N311 Care Plan 1

Jessica Runde

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Hartke

9/27/2023

Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
9/15/23	M.R.S.	77	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Retired teacher	Married	N/A
Code Status	**Height**	**Weight**	
Full Code	5’ 8”	195 lbs	

Medical History (5 Points)

Past Medical History: hypertension 2011, type ll diabetes 2010, COPD 2008

Past Surgical History: Tonsillectomy at age 18, right hip replacement at age 68

Family History: maternal grandparents- healthy, paternal grandmother- healthy, paternal grandfather- hypertension, diabetes, Father-healthy, Mother- right breast cancer at age 48

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): The patient states that she used to smoke about a half pack of cigarettes a day since she was 25 years old

Admission Assessment

Chief Complaint (2 points): Left Shoulder Pain

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

The patient is complaining of left shoulder pain. When asked when the pain started, the patient said, “around two weeks ago.” The patient then pointed to the top of her shoulder bone to show where the location of the pain was. The patient says, “Pain will come and go throughout

the day." The pain feels like a "sharp and stabbing pain and feels like I am incapable of doing any activity with it." The patient says "Lifting my arm directly in front of my body makes it worse." The patient ices and heats the shoulder to make it feel better and has not seen any provider yet for her shoulder pain. The patient has also taken over-the-counter medication including Ibuprofen and Aleve to help relieve the pain. The patient states the pain is currently at a 6 out of 10.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): COPD

Secondary Diagnosis (if applicable): hypertension, type ll diabetes

Pathophysiology

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

COPD, Chronic Obstructive Pulmonary Disease, is a severe respiratory disease currently a common cause of death worldwide. There are multiple causes of COPD, but the main one is smoking. Exposure to harmful substances, such as secondhand smoke, chemicals, etc., can also cause COPD. Harmful substances and smoking are not the only cause. A rare genetic variable, alpha-1 antitrypsin (AAT) deficiency, can contribute to COPD (Capriotti & Frizzell, 2020, p. 504).

COPD "is a combination of chronic bronchitis, emphysema, and hyperreactive airway disease" (Capriotti & Frizzell, 2020, p. 504). Chronic bronchitis is when there is an excessive production of mucus that stays in the airways, along with inflammation. This causes blockage to the airways, contributing to a person having trouble breathing. Chronic bronchitis causes cyanosis and hypoxia (Capriotti & Frizzell, 2020, p. 504). Cyanosis is a blue discoloration of the skin and is caused by low oxygen in the blood or slow blood flow in the body. Hypoxia is when

there is low oxygen in the blood. On the other hand, emphysema is when the air sacs in a person's lungs are damaged. This leads to "obstruction to expiratory airflow, loss of elastic recoil of the alveoli, and high residual volume of carbon dioxide in the lung" (Capriotti & Frizzell, 2020, p. 504-505). Losing elasticity in the alveoli makes it hard for a person's lungs to open and close to their total capacity. The blockage and inflammation of airways, the loss of elasticity, and damage to the air sacs make it difficult for a person to inhale an adequate amount of oxygen and exhale an adequate amount of carbon dioxide, resulting in Chronic Obstructive Pulmonary Disease.

Many different signs and symptoms come with Chronic Obstructive Pulmonary Disease. When the symptoms start to show, the most common ones include shortness of breath, tight chest, wheezing when breathing, a chronic cough (along with possible sputum/mucus), and increased respiratory infections (National Heart, Lung, and Blood Institute [NHLBI], 2022). The symptoms will continue to get worse slowly.

A person can be tested for Chronic Obstructive Pulmonary Disease in many ways. The patient could take a COPD assessment test, which is a questionnaire. The most used and effective way to confirm that a patient has COPD is by spirometry. Spirometry is when the patient blows as hard and as long as they can into the spirometer (NHLBI, 2022). This test can help the doctor diagnose the patient with COPD and even allow them to see exactly how severe it is. Once the doctor can see how severe the disease is, they can provide the correct treatment to the patient. Some providers will order a lung imaging test. These tests can consist of a CT scan or a chest x-ray (NHLBI, 2022).

Although COPD has no cure, many treatments can be applied to help with the symptoms and the rate at which the disease progresses. First and foremost, if a patient has COPD from

smoking, the most essential treatment would be to stop smoking altogether. Other treatments include medicines the provider prescribes, pulmonary rehabilitation, and oxygen therapy (NHLBI, 2022). In severe cases, there is a possibility of receiving surgery, such as a lung transplant (NHLBI, 2022).

Pathophysiology References (2) (APA):

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

National Heart, Lung, and Blood Institute. (2022, March 22). *Treatment*. https://www.nhlbi.nih.gov/health/copd/treatment

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	96	174/96	15	98.9 F	92%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0715	6/10	left Shoulder	mild	sharp, stabbing	Tylenol apply a heat pad on the shoulder turn q 2 hours left arm propped up on a pillow