiratory distress (Pagana, 2019).
<b>CO2</b>	<b>21-31</b>	<b>37</b>	<b>48</b>	The patients CO2 is likely elevated related to the patient's pneumothorax. The patient is having trouble expelling all of the CO2 in their lungs (Pagana, 2019).
<b>Glucose</b>	<b>70-99</b>	<b>140</b>	<b>120</b>	I am unsure exactly why the patient's glucose is elevated however, research shows that patients with COPD may carry higher levels of glucose (Pagana, 2019).
<b>BUN</b>	<b>7-25</b>	<b>25</b>	<b>31</b>	The patient's elevated BUN is likely related to the patient being dehydrated (Pagana, 2019).

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<b>Creatinine</b>	<b>0.50-1.0</b>	<b>0.81</b>	<b>0.61</b>	N/A
<b>Albumin</b>	<b>3.5-5.7</b>	<b>4.5</b>	N/A	N/A
<b>Calcium</b>	<b>8.5-10.2</b>	<b>9.8</b>	<b>9.1</b>	N/A
<b>Mag</b>	<b>1.6-2.6</b>	N/A	N/A	N/A
<b>Phosphate</b>	<b>2.8-4.5</b>	N/A	N/A	N/A
<b>Bilirubin</b>	<b>0.2-0.8</b>	<b>0.4</b>	N/A	N/A
<b>Alk Phos</b>	<b>34-104</b>	<b>73</b>	N/A	N/A
<b>AST</b>	<b>13-39</b>	N/A	N/A	N/A
<b>ALT</b>	<b>7-52</b>	N/A	N/A	N/A
<b>Amylase</b>	<b>10-140</b>	N/A	N/A	N/A
<b>Lipase</b>	<b>0-160</b>	N/A	N/A	N/A
<b>Lactic Acid</b>	<b>0.5-2.0</b>	N/A	N/A	N/A
<b>Troponin</b>	<b>0-0.04</b>	<b>0.104</b>	N/A	I am unsure why the patient's troponin is elevated; however, research shows elevated troponin can be related to myocarditis, pulmonary embolism, acute heart failure, and sepsis (Pagana, 2019).
<b>CK-MB</b>	<b>3-5%</b>	N/A	N/A	N/A
<b>Total CK</b>	<b>5-25</b>	N/A	N/A	N/A

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
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<b>INR</b>	<b>0.8-1.1</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>PT</b>	<b>10.1-13.1</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>PTT</b>	<b>25-36</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>D-Dimer</b>	<b>&lt;0.5</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>BNP</b>	<b>&lt;100</b>	<b>35</b>	<b>N/A</b>	<b>N/A</b>
<b>HDL</b>	<b>&gt;40</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>LDL</b>	<b>&lt;130</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Cholesterol</b>	<b>&lt;200</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Triglycerides</b>	<b>&lt;150</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Hgb A1c</b>	<b>4-6</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>TSH</b>	<b>0.27-4.2</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>	<b>Yellow/clear</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>pH</b>	<b>5-9</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Specific Gravity</b>	<b>1.003-1.030</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Glucose</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Protein</b>	<b>Neatice</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Ketones</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>WBC</b>	<b>0-5</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>RBC</b>	<b>0-2</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Leukoesterase</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

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**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	7.38	N/A	N/A
PaO <sub>2</sub>	80-100	62	N/A	The patient's PaO <sub>2</sub> is decreased related to the patient pneumothorax (Pagana, 2019)
PaCO <sub>2</sub>	35-45	100	N/A	The patient's PaCO <sub>2</sub> is increased related to the patient pneumothorax (Pagana, 2019).
HCO <sub>3</sub>	22-26	N/A	N/A	N/A
SaO <sub>2</sub>	95-100	94	N/A	The patients SaO <sub>2</sub> is decreased related to the patient pneumothorax (Pagana, 2019).

**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	N/A	N/A	N/A
Blood Culture	No growth	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):**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed.). Elsevier.

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**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** Seven Chest X-ray and Chest CT.

**Diagnostic Test Correlation (5 points):**

Upon admission the patient received a chest x-ray. The purpose of the chest x-ray is to look at the structures and organs in the patient's chest. This is to see how well the patient's lungs and heart are working. In the patient's initial chest x-ray it was found that the patient had a 30% pneumothorax on the right with partial collapse of the right lung. Additional chest x-rays were done daily to ensure the patient's chest tube was in place. During these chest x-rays the chest tube was in place.

During the patient's stay they received a chest CT. The purpose of this CT is to take a closer look at the patient's lungs, heart, blood vessels, airways, ribs, and lymph nodes. The patient's Chest CT showed a right hemothorax and pneumothorax occupying 10% of the pleural space in the right upper lobe of the lung, emphysematous changes of the lungs which are compatible with COPD, a 6.1x2.8 cm mass in the right upper lobe, and emphysema in the right anterior chest wall.

**Diagnostic Test Reference (1) (APA):**

Mayo Foundation for Medical Education and Research. (2020, June 13). *Ards*. Mayo Clinic.

Retrieved May 27, 2022, from <https://www.mayoclinic.org/diseases-conditions/ards/diagnosis-treatment/drc-20355581>

**Current Medications (10 points, 1 point per completed med)**  
**\*10 different medications must be completed\***

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**Home Medications (5 required)**

<b>Brand/Generic</b>	<b>Acetaminophen/ Tylenol</b>	<b>Calcium Carbonate/ Tums</b>	<b>Acetylsalicylic acid/ Aspirin</b>	<b>N/A</b>	<b>N/A</b>
<b>Dose</b>	<b>325mg</b>	<b>1,000mg</b>	<b>300mg</b>	<b>N/A</b>	<b>N/A</b>
<b>Frequency</b>	<b>Q6 PRN</b>	<b>Q8</b>	<b>Daily</b>	<b>N/A</b>	<b>N/A</b>
<b>Route</b>	<b>PO</b>	<b>PO</b>	<b>Oral</b>	<b>N/A</b>	<b>N/A</b>
<b>Classification</b>	<b>Pharmacologic class: Nonsalicylate, para-aminophenol derivative</b>  <b>Therapeutic class: Antipyretic, nonopioid analgesic</b>	<b>Pharmacologic class: calcium salts</b>  <b>Therapeutic class: Antacids</b>	<b>Pharmacologic class: Salicylate</b>  <b>Therapeutic class: NSAID</b>	<b>N/A</b>	<b>N/A</b>
<b>Mechanism of Action</b>	<b>Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral</b>	<b>Increases levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoske</b>	<b>Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammato</b>	<b>N/A</b>	<b>N/A</b>

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	nervous system.	letal systems. Also plays a role in normal cardiac and renal function, respiration, coagulation, and cell membrane and capillary permeability.	ry response, cause local vasodilation with swelling and pain.		
<b>Reason Client Taking</b>	To relieve mild to moderate pain	To help with antacids.	To reduce complications such as fever.	N/A	N/A
<b>Contraindications (2)</b>	Severe hepatic impairment and severe active liver disease.		Impaired renal or liver function	N/A	N/A
<b>Side Effects/Adverse Reactions (2)</b>	Hypotension and hepatotoxicity	Hypotension and nausea or vomiting.	Stomach pain and confusion	N/A	N/A
<b>Nursing Considerations (2)</b>	Monitor the end of parenteral infusion to prevent air embolism and monitor renal function in patients on long term therapy.	Hypercalcemia and digitalis toxicity.	Should be taken on a full stomach and taken with a full glass of water.	N/A	N/A

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<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	<b>Monitor patients AST and creatinine levels.</b>	<b>Be aware of kidney failure and monitor serum calcium level.</b>	<b>Signs of bleeding and petechiae.</b>	<b>N/A</b>	<b>N/A</b>
<b>Client Teaching needs (2)</b>	<b>Do not exceed recommended dosage and recognize signs of hepatotoxicity (Jones &amp; Bartlett Learning, 2021).</b>	<b>Urge the patient to chew the tablet thoroughly before swallowing and tell the patient to shake the bottle well before each use.</b>	<b>Do not crush pills and avoid taking them with alcohol.</b>	<b>N/A</b>	<b>N/A</b>

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	<b>Ondansetron/ Zofran</b>	<b>Lorazepam / ativan</b>	<b>Heparin/Porcine</b>	<b>Morphine</b>	<b>Atorvastatin/ lipitor</b>
<b>Dose</b>	<b>4mg</b>	<b>0.5mg</b>	<b>5,000 Units</b>	<b>2mg</b>	<b>40 mg</b>
<b>Frequency</b>	<b>Q6 PRN</b>	<b>PRN every 8 hours</b>	<b>Q8</b>	<b>Q4 PRN</b>	<b>At bedtime</b>
<b>Route</b>	<b>IV</b>	<b>PO</b>	<b>Subq</b>	<b>IV</b>	<b>PO</b>

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<b>Classification</b>	<b>Pharmacologic class:</b> <b>Selective serotonin receptor antagonist</b>  <b>Therapeutic class:</b> <b>antiemetic</b>	<b>Pharmacological:</b> <b>Benzodiazepine</b> <b>Therapeutic:</b> <b>Anxiolytic</b>	<b>Pharmacologic class:</b> <b>Anticoagulant</b> <b>Therapeutic class:</b> <b>Anticoagulant</b>	<b>Pharmacologic class:</b> <b>Opioid</b>  <b>Therapeutic class:</b> <b>Opioid analgesic</b>	<b>Pharmacologic:</b> <b>HMG-CoA reductase inhibitor</b>  <b>Therapeutic:</b> <b>Antihyperlipidemic</b>
<b>Mechanism of Action</b>	<b>Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine.</b>	<b>May potentiate the effects of Gamma aminobutyric acid (GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS.</b>	<b>Binds with antithrombin III, enhancing antithrombin III inactivation of the coagulation enzymes thrombin (factor IIa) and factors Xa and XIa. At low doses, heparin inhibits factor Xa and prevents conversion of prothrombin to thrombin. Thrombin is needed for conversion of fibrinogen to fibrin;</b>	<b>Selectively blocks alpha1 and beta2 receptors in vascular smooth muscle and beta1 receptors in the heart, thereby reducing peripheral vascular resistance and blood pressure.</b>	<b>Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells enhance LDL uptake and breakdown.</b>

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			without fibrin, clots can't form.		
<b>Reason Client Taking</b>	<b>To prevent nausea and vomiting</b>	<b>Patient is taking this medication to treat anxiety.</b>	<b>To prevent thromboembolism in the hospital.</b>	<b>To relieve severe pain</b>	<b>To control lipid levels as adjunct to diet in primary hypercholesterolemia and mixed dyslipidemia.</b>
<b>Contraindications (2)</b>	<b>The use of apomorphine and hypersensitivity to ondansetron or its components.</b>	<b>Acute narrow-angle glaucoma and hypersensitivity to benzodiazepines.</b>	<b>Uncontrolled active bleeding and hypersensitivity to pork.</b>	<b>Bronchial asthma and heart failure</b>	<b>Active hepatic disease and Breastfeeding</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Intestinal obstruction and pulmonary embolism</b>	<b>Drowsiness and dizziness</b>	<b>Thrombosis and heparin-induced thrombocytopenia.</b>	<b>Bradycardia and hypotension</b>	<b>Abnormal dreams and orthostatic hypertension</b>
<b>Nursing Considerations (2)</b>	<b>Monitor patients for chills and confusion.</b>	<b>Use caution with COPD patients and assess for sleep apnea.</b>	<b>Use heparin cautiously in alcoholics and patients over age 60.</b>	<b>Ensure that oxygen delivery equipment is ready and stored at room temperature.</b>	<b>Monitor diabetic patient's blood glucose levels because atorvastatin in therapy can affect</b>

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					<p><b>blood glucose control and expect to measure lipid levels 2 to 4 weeks after therapy starts, to adjust dosage as directed, and to repeat periodical ly until lipid levels are within desired range.</b></p>
<p><b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b></p>	<p><b>Monitor patients ECG and potassium levels.</b></p>	<p><b>Respiratory depression and sedation.</b></p>	<p><b>Monitor the patient for bleeding and initiate bleeding precautions if necessary</b></p>	<p><b>Respirator y depression and sedation.</b></p>	<p><b>The patient's liver function labs should be monitore d before and after therapy.</b></p>
<p><b>Client Teaching needs (2)</b></p>	<p><b>Advise patients to use oral syringes to measure oral solution and monitor for allergic</b></p>	<p><b>Take medication as prescribed and avoid alcohol (Jones &amp; Bartlett, 2022).</b></p>	<p><b>Patients should inform the nurse of any prolonged bleeding or if they sustain a fall (Jones</b></p>	<p><b>Take medication as prescribed and avoid alcohol (Jones &amp; Bartlett, 2022).</b></p>	<p><b>Ensure to take the recomme nded dose and continue to take atorvasta tin even if you feel</b></p>

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	reactions (Jones & Bartlett Learning, 2021).		& Bartlett, 2022).		better (Jones & Bartlett, 2022).
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**Medications Reference (1) (APA):**

Jones & Bartlett Learning, LLC. (2022). *2021 Nurse's Drug Handbook* (21st ed.).

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

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	Alert and oriented x4, patient is well groomed and does not appear in distress.
<b>INTEGUMENTARY:</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds:</b> <b>Braden Score:</b> 15 <b>Drains present:</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Type:</b> Chest tube in the right lung	Skin is pink, warm, and dry upon palpation. No rashes, lesions, or bruising. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor normal mobility. Capillary refill less than 3 seconds fingers and toes bilaterally.
<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	Head and neck are symmetrical, the trachea is midline without deviation. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, EOMs intact bilaterally. Septum is midline, turbinates are moist and pink bilaterally and no visible bleeding or polyps. Posterior pharynx and tonsils are moist and pink without exudate noted. Hard palate

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	intact. Dentition is good, oral mucosa overall is moist and pink without lesions noted.
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b> <b>S1, S2, S3, S4, murmur etc.</b> <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses:</b> <b>Capillary refill:</b> <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Location of Edema:</b>	Clear S1 and S2 without murmurs, gallops or rubs. PMI palpable at 5 <sup>th</sup> intercostal space at MCL. Normal rate and rhythm. Pulses 2+ throughout bilaterally. Capillary refill less than 3 seconds fingers and toes bilaterally. No edema inspected or palpated in all extremities.
<b>RESPIRATORY:</b> <b>Accessory muscle use:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Breath Sounds: Location, character</b>  <b>ET Tube: N/A</b> <b>Size of tube:N/A</b> <b>Placement (cm to lip):N/A</b> <b>Respiration rate:N/A</b> <b>FiO2:N/A</b> <b>Total volume (TV):N/A</b> <b>PEEP:N/A</b> <b>VAP prevention measures:N/A</b>	Normal rate and pattern of respirations, respirations are symmetrical and labored, crackles are noted in the posterior lung sounds.
<b>GASTROINTESTINAL:</b> <b>Diet at home: Regular</b> <b>Current Diet: Regular</b> <b>Height: 5'5"</b> <b>Weight: 63.5kg</b> <b>Auscultation Bowel sounds:</b> <b>Last BM: 3/27/23</b> <b>Palpation: Pain, Mass etc.:</b> <b>Inspection:</b> <b>Distention:</b> <b>Incisions:</b> <b>Scars:</b> <b>Drains:</b> <b>Wounds:</b> <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Size:</b>	Abdomen is flat, soft, non-tender, no organomegaly or masses or pain notes upon palpation of all four quadrants. No scars, incision, drains, or wounds noted. Bowel sounds are normoactive in all four quadrants.

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<b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	
<b>GENITOURINARY:</b> <b>Color:</b> <b>Character:</b> <b>Quantity of urine: 950</b> <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Inspection of genitals:</b> <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b> <b>Size:</b> <b>CAUTI prevention measures:</b>	Urine is yellow/clear
<b>MUSCULOSKELETAL:</b> <b>Neurovascular status:</b> <b>ROM:</b> <b>Supportive devices:</b> <b>Strength:</b> <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Fall Score: 20</b> <b>Activity/Mobility Status:</b> <b>Independent (up ad lib)</b> <input checked="" type="checkbox"/> <b>Needs assistance with equipment</b> <input type="checkbox"/> <b>Needs support to stand and walk</b> <input type="checkbox"/>	All extremities have full range of motion (ROM). Hand grips and pedal pushes and pulls demonstrate normal and equal strength. Balanced and smooth gait.
<b>NEUROLOGICAL:</b> <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no - <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC: None</b>	Patient alert and oriented to person, place, and time. Patient has no speaking or sensory problems.

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<b>PSYCHOSOCIAL/CULTURAL:</b> <b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	The patient states that she enjoys spending time with her daughter, and that it helps her feel better. The patient is at an adult developmental level. The patient is christian and states that her faith means a great deal to her. The patient lives alone in an apartment however, her daughter frequently comes to check on her and helps her whenever needed.
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**Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	74	127/62	14	98.5	99
1100	71	115/57	13	97.1	100

**Vital Sign Trends/Correlation:** Patients vitals remained stable during the shift.

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
0700	4/10	Right side	Achy	Constant	Repositioned the patient.
1100	0/10	N/A	N/A	N/A	N/A

**IV Assessment (2 Points)**

IV Assessment	Fluid Type/Rate or Saline Lock
<b>Size of IV:</b> <b>Location of IV:</b> <b>Date on IV:</b> <b>Patency of IV:</b> <b>Signs of erythema, drainage, etc.:</b> <b>IV dressing assessment:</b>	20G Posterior right hand 3/22/23 Patent None Clean and dry
<b>Other Lines (PICC, Port, central line, etc.)</b>	

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<b>Type:</b> <b>Size:</b> <b>Location:</b> <b>Date of insertion:</b> <b>Patency:</b> <b>Signs of erythema, drainage, etc.:</b> <b>Dressing assessment:</b> <b>Date on dressing:</b> <b>CUROS caps in place: Y <input type="checkbox"/> N <input type="checkbox"/></b> <b>CLABSI prevention measures:</b>	N/A
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**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
350	950

**Nursing Care****Summary of Care (2 points)**

**Overview of care:** During the shift the patient remained stable and was waiting for transport. The patient's chest tube appears to be malfunctioning however, this is the third chest tube placed during the patient's stay. Due to this the physician believe the best step is to wait for the patient to transport to a hospital that is better equipped for this patient

**Procedures/testing done:** During the shift the patient did not have any procedures or tests done.

**Complaints/Issues:** The patient's chest tube does not appear to be working however, the chest x-ray shows that it is in place.

**Vital signs (stable/unstable):** The patient's vital signs remained stable during the shift.

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**Tolerating diet, activity, etc.:** The patient is tolerating a regular diet and is ambulating well.

**Physician notifications:** The physician was notified that the chest tube appears to be leaking however, the chest x-ray shows that it is in place.

**Future plans for client:** The patient is transferring to another hospital in hopes that she will receive a surgery to help her breathing. The exact procedure is unknown at the time.

**Discharge Planning (2 points)**

**Discharge location:** There are no discharge plans for the patient. She will be transferred to another hospital.

**Home health needs (if applicable):** N/A

**Equipment needs (if applicable):** N/A

**Follow up plan:** I am unsure what the follow up plans will be for this patient however, if she does receive a surgery she will need to follow up with the surgeon and likely have rehab.

**Education needs:** The patient should be educated on the signs of a pneumothorax so they can seek help as soon as they notice the signs.

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

<b>Nursing Diagnosis</b>	<b>Rationale</b>	<b>Interventions (2 per dx)</b>	<b>Outcome Goal (1 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>● Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<ul style="list-style-type: none"> <li>● Explain why the nursing diagnosis was chosen</li> </ul>			<ul style="list-style-type: none"> <li>● How did the client/family respond to the nurse’s actions?</li> <li>● Client response, status of goals and outcomes, modifications to plan.</li> </ul>

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<ul style="list-style-type: none"> <li>Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>				
<p><b>1.</b> Ineffective breathing pattern related to decreased lung expansion as evidenced by the chest x-ray showing a collapsed lung.</p>	<p>This nursing diagnosis was chosen because the patient is at risk for an ineffective breathing pattern due to her pneumothorax.</p>	<p><b>1.</b> The patient's ABG and pulse ox should be monitored regularly.</p> <p><b>2.</b> Administer and monitor oxygen therapy as the patient needs it.</p>	<p><b>1.</b> The goal of these interventions is to keep the patient's breathing pattern regular and effective.</p>	<p>During the shift the patient's oxygen remained stable on the pulse ox however, there were no ABGs done after the patient's initial ABG. The patient is comfortable with this plan (Phelps, 2021).</p>
<p><b>2.</b> Impaired gas exchange related hypoxemia as evidenced by a PaO<sub>2</sub> of 62.</p>	<p>This nursing diagnosis was chosen due to the patient pneumothorax causing an impaired gas exchange.</p>	<p><b>1.</b> Position the patient in a semi-fowler position to facilitate chest expansion and enhance gas exchange.</p> <p><b>2.</b> Administer and monitor oxygen therapy as the patient needs it.</p>	<p><b>1.</b> The goal of these interventions is to increase the patient's gas exchange by allowing them to breathe easier.</p>	<p>After elevating the client's head, she said that it felt more comfortable for her to breathe. The client was willing to remain with her head elevated. The client did not need an adjustment of her oxygen, which remained at 4L (Phelps, 2021).</p>
<p><b>3.</b> Ineffective tissue</p>	<p>This nursing diagnosis</p>	<p><b>1.</b> The patient's</p>	<p><b>1.</b> The goal of these interventions is to</p>	<p>The patient's oxygen is</p>

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<p>perfusion related to hypoxia as evidenced by a SaO<sub>2</sub> of 94.</p>	<p>was chosen due to the patient's pneumothorax causing ineffective perfusion.</p>	<p>oxygen should be monitored and increased as needed.</p> <p>2. The patient's Hgb levels should be monitored; low levels can indicate poor oxygen delivery to tissues.</p>	<p>increase tissue perfusion for the patient.</p>	<p>continuously monitored with no significant changes during the shift. The patient is willing to have a regular blood test to monitor hgb (Phelps, 2021).</p>
<p>4. Acute pain related to the chest tube insertion site as evidenced by a 4/10 pain scale rating.</p>	<p>This nursing diagnosis was chosen due to patients complaining of pain</p>	<p>1. The patient can be repositioned as requested in order to avoid pressure on the affected area.</p> <p>2. Pain medication can be administered to the patient as requested by the patient.</p>	<p>1. The goal of these interventions is to prevent the patient from experiencing pain.</p>	<p>Repositioning the patient appeared to help the patient with the pain she was experiencing. The patient was comfortable with the plan to care for her pain and knows she is able to ask for pain medication when she needs it (Phelps, 2021).</p>
<p>5. Anxiety related to difficulty breathing as evidenced by the patient complaining of feeling anxious.</p>	<p>This nursing diagnosis was chosen due to the patient expressing that she felt anxious during the shift.</p>	<p>1. The patient should be taught breathing techniques to help manage her anxiety.</p> <p>2. If the patient is still feeling anxious she is able to request medication to</p>	<p>1. The goal of these interventions is to ensure that the patient does not feel anxious as this can worsen her breathing.</p>	<p>The patient was not very responsive to the breathing techniques and jumped straight to the medication. The patient appears to become uncontrollably anxious which causes her to increase her breathing. Because of this the patient</p>

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		control these feelings.		request Ativan immediately (Phelps, 2021).
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**Other References (APA):**

Phelps, L. L. (2021). *Sparks & Taylor's nursing diagnosis pocket guide*. Wolters Kluwer.

**Concept Map (20 Points):**

**Subjective Data**  
 History of smoking 78 packs/year  
 No alcohol or drug use.  
 Patient lives alone in an apartment.

**Nursing Diagnosis/Outcomes**

1. Ineffective breathing pattern related to decreased lung expansion as evidenced by the chest x-ray showing a collapsed lung.
2. Impaired gas exchange related hypoxemia as evidenced by a PaO2 of 62.
3. Ineffective tissue perfusion related to hypoxia as evidenced by a SaO2 of 94.
4. Acute pain related to the chest tube insertion site as evidenced by a 4/10 pain scale rating.
5. Anxiety related to difficulty breathing as evidenced by the patient complaining of feeling anxious.

**Objective Data**  
 Crackles heard in the posterior lung sounds  
 Pulse: 75  
 Bp: 127/62  
 RR: 14  
 T: 98.5  
 O2: 99

**Client Information**  
 62-year-old white female presenting in the ED with shortness of breath.

**Nursing Interventions**

1. The patients ABG and pulse ox should be monitored regularly.
2. Administer and monitor oxygen therapy as the patient needs it.

1. Position the patient in a semi-fowler position to facilitate chest expansion and enhance gas exchange.
2. Administer and monitor oxygen therapy as the patient needs it.

1. The patient's oxygen should be monitored and increased as needed.
2. The patient's Hgb levels should be monitored; low levels can indicate poor oxygen delivery to tissues.

1. The patient can be repositioned as requested in order to avoid pressure on the affected area.
2. Pain medication can be administered to the patient as requested by the patient.

1. The patient should be taught breathing techniques to help manage her anxiety.
2. If the patient is still feeling anxious she is able to requisition medication to control these feelings.





