N431 Care Plan # 2

Rancey Rouse

Lakeview College of Nursing

N431: Adult Health II

Professor Smalley

July 3, 2023

Demographics (3 points)

Date of Admission 06/30/23	**Client Initials** JM	**Age** 88	**Gender** M
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Widowed	**Allergies** NKA- no known
Code Status full	**Height** 6'1 (185.4 cm)	**Weight** 176 lb 2.4 oz (79.9 kg)	

Medical History (5 Points)

Past Medical History: Hypertension, Stroke, Atrial fibrillation, Hemochromatosis

Past Surgical History: None in chart and patient is a poor historian

Family History: None in chart and patient is a poor historian

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Tobacco: Former pipe smoker, unknown start and end date. No drugs. Alcohol: one Jack Daniel shot each evening (Social history information was taken from the chart, unable to assess history due to patient being a poor historian and confused)

Assistive Devices: None in chart/assessed and patient is a poor historian

Living Situation: Lives at home in a 2-story home. His neighbor/health care power of attorney has been providing care for him and is concerned.

Education Level: Unknown, patient is a poor historian

Admission Assessment

Chief Complaint (2 points): Altered mental status/Hypertension

History of Present Illness – OLD CARTS (10 points): On 06/30/23, the patient presented to the Emergency room with his neighbor/power of attorney/family friend due to complaints of an altered mental status and hypertension. The patient denies having any concerns but appears confused and his neighbor states that this is not his baseline. The neighbor stated he had been

recently diagnosed with pneumonia and has been taking antibiotics over the last two weeks but refused to take his last dose today. The friend took him to his primary care provider which recommended taking him to the emergency room to be further evaluated. Upon arrival, the patient was alert and oriented only to self.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): Hypertension

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

Pneumonia is an infection in the lung that bacteria, viruses, and the inhalation of chemicals or infectious agents can cause. The alveoli become inflamed, which causes increased secretions interfering with ventilation and diffusion (Hinkle et al., 2021). Pneumonia can be more severe and become life-threatening for those at higher risk, such as children younger than age two, those with an underlying health condition or weakened immune system, those receiving chemotherapy, and adults older than 65. Pneumonia has classifications based on where the infection is acquired. The classifications include community-acquired pneumonia, hospital-acquired pneumonia, health care-acquired, and aspiration pneumonia.

Pneumonia begins with a sudden onset of symptoms such as a cough, fever, and chills, and there can be productive or nonproductive sputum. Upper respiratory infection symptoms such as nasal congestion, headache, orthopnea, and sore throat may be present (Capriotti, 2020). The signs and symptoms of pneumonia depend on the cause and underlying conditions present in the patient.

A chest X-ray is the most common way to diagnose pneumonia. This test will visualize the lungs, and infiltrates will be in the affected lobe. There are tests performed to determine the infection causing pneumonia for proper treatment, such as blood or sputum cultures (Hinkle et al., 2021). Routine blood tests to see the patient's electrolyte status and blood count for proper rehydration and treatment methods.

Pneumonia management involves keeping the patient comfortable and trying to prevent further complications. The primary pharmacologic therapy is antibiotics if bacteria cause the infection, promoting rest and hydration, managing and treating other symptoms, and applying oxygen if needed (Hinkle et al., 2021). The antibiotics used depend on the culture and sensitivity results to treat the specific causative organism. Antimicrobial therapy is used instead of antibiotics for viral pneumonia. To manage symptoms that occur with pneumonia, nasal decongestants, antihistamines, and antipyretics may be used to help alleviate fevers, sneezing, and congestion.

Pneumonia in older adults has a higher mortality rate compared to the younger population. Older adults often experience deterioration, weakness, abdominal symptoms, anorexia, confusion, tachycardia, and tachypnea. Chest X-rays are for diagnosing pneumonia in older adults and the younger population; however, in older adults, this helps rule out another chronic condition that could be causing the symptoms (Capriotti, 2020). Treatment is the same for older adults as for younger adults, with more frequent assessment due to the risk of fluid overload, frequent position changes, and early ambulation. Older adults are also offered a pneumococcal vaccine at age 65 and older to help reduce and prevent severe complications from pneumonia, including pleural effusion, shock, and respiratory failure.

The patient this student provided care for in the emergency room had already been previously diagnosed with pneumonia and was on the last day of antibiotic treatment. The patient's caregiver sought care due to decreased deterioration and refusal to take the last dose of medication. The patient was presented with decreased orientation, tachycardia, diminished breath sounds, and high blood pressure. A chest x-ray confirmed the diagnosis of pneumonia and further need for antibiotic treatment. Other diagnostic tests included blood cultures, an electrocardiogram, a comprehensive metabolic panel, a complete blood count, and a urinalysis. The blood tests showed increased platelet count and neutrophils with decreased lymphocytes relating to the infection. A decreased carbon dioxide level in the blood pertained to pneumonia and shortness of breath diagnosis. Other labs included blood urea nitrogen, creatinine, blood glucose, and lactic acid. All abnormal labs were expected findings for this patient; however, the renal labs showed potential kidney damage occurring or present. The patient was treated with two doses of antibiotics, azithromycin, and ceftriaxone, while waiting on blood cultures and admission to the hospital. Further education for this patient regarding medication compliance, deep breathing exercises, and prevention is essential to promote healing and prevent reoccurrence.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F. A. Davis Company.

Hinkle, J.L., & Cheever, K. H. (2021). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Laboratory Data (15 points)

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

Today's Value is the ER admission value.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**3.8-5.3 mcL**	**N/A**	**3.99 mcL**	Within normal limits.
Hgb	**12-15 g/dL**	**N/A**	**12.4 g/dL**	Within normal limits.
Hct	**36%-47%**	**N/A**	**37.8%**	Within normal limits.
Platelets	**150-450mcL**	**N/A**	**453 mcL**	An acute infection or inflammation could potentially slightly increase platelet levels. This is called thrombocytosis when another condition causes a higher platelet count (Pagana, 2020).
WBC	**4-12mcL**	**N/A**	**11.40 mcL**	Within normal limits.
Neutrophils	**47-73%**	**N/A**	**77%**	Bacterial infections stimulate the production of neutrophils. Neutrophils are responsible for phagocytosis which is the killing of the bacterial microorganisms (Pagana, 2020). The patient's elevated neutrophil level could be the body's response to fight infection to help prevent the spread of the pneumonia.
Lymphocytes	**20-40%**	**N/A**	**8.7%**	Lymphocytes protect the immune system in the body from infection (Pagana, 2020). The patient having pneumonia for a longer period of time due to non-compliance in antibiotic treatment could cause a decrease in lymphocytes. Once the infection is treated, these levels should raise.
Monocytes	**3-13%**	**N/A**	**11%**	Within normal limits.
Eosinophils	**0-8%**	**N/A**	**2.2%**	Within normal limits.
Bands	**0-5%**	**N/A**	**N/A**	Test not performed.

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format. Today's value is the ER admission value

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**133-145 mmol/L**	**N/A**	**135 mmol/L**	Within normal limits.
K+	**3.5-5.0 mmol/L**	**N/A**	**4.8 mmol/L**	Within normal limits.
Cl-	**98-107 mmol/L**	**N/A**	**102 mmol/L**	Within normal limits.
CO2	**21-31 mmol/L**	**N/A**	**18 mmol/L**	Carbon dioxide (CO2) levels are used to assess the amount of CO2 the lungs are excreting. The infiltration in the lungs causing shortness of breath can be the cause of the slight decrease in CO2 levels. Other potential causes include malnutrition, hyperventilation, excess alcohol use, and ketoacidosis (Pagana, 2020).
Glucose	**82-115 mg/dL**	**N/A**	**119 mg/dL**	Acute stress can cause the slight elevation in glucose levels. Stress causing hormones to be released which raises the glucose level in the blood (Pagana, 2020). The body responses to stress by going into "flight or fight" mode.
BUN	**7-25 mg/dL**	**N/A**	**40 mg/dL**	The buildup of the waste product urea nitrogen which is normally excreted by the kidneys will cause an increase in the BUN levels (Pagana, 2020). The patient who has hypertension would increase the risk for kidney disease. Also, some potential causes of an increased BUN level include dehydration, certain medications, high protein diet, and urinary tract obstruction. The patient also has a history of hemochromatosis which can increase risks or renal complications.

Creatinine	**0.50-1.20 mg/dL**	**N/A**	**1.62 mg/dL**	Creatinine levels correlate with BUN levels in relation to the kidney filtering waste from the blood (Pagana, 2020). Potential causes of an increased creatinine level are bacterial infection of the kidneys, heart failure, and a blocked urinary tract. The patient also has a history of hemochromatosis which can increase risks or renal complications.
Albumin	**3.2-5.1 g/dL**	**N/A**	**3.3 g/dL**	Within normal limits.
Calcium	**8.8-10.2 mg/dL**	**N/A**	**9.6 mg/dL**	Within normal limits.
Mag	**1.3-2.1 mEq/L**	**N/A**	**N/A**	Test not performed.
Phosphate	**3.0-4.5 mg/dL**	**N/A**	**N/A**	Test not performed.
Bilirubin	**0.2-1.2 mg/dL**	**N/A**	**1.2 mg/dL**	Within normal limits.
Alk Phos	**30-120 U/L**	**N/A**	**82 U/L**	Within normal limits.
AST	**0-35 units/L**	**N/A**	**44 units/L**	Aspartate transaminase (AST) is a liver enzyme that speeds chemical reactions in the body. The reactions help the blood to clot, breakdown food and toxins, and fight infection (Pagana, 2020). The increased value in the could be related to the ongoing infection with pneumonia and increased toxins. The patient also has a history of hemochromatosis which causes an elevation in AST levels, therefore this may not be a temporary raise in levels but an indication of liver damage. Baseline labs are needed to be able to compare if the levels go back to normal or if this current level is considered to be the patients normal.

ALT	**0-55 units/L**	**N/A**	**31 units/L**	Within normal limits.
Amylase	**60-120 units/dL**	**N/A**	**N/A**	Test not performed.
Lipase	**7-73 units/L**		**N/A**	Test not performed.
Lactic Acid	**0.7-2.0 mmol/L**		**2.6mmol/L**	When oxygen to the tissues is diminished, lactic acid levels will form documenting hypoxia (Pagana, 2020). An elevated level of lactic acid could be from chronic heart failure, lung disease, or liver disease. The patient has pneumonia which is a respiratory condition that contribute to the decrease in oxygen perfusion as well as hypertension.
Troponin	**<0.20 ng.mL**		**N/A**	Test not performed.
CK-MB	**3.5-5 mmol/L**		**N/A**	Test not performed.
Total CK	**98-106 mmol/L**		**N/A**	Test not performed.

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 secs**	**N/A**	**N/A**	Test not performed.
PT	**10-13 secs**	**N/A**	**N/A**	Test not performed.
PTT	**30-40 secs**	**N/A**	**N/A**	Test not performed.
D-Dimer	**<250 bg/mL <0.4mcg/mL**	**N/A**	**N/A**	Test not performed.
BNP	**<100 pg/mL**	**N/A**	**N/A**	Test not performed.
HDL	**>55 mg/dL female >45 mg/dL male**	**N/A**	**N/A**	Test not performed.

LDL	**<130 mg/dL**	**N/A**	**N/A**	Test not performed.
Cholesterol	**<200 mg/dL**	**N/A**	**N/A**	Test not performed.
Triglycerides	**Male 40-160 mg/dL Female35-135 mg/dL**	**N/A**	**N/A**	Test not performed.
Hgb A1c	**Nondiabetic 4%to 5.9% Good diabetic control <7% Fair 8%to 9% Poor >9%**	**N/A**	**N/A**	Test not performed.
TSH	**2-10 mU/L**	**N/A**	**N/A**	Test not performed.

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 or clear**		**Dark yellow**	Within normal limits.
pH	**5.0-9.**		**5.0**	Within normal limits.
Specific Gravity	**1.003-1.030units**		**1.020 units**	Within normal limits.
Glucose	**Neg**		**Negative**	Within normal limits.
Protein	**Neg**		**1+**	The kidneys filter waste products from the blood, normally keeping protein. Hypertension can affect the kidney function leaving protein in the urine (Pagana, 2020). Protein in the urine also relates to the elevated BUN and creatinine, this patient could have an acute kidney injury or underlying kidney disease not yet diagnosed or discovered.
Ketones	**Neg**		**1+**	Ketones in the urine are related to hyperglycemia and when the body is burning fat for fuel (Pagana, 2020). Acute stress can cause

				hyperglycemia which can lead to the ketones in the urine. This could also be related to an underlying kidney disease.
WBC	**Neg 0-5 hpf**		**Negative**	Within normal limits.
RBC	**Neg 0-2 hpf**		**Negative**	Within normal limits.
Leukoesterase	**negative**		**Negative**	Within normal limits.

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**	**N/A**	**N/A**	Test not performed.
PaO2	**80-100 mmHg**	**N/A**	**N/A**	Test not performed.
PaCO2	**35-45 mmHg**	**N/A**	**N/A**	Test not performed.
HCO3	**22-26 mEq/L**	**N/A**	**N/A**	Test not performed.
SaO2	**95-100%**	**N/A**	**N/A**	Test not performed.

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 <10,000 colonies/ml Positive >100,000 colonies/ml**	**N/A**	**N/A**	Test not performed.

Blood Culture	**Negative**	**N/A**	**In process no results**	This test will show if there is an infection within the bloodstream. The results take at least 24 hours to grow and identify the bacteria (Pagana, 2020).
Sputum Culture	**Normal upper respiratory tract**	**N/A**	**N/A**	Test not performed.
Stool Culture	**Normal intestinal flora**	**N/A**	**N/A**	Test not performed.

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

X-Ray Chest single view portable: lung infiltration noted in right base, with nodular appearance. Left lung is grossly clear.

EKG- normal sinus rhythm

Diagnostic Test Correlation (5 points):

Chest X-Ray- Provide a visualization to assess any abnormalities within the internal structure of the chest cavity (Pagana, 2020). Images of the heart, lungs, blood vessels, airways, bones of chest, and spine are provided. Fluid surrounding the heart or lungs will be revealed as well. Infiltrates are revealed with pneumonia on chest x-rays by inspecting white spots in the dark background of the lung.

EKG- This will allow us to visualize the electrical activity of the heart (Pagana, 2020). The patient has a history of atrial fibrillation therefore this is indicated to assess the heart rhythm.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

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

Home Medications (5 required): <u>these were the only home medications</u>

Brand/Generic	Metoprolol succinate (Toprol-XL)	Donepezil (Aricept)	Warfarin (coumadin)		
Dose	25 mg (SR24hr)	10 mg	5 mg		
Frequency	Once daily	Once daily	Once daily		
Route	oral	oral	Oral		
Classification	Pharmacological: beta1 adrenergic blocker Therapeutic: Antianginal, antihypertension (Jones & Bartlett Learning, 2022)	Pharmacologic: Acetylcholinesterase inhibitor Therapeutic: Antidementia (Jones & Bartlett Learning, 2022)	Pharmacologic: Coumarin derivative Therapeutic: Anticoagulant (Jones & Bartlett Learning, 2022)		
Mechanism of Action	"Inhibits stimulation of beta-1 receptor sites, located mainly in the heart, resulting in decreasing cardiac excitability, cardiac output, and myocardial oxygen demand. Helps reduce blood pressure by decreasing renal release of renin" (Jones &	"Reversibly inhibits acetylcholinesterase and improves acetylcholine's concentration at cholinergic synapses. Raising acetylcholine level may improve cognition" (Jones & Bartlett Learning, 2022).	"Interferes with the livers' ability to synthesize vitamin K-dependent clotting factors, depleting clotting factors II, VII, IX, and X. This action, in turn, interferes with the clotting cascade, preventing coagulation"		

	Bartlett Learning, 2022).		(Jones & Bartlett Learning, 2022).		
Reason Client Taking	To manage hypertension	Impaired cognition/Dementia	Patient has a history of atrial fibrillation, this drug can help prevent thromboembolic complications.		
Contraindications (2)	Heart block greater than first degree, sinus bradycardia (Jones & Bartlett Learning, 2022)	Concurrent use with anticholinergic medications, history of stomach ulcers, heart conditions (Jones & Bartlett Learning, 2022)	Bacterial endocarditis, cerebrovascular hemorrhage (Jones & Bartlett Learning, 2022)		
Side Effects/Adverse Reactions (2)	Cardiac arrest, heart failure, leukopenia	Hepatitis, angioedema	Hypotension, anemia		
Nursing Considerations (2)	"Use cautiously in patients with angina or hypertension who have congestive heart failure because beta blockers can worsen heart failure. Before starting therapy expect to give an ACE inhibitor, digoxin, and a diuretic to stabilize patient" (Jones & Bartlett Learning, 2022).	"Use cautiously in patients with bladder obstruction because this drug could obstruct outflow. Monitor for bronchoconstriction and bronchial secretions with respiratory illnesses with this drug" (Jones & Bartlett Learning, 2022).	"Be aware of increased risk of intracranial hemorrhage. Monitor for sudden adverse reactions. Try to administer this drug on time and when due, because it is supposed to be at the same time every day" (Jones & Bartlett Learning, 2022).		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess blood pressure and heart rate prior to administering. Assess EKG due to risk of AV block (Jones &	Monitor heart rate and rhythm prior to administering. Take safety precautions if patient is dizzy and monitor for CNS reactions (Jones &	"Implement bleeding precautions and assess for bleeding. be sure the drugs dosage has not		

	Bartlett Learning, 2022).	Bartlett Learning, 2022).	changed due to INR levels if drawn" (Jones & Bartlett Learning, 2022).		
Client Teaching Needs (2)	"Take it at the same time immediately after same meal every day. If pulse rate is below 60 bpm or significantly lower than normal rate of patient to notify physician immediately" (Jones & Bartlett Learning, 2022).	"Avoid hazardous activities such as driving. Inform patient that this drug may cause decreased appetite, diarrhea, fatigue, and insomnia and to report bothersome signs and symptoms" (Jones & Bartlett Learning, 2022).	"Advise patient to avoid alcohol during warfarin therapy. Explain bleeding precautions such as an electric razor and a soft-bristled toothbrush to prevent bleeding" (Jones & Bartlett Learning, 2022).		

Hospital Medications (5 required): <u>only two given during ER care.</u>

Brand/Generic	Azithromycin (Zithromax) with 0.9% sodium chloride	Ceftriaxone (Rocephin)			
Dose	500 mg in 250 ml 0.9% sodium chloride	2 grams			
Frequency	250 m/hr one time dose	IV			
Route	IVPB	Every 24 hours			
Classification	Pharmacologic:	Pharmacologic:			

	Macrolide Therapeutic: Antibiotic (Jones & Bartlett Learning, 2022)	Third-generation cephalosporin Therapeutic: Antibiotic (Jones & Bartlett Learning, 2022)			
Mechanism of Action	"Binds to ribosomal subunit of susceptible bacteria, blocking peptide translocation and inhibiting RNA-dependent protein synthesis" (Jones & Bartlett Learning, 2022).	"Interferes with bacterial cell wall synthesis by inhibiting cross-linking of peptidoglycan strands" (Jones & Bartlett Learning, 2022).			
Reason Client Taking	For infection-infiltrates in lung, treats pneumonia	To treat infections (pneumonia)			
Contraindications (2)	Infection of c. diff and experiencing diarrhea, low magnesium, torsade de pointes (Jones & Bartlett Learning, 2022)	Gastrointestinal disease, liver disease, gallbladder disease (Jones & Bartlett Learning, 2022)			
Side Effects/Adverse Reactions (2)	Nausea, vomiting, diarrhea/loose stools (Jones & Bartlett	Seizure, hepatic failure (Jones & Bartlett Learning, 2022)			

	Learning, 2022)				
Nursing Considerations (2)	"Older adults are more susceptible to drug effects on QT interval. Be aware this drug can possibly affect oral anticoagulant" (Jones & Bartlett Learning, 2022).	"Monitor BUN and creatine levels to detect early signs of nephrotoxicity, assess bowel pattern, assess for arthralgia" (Jones & Bartlett Learning, 2022).			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	"Be sure culture and sensitivity/ blood cultures test has been collected before starting antibiotic. Assess IV fluids because this medication is incompatible with other intravenous drugs" (Jones & Bartlett Learning, 2022).	"For IV use dilate IV with 20 ml 0.9% sodium chloride and push for 3-5 minutes. Obtain blood cultures and sensitivity tests have been collected prior to administering drug" (Jones & Bartlett Learning, 2022).			
Client Teaching Needs (2)	"Consult prescriber before taking OTC drugs, including antacids. Warn abdominal pain and loose, watery stools may occur. If diarrhea persists or becomes	"Tell patient to report evidence of blood dyscrasia to provider, monitor and report to provider id watery, bloody stools occur" (Jones & Bartlett Learning,			

	severe, contact prescriber" (Jones & Bartlett Learning, 2022).	2022).			

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2022 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** to person **Distress:** none **Overall appearance:** well groomed	Patient is only alert and oriented to person/self. Well groomed, no acute distress.
INTEGUMENTARY: **Skin color:** pink/white **Character:** dry **Temperature:** warm **Turgor:** normal mobility **Rashes:** **Bruises:** **Wounds:** **Braden Score: 15** **Drains present: Y☐ N ☒** **Type:**	Skin color is pink/white with a slight suntan. Skin 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. Braden score is 15.
HEENT: **Head/Neck:** symmetrical **Ears:** no deformities **Eyes:** no deformities **Nose:** no drainage **Teeth:** good/normal	Head and neck are symmetrical. Eyes are symmetrical and in line with ears, without any visible deformities bilaterally. Ears are symmetrical without any lumps, lesions, or masses, bilaterally. No nasal discharge observed. Mucous membranes are pink/moist with good dentition.

CARDIOVASCULAR: **Heart sounds:** S1 S2 **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** +4 **Capillary refill:** <3 secs **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:** N/A	Clear S1 and S2 without murmurs gallops or rubs. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm. History of atrial fibrillation noted but not observed at this time. Pulses are +4 bilaterally, capillary refill is less than 3 seconds bilaterally and no edema present bilaterally.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Respirations are short and shallow with minimal accessory muscle use. Upon auscultation lung sounds are clear besides the right lower lobe has diminished breath sounds.
GASTROINTESTINAL: **Diet at home:** normal **Current Diet:** regular **Height:** 185.4 cm **Weight:** 79.9 kg **Auscultation Bowel sounds:** normoactive **Last BM:** poor historian **Palpation: Pain, Mass etc.:** **Inspection:** non distended **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Abdomen is soft, nontender, no organomegaly or masses notes upon palpation of all four quadrants. Bowel sounds are normoactive in all four quadrants. Diet at home is regular and current diet restrictions in the emergency room. Last bowel movement was not assessed due to the patient's confusion and being a poor historian. No ostomy, nasogastric, or feeding tubes present.
GENITOURINARY: **Color:** dark yellow **Character:** clear/not cloudy **Quantity of urine:** 220 ml **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine was dark yellow and clear without cloudiness. Total of urine discarded=220 ml. No dialysis, pain with urination, or catheter present. Genitals were not inspected at this time.
MUSCULOSKELETAL: **Neurovascular status:**	All extremities have active and full range of motion (ROM). Hand grips and pedal pushes and

ROM: active **Supportive devices:** **Strength:** 5 **ADL Assistance:** Y☐ N ☒ **Fall Risk:** Y ☒ N☐ **Fall Score:** 80 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	pulls demonstrate normal and equal strength. The patient did not have any ADL assistance prior to seeking care in the emergency room, however plans are being made for a skilled nursing facility. Fall score is an 80. The patient should have assistance to stand due to confusion but was walking without assistance and equipment before.
NEUROLOGICAL: **MAEW:** Y ☒ N☐ **PERLA:** Y ☒ N☐ **Strength Equal:** Y ☒ N ☐ **if no -** **Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** to self **Mental Status:** diminished **Speech:** **Sensory:** **LOC:** decreased from baseline	Patient is oriented to person. Patient is very confused on the reason for care and frequently asks the same questions. Impaired mental status and cognition is worse than the patient's baseline per family friend. Speech is clear and the patient is alert and awake answering questions with no lethargy, only confusion present.
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 lived at home without care prior to seeking treatment. His neighbor is a family friend who often checked on him and brought him in for care. The patient does require assistance due to a further decline in orientation/cognition. There is no other family support noted.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0936	160 beats/min	200/172	18 breaths/min	97F	100%
1050	71 beats/min	157/73	17 breaths/min	96.9F	98% room air

Vital Sign Trends: The patient's elevated HR and BP upon initial presentation to the ER was due to the high stress and anxiety of seeking care. After the patient calmed down his vital signs

returned to normal. The blood pressure of 157/73 is usually not considered normal; however, this patient has hypertension and has confusion causing slight incompliance in antihypertensive medication. The vitals continued to remain stable all afternoon.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0936	Numerical	N/A	0	N/A	Light off, warm blanket provided to help patient rest
1050	Numerical	N/A	0	N/A	Light off, warm blanket provided to help patient rest

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV:** Left forearm **Date on IV:** 06/30/23 **Patency of IV:** clean, dry, intact, blood return present **Signs of erythema, drainage, etc.:** none **IV dressing assessment:** transparent	1000 ml of 0.9% sodium chloride at 999 ml/hr. started infusing at 1013 with azithromycin 500 mg in 250 ml 0.9% sodium chloride piggybacked. IV was placed by this student nurse on the first attempt. The IV flushes with great blood return and the patient tolerated well.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1000 mL via IV	220 mL

Nursing Care

Summary of Care (2 points)

Overview of care: This student helped assess the patient with the nurse upon admission. This student completed vital signs, placed an IV, and performed a head-toe assessment. After labs, this student and nurse administered IV fluids and antibiotic medications. Throughout the day, the patient was observed while waiting on results for labs and the physician's orders for treatment.

Procedures/testing done: IV, EKG, X-Ray, CMP, CBC, blood cultures, UA

Complaints/Issues: altered LOC

Vital signs (stable/unstable): High blood pressure with tachycardia present with the first set of vitals due to nerves and seeking care, after the HR and BP decreased and returned to normal and remained stable.

Tolerating diet, activity, etc.: The EKG, X-ray, IV, and blood draw was tolerated well without any complaints. The patient was observed sleeping in between interventions. No intake of food during care.

Physician notifications: The physician was not notified during care.

Future plans for client: The patient will be admitted, and case management is helping to find a skilled nursing facility.

Discharge Planning (2 points)

Discharge location: Skilled nursing facility with possible long term care placement

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: The patient should plan to prepare to stay at a skilled nursing facility after treatment. The patient needs care provided for safety due to the decline in level of consciousness.

Education needs: The patient needs to be educated on the benefits and risks of a skilled nursing facility, and the importance of medication compliance, especially antibiotics.

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. "Ineffective airway clearance related to difficulty breathing as evidence by diminished lung sounds" (Phelps, 2020).	This nursing diagnosis was chosen due to the diagnosis of pneumonia, a respiratory condition that can cause secretions impairing the airway which can be detrimental for breathing.	1. Position the client upright to help promote lung expansion and decrease secretions (Phelps, 2020). 2. Encourage deep breathing and coughing exercises to improve ventilation (Phelps, 2020).	1. The patient will maintain a patent airway with no evidence of difficulty breathing and have improved lung sounds before discharge (Phelps, 2020). The patient's oxygen saturation will remain above 90% (Phelps, 2020).	The patient tolerated the interventions well and maintained adequate airway patency. The oxygen saturation remained above 90% while providing care. The patient demonstrated deep breathing techniques such as the incentive spirometer while keeping the head of bed

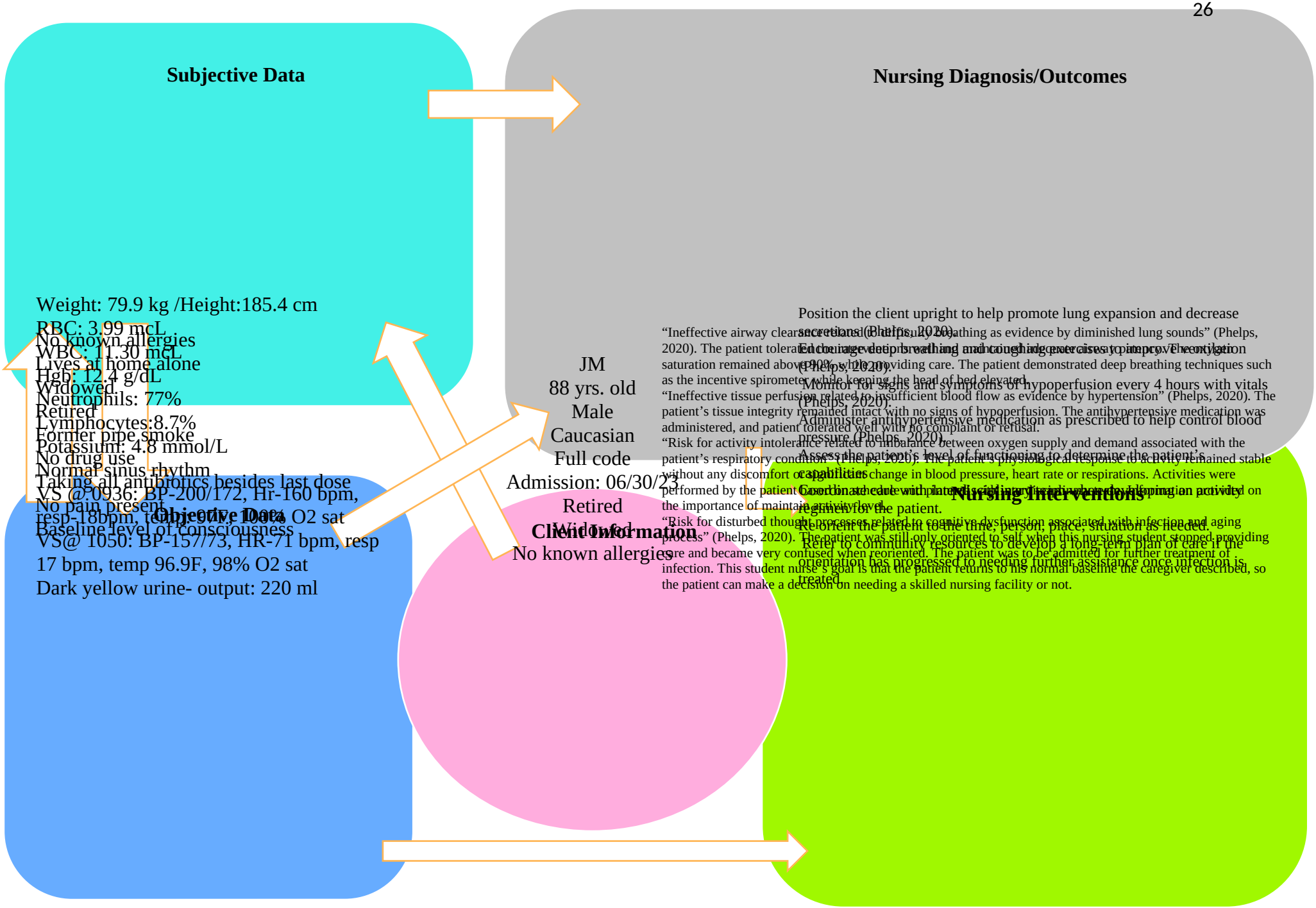
				elevated.
2 “Ineffective tissue perfusion related to insufficient blood flow as evidence by hypertension” (Phelps, 2020).	This nursing diagnosis was chosen because proper perfusion is needed for organ and body systems to function. Decreased tissue perfusion results in lack of oxygenated blood to the tissues and decreased nutrition that could cause further complications.	1. Monitor for signs and symptoms of hypoperfusion every 4 hours with vitals (Phelps, 2020). 2. Administer antihypertensive medication as prescribed to help control blood pressure (Phelps, 2020).	1. The patient will maintain adequate peripheral perfusion with strong pedal pulses, warm skin and no edema (Phelps, 2020). The patient’s cerebral perfusion will improve with treatment, increasing patient’s orientation before placement into a skilled nursing facility to further assess baseline.	The patient’s tissue integrity remained intact with no signs of hypoperfusion. The antihypertensive medication was administered, and patient tolerated well with no complaint or refusal.
3. “Risk for activity intolerance related to imbalance between oxygen supply and demand associated with the patient’s respiratory condition” (Phelps, 2020).	This nursing diagnosis was chosen because respiratory disease can restrict airflow and decrease oxygenation which will lead to difficulty performing activities.	1. Assess the patient’s level of functioning to determine the patient’s capabilities. 2. Coordinate care with interdisciplinary team when developing an activity regimen for the patient.	1. The patient will perform self-care activities to tolerance level without difficulties. The patient’s respiratory status will be treated and not affect the patient’s mobility or ability to perform activities of daily living (Phelps, 2020).	The patient’s physiological response to activity remained stable without any discomfort or significant change in blood pressure, heart rate or respirations. Activities were performed by the patient based on schedule and planned with interdisciplinary team. Information

				provided on the importance of maintain activity level.
4 "Risk for disturbed thought processes related to cognitive dysfunction associated with infection and aging process" (Phelps, 2020).	This nursing diagnosis was chosen because altered perception can interfere with daily living. The alteration in thought processes can interfere with communication, attention span, psychomotor activities and behavior.	1. Re orient the patient to the time, person, place, situation as needed. 2. Refer to community resources to develop a long-term plan of care if the orientation has progressed to needing further assistance once infection is treated.	1. The patient will return to baseline orientation once infection is clear and be able to care for self. The patient will recognize changes in thinking and behavior and clarify misinterpretations (Phelps, 2020).	The patient was still only oriented to self when this nursing student stopped providing care and became very confused when reoriented. The patient was to be admitted for further treatment of infection. This student nurse's goal is that the patient returns to his normal baseline the caregiver described, so the patient can make a decision on needing a skilled nursing facility or not.

Other References (APA):

Phelps, L.L. (2020*). Sparks and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

Concept Map (20 Points):


Subjective Data
Weight: 79.9 kg /Height:185.4 cm
No known allergies
Lives at home alone
Widowed
Retired
Former pipe smoke
No drug use
Taking all antibiotics besides last dose
No pain present
Baseline level of consciousness
Objective Data
RBC: 3.99 mcL
WBC: 11.30 mcL
Hgb: 12.4 g/dL
Neutrophils: 77%
Lymphocytes:8.7%
Potassium: 4.8 mmol/L
Normal sinus rhythm
VS @0936: BP-200/172, Hr-160 bpm, resp-18bpm, temp 97.1F, 100% O2 sat
VS@ 1050: BP-157/73, HR-71 bpm, resp 17 bpm, temp 96.9F, 98% O2 sat
Dark yellow urine- output: 220 ml
JM
88 yrs. old
Male
Caucasian
Full code
Admission: 06/30/23
Retired
Widowed
Client Information
No known allergies
Nursing Diagnosis/Outcomes
“Ineffective airway clearance related to pain as evidence by diminished lung sounds” (Phelps, 2020). The patient tolerated coughing and deep breathing exercises to improve ventilation (>90% while providing care. The patient demonstrated deep breathing techniques such as the incentive spirometer while keeping the head of bed elevated.
“Ineffective tissue perfusion related to insufficient blood flow as evidence by hypertension” (Phelps, 2020). The patient’s tissue integrity remained intact with no signs of hypoperfusion. The antihypertensive medication was administered, and patient tolerated well with no complaint or refusal.
“Risk for activity intolerance related to imbalance between oxygen supply and demand associated with the patient’s respiratory condition” (Phelps, 2020). The patient’s physiological response to activity remained stable without any discomfort or change in blood pressure, heart rate or respirations. Activities were performed by the patient according to patient’s ability and tolerance when providing care.
“Risk for disturbed thought processes related to cognitive dysfunction associated with infection and aging process” (Phelps, 2020). The patient was still only oriented to self when this nursing student stopped providing care and became very confused when reoriented. The patient was to be admitted for further treatment of infection. This student nurse’s goal is that the patient returns to his normal baseline the caregiver described, so the patient can make a decision on needing a skilled nursing facility or not.
Nursing Interventions
Position the client upright to help promote lung expansion and decrease secretions (Phelps, 2020).
Encourage deep breathing and coughing exercises to improve ventilation (Phelps, 2020).
Monitor for signs and symptoms of hypoperfusion every 4 hours with vitals (Phelps, 2020).
Administer antihypertensive medication as prescribed to help control blood pressure (Phelps, 2020).
Assess the patient’s level of functioning to determine the patient’s capabilities.
Coordinate care with patient’s caregiver when providing an activity regimen for the patient.
Reorient the patient to the time, person, place, situation as needed.
Refer to community resources to develop a long-term plan of care if the patient’s orientation has progressed to needing further assistance once infection is treated.