N311 Care Plan 1

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N311: Foundations of Professional Practice

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Demographics

Date of Admission 9/15/23	Client Initials E.M.	Age 70	Gender M
Race/Ethnicity Black	Occupation Construction	Marital Status Widowed	Allergies None
Code Status Full Code	Height 5'9	Weight 161 lbs 12.8 oz	

Medical History

Past Medical History:

Atherosclerosis of the coronary artery of the native heart with angina pectoris (1-23-20)

Interstitial lung disease (10-17-20)

Acute chronic diastolic heart failure (1-23-20)

Hypertension (1-23-20)

Heroin Withdrawal (11-14-20)

Honeycomb lung (9-15-23)

Suspected schwannoma of left epidural space (9-15-23)

Hydrocele (10-13-14)

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):

- History of smoking greater than 40 pack year history. States that he quit a year ago.

- Has used heroin and went through a withdrawal on 11-14-20, no longer uses heroin as of today

- Alcohol use of 1.2 oz per week, still drinks as of today. States he has been drinking for "several years."

Admission Assessment

Chief Complaint: Experiencing a cough with hemoptysis for several weeks.

History of Present Illness – OLD CARTS:

The client began experiencing coughing with hemoptysis about three weeks ago (beginning of September). The cough has been ongoing throughout the weeks and is characterized by "sharps coughs with phlegm". The client reports that he coughs up ¼ to ½ cups of blood. The client has stated that he has difficulty swallowing food which leads to him regurgitating the food. He reports using inhalers at least four times a day to relieve coughing and shortness of breath. He also states that "frequent rest" helps him feel better. This is the first time the client has reached out for treatment as the severity of his situation has risen.

Primary Diagnosis

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

Secondary Diagnosis (if applicable): COPD

Pathophysiology

Pathophysiology of the Disease, APA format:

Pathophysiology References:

Vital Signs, 1 set

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0704	68	111/75	18	97.0F	100%

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0757	7/10	Chest	Severe	Aching sensation	Use of inhaler

Pathophysiology of Lung Cancer

The lungs are arguably one of the most important organs in the body. Any damage or disease to the lungs can jeopardize the whole body. It is important to understand how lung diseases or disorders, like lung cancer, affect the body, know how to watch out for them, and what diagnostics can be done to identify the disease before it is too late. Lung cancer is one of the cancers with the highest mortality rates in the United States.

Disease Process of Lung Cancer

The disease process of lung cancer is highly complex and it is theorized that repeated exposure to carcinogens, like cigarette smoke, leads to dysplasia of lung epithelium (NIH) (2023). If exposure to the carcinogen continues, it can lead to genetic mutations and begin to affect protein synthesis thus disrupting the cell cycle. Over time the tumor size will begin to increase and begin having local effects throughout the body. Coughing due to bronchial compression due to distant metastasis, stroke-like symptoms due to brain metastasis, and paraneoplastic syndrome are all secondary effects the body will begin to experience. (NIH) (2023). Overall, oxygen exchange will become impaired and the whole body will suffer.

Signs and Symptoms

According to the National Library of Medicine, no specific signs and symptoms exist for lung cancer and once the disease does begin to present itself, it is already at an advanced stage. Coughing is present in 50 to 75% of lung cancer cases with hemoptysis accompanying it in 15 to 30% of patients with lung cancer (NIH)(2023). However, these symptoms may be related to lung cancer or due to an underlying bronchopulmonary disease.

Diagnosis

      Even though the signs of lung cancer aren't apparent until the disease is in a very advanced stage it is still important to get a proper diagnosis. Luckily there are a lot of tests, scans, and imaging tools to get a diagnosis. CT scans, X-rays, MRI scans, and nuclear tests are all imaging tests that look inside a patient's lungs (City of Hope)(2023). If these imaging tests show a possibility of lung cancer, further exams will take place to confirm the diagnosis. Sputum cytology, thoracentesis, or lung biopsy are all used to confirm a lung cancer diagnosis.

References

National Institutes of Health. (2023). *Lung Cancer.* U.S. Department of Health and Human

   Services. https://www.ncbi.nlm.nih.gov/books/NBK482357/

City of Hope. (2023). *Lung cancer diagnosis and detection.* Cancer Center.

   https://www.cancercenter.com/cancer-types/lung-cancer/diagnosis-and-detection