N311 Care Plan 1

Presley Wendt

Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 9/22/2023	**Client Initials** PW	**Age** 68	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Retired factory worker	**Marital Status** Divorced	**Allergies** None
Code Status Full code	**Height** 6’	**Weight** 220lbs	

Medical History (5 Points)

Past Medical History: The Patient has a past medical history including a total knee replacement, hypertension, and diabetes

Past Surgical History: The patient has a past medical history including a total knee replacement.

Family History: The patient’s father has a medical history of diabetes and hypertension. The patient’s mother has a history of leukemia.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient has a history of smoking from the age 17 until 62. Patient stated that they would smoke about 1-2 packs of cigarettes per day. No history of alcohol or drug use.

Admission Assessment

Chief Complaint (2 points): SOB

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

The patient stated that their SOB started about 2 weeks ago but has progressively gotten worse, which is what made them decide to come in today. The patient states the SOB is constant but worsens with walking or getting up. They stated that it “feels like they are unable to catch their breath.” The Patient stated that along with having SOB, he has also been feeling fatigued and has

had a cough for over a month. The only thing that helps relieve the SOB is sitting down and resting. The patient has not gotten any other treatment for this complaint. The patient rates the SOB a 7.5/10.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): COPD

Secondary Diagnosis (if applicable):

Pathophysiology

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

Pathophysiology References (2) (APA):

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0930	96	154/92	24	98.6	87

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0930	7.5/10	chest	Patient feels like they can't catch their breath	SOB worsens with walking/movement	Provide the patient with breathing treatments as needed and elevate the head of the bed so the patient's chest can fully expand when breathing.

Chronic Obstructive Pulmonary Disease, also known as COPD, is a combination of three different disorders. These disorders are chronic bronchitis, emphysema, and hyperreactive airway disease. COPD is a severe and fatal disease; It is the third leading cause of death in the United States. One of the key causes of COPD is smoking; another major cause is exposure to chemicals and dust, which you would be exposed to while working in a factory (Capriotti & Frizzell, 2020, p. 504). These two major components are health risks my patient has been exposed to most of their life.

One of the characteristics of chronic bronchitis in COPD is the excess secretion of mucous in the large and small airways. Too much mucous can block off inspiratory airflow, causing a person not to get enough oxygen. Chronic bronchitis can also cause signs of cyanosis, which is a bluish coloring of the skin due to poor circulation, low levels of oxygen in the blood, and low levels of oxygen in the tissue. Inflammation due to chronic bronchitis can cause pulmonary structures to change shape, which leads to chronic inflammatory changes, thickening of the bronchiole walls, and constriction of lumens. These changes can permanently damage lung structures. Emphysema can cause a block in expiratory airflow, loss of elastic recoil of the alveoli, and high volume of carbon dioxide in the lungs due to the alveoli being overdistended with trapped air (Capriotti & Frizzell, 2020, p. 504-505).

The signs and symptoms among patients diagnosed with COPD can vary, but the first symptoms of this disease usually present as a cough that may produce an excess amount of mucous, wheezing, and shortness of breath that is worse with physical activity. This shortness of breath may also increase over time, causing exertion even while not doing any vigorous exercise (U.S. Department of Health and Human Services, 2022).

There are a few different tests used to diagnose COPD. One of these tests is known as the COPD assessment test. This is an eight-question interview that asks about a patient's ability to breathe and their physical activity limitations due to their breathing. There is another test used, called the PFTs, also known as spirometry; this includes measuring the total volume of air that can be exhaled with maximum effort and the volume of air that is expelled within the first second of exhalation. Laboratory tests, chest X-rays, and electrocardiograms are also used to diagnose COPD (Capriotti & Frizzell, 2020, p. 506.).

Pathophysiology Reference Citations

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

U.S. Department of Health and Human Services. (2022, March 24). *COPD-Symptoms*. National Heart Lung and Blood Institute. https://www.nhlbi.nih.gov/health/copd/symptoms