N311 Care Plan 1

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N311: Foundations of Professional Practice

Michele Hartke

9/19/2023

Demographics (5 points)

Date of Admission 9/15/2023	Client Initials EM	Age 71	Gender M
Race/Ethnicity African American	Occupation Construction	Marital Status Widowed	Allergies None
Code Status Full code	Height 5’9	Weight 161 lb 12.8 oz	

Medical History (5 Points)

Past Medical History:

- Atherosclerosis of coronary artery of native heart with angina pectoris (1/23/2020)
- Interstitial lung disease (10/17/2020)
- Acute on chronic diastolic heart failure (1/23/2020)
- Hypertension (1/23/2020)
- Heroin withdrawal (11/14/2020)
- Honeycomb lung (9/15/2023)
- Suspected schwannoma of left epidural space (9/15/2023)

Past Surgical History: LAP, inguinal hernia repair (no date provided)

Family History: No record of family history

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

- Past history of smoking, greater than 40 pack yearly, average of 1 pack a day, client quit one year ago
- Alcohol about 1.2 oz per week, still drinks as of today, states he has been drinking for “several years”
- Heroin use and was hospitalized for withdrawal on 11/14/2020, no longer uses heroin as of today

Admission Assessment

Chief Complaint (2 points): Cough with hemoptysis

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

Client has had a cough for 3 weeks and recently started coughing up blood, admitted to ER on 9/15. The clients cough is ongoing with pain in the lungs. The cough is described as “sharp” and accompanied with phlegm and 1/4 to 1/2 a cup of blood a day. The client states that eating makes the cough worse because it causes heartburn and dysphagia. Frequent rest makes the client feel better and he uses an inhaler four times a day.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Mass of lower lobe of left lung (lung cancer)

Secondary Diagnosis (if applicable): COPD

Pathophysiology

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

Client has a history of COPD and a new diagnosis of lung cancer; both are commonly caused by a history of smoking. The most identifiable symptom of lung cancer is hemoptysis. Otherwise, the symptoms may be hard to miss or can be confused with other diseases such as COPD. Other clients with lung cancer have the most common symptoms of dyspnea, shortness of breath, low oxygen saturation, and a cough (Latimer, 2018). Most often, by the time the client has hemoptysis, the cancer has metastasized into a later stage that may be difficult to treat or require intense and invasive treatment. Clients with certain risk factors should be screened for lung cancers, the risk factors include history of smoking or secondhand smoke, family history, exposure to harmful chemicals or bacteria, and radiation therapy. The initial screening test for

lung cancer should be a chest x-ray, however that may not always deliver a clear “positive” or “negative” result. The provider may pursue other testing procedures such as tissue sampling which should be collected in the least invasive way (Latimer, 2018). COPD and lung cancer have similar, if not the same, risk factors that include dysfunctional inflammatory defenses, cellular mutation, and deposition of extracellular material (Eapen, 2018). Several individuals with COPD and lung cancer must have a continuous supply of oxygen, via cannula or other methods, throughout each day. The amount and extent of physical activity will most likely be limited, and the body may not evenly distribute oxygen throughout. Clients with lung cancer are placed at a higher risk of infections and illnesses because they are immunocompromised. Exercise is important and keeps the lungs active to their best ability. Treatments for both lung cancer and COPD include transplant (cannot be applied to every client), radiation and chemotherapy, resection surgeries, lifestyle changes, and clinical trials (Eapen, 2018).

Pathophysiology References (2) (APA):

Eapen, M. S., Hansbro, P. M., Larsson-Callerfelt, A.-K., Jolly, M. K., Myers, S., Sharma, P., Jones, B., Rahman, M. A., Markos, J., Chia, C., Larby, J., Haug, G., Hardikar, A., Weber, H. C., Mabeza, G., Cavalheri, V., Khor, Y. H., McDonald, C. F., & Sohal, S. S. (2018). Chronic obstructive pulmonary disease and lung cancer: Underlying pathophysiology and new therapeutic modalities. *Drugs*, *78*(16), 1717-1740.

Latimer, K. M. (2018). Lung cancer: Clinical presentation and diagnosis. *FP Essent*, *464*, 23-26.

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0704	**68**	**111/75**	**18**	**97 degrees F**	**100%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0757	**7/10**	**Chest**	**Severe**	**Aching sensation**	**Inhaler**