N321 Care Plan #1

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Lakeview College of Nursing

N321: Adult Health 1

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Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
9/24/23	M.M.	41	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Hispanic	Police Officer	Single	NKA
Code Status	**Height**	**Weight**	
Full Code	5’10” (177.8 cm)	247 lb. 8 oz. (112.3 kg)	

Medical History (5 Points)

Past Medical History: Asthma, Kidney Stones, Migraines, and Seasonal Allergies.

Past Surgical History: Sinus surgery.

Family History: No family history reported.

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

Client denies drug use or tobacco use past or present. The client confirms that he engages in occasional alcohol use once or twice a week and includes 2-4 8 oz. cans of beer.

Assistive Devices: Client reports no use of assistive devices currently.

Living Situation: Lives at home with his girlfriend and their 6 children.

Education Level: An associate degree in criminal justice/law enforcement.

Admission Assessment

Chief Complaint (2 points): Shortness of breath and worsening cough.

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

A 41-year-old male Hispanic client presents to ER 9/24/2023 with chief complaint of shortness of breath and a worsening cough. Client complains of being extremely short of breath and a cough that is not able to be controlled no matter what intervention he attempts. Client states he “has had a horrible cough and feels like he cannot breathe for about two weeks now”. The

duration of the present illness began around 9/12/23 and is still present. Characteristics include stuffy nose, headache, shortness of breath, cough and has experienced pain in accessory muscles from coughing so hard and so much. Client reports he has begun to be somewhat alleviated by antibiotics and medications provided at the hospital since his admittance. Client states that "nothing made it feel better until IV medications were administered" and "nothing makes it worse at this time". Client status is being aggravated by his secondary diagnosis of Asthma Exacerbation and seasonal allergies.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Asthma Exacerbation.

Secondary Diagnosis (if applicable): N/A

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

Asthma is an airway disease caused by a combination of genetic predisposition and environmental factors that is considered a reversable chronic inflammatory disorder. Airway constriction is a result of bronchial hyperreactivity and contributes to inflammatory changes within the bronchioles, so treatment is provided to prevent acute asthma attacks. Environmental allergens that can trigger bronchospasm include exhaust fumes, perfumes, pollen, grasses, flowers, dust, cigarette smoke, animal dander, molds, spores, and tobacco smoke. Chemical triggers included in occupational associated asthma can be noted immediately after exposure to a chemical agent or months/years from exposure during a job. Chemical triggers include farming, painting, construction, landscaping, and janitorial work. Genetic predispositions are based solely on family genetics and children with parents that have been diagnosed with asthma obtained through genetics are more likely to be diagnosed with genetically acquired asthma at an earlier

age. Viral infections, GERD, and COPD can lead to asthma exacerbations as well (Capriotti & Frizzell, 2020).

Asthma exacerbations occur when triggered by the above environmental, genetic, or other contributing factors by contributing to episodes of spastic reactivity in the bronchioles or airway alterations medically referred to as a bronchospasm where deleterious bronchial remodeling takes place. The immune system is affected directly by allergens that cause inflammation, bronchial constriction, and mucus secretion because of a larger number of goblet cells. Mucus, edema of the bronchioles, constriction of the bronchioles, and thickening of the bronchial basement membrane occur with asthma exacerbations. T lymphocytes Th1 and Th2 are active during asthma exacerbations. Allergens or microbes stimulate Th1 cells, B cells become plasma cells and immunoglobulin E is created. Mast cells, eosinophils, and basophils promote inflammation within the cells and are drawn to Th2 cells. Histamine and leukotrienes are released when degranulation begins from IgE binding to the mast cells. The development of bronchoconstriction, bronchial hyperreactivity, edema, and eosinophilia occur because of leukotrienes and histamine directly contributes to inflammation and bronchospasms occurring. When an asthma attack occurs the release of cytokines called interleukins are responsible for the cell damage that occurs and causes the airway to swell and become inflamed while also stimulating the production of mucus within the bronchial tubes. The infiltration of eosinophils into the blood, lungs, and mucus directly affects the airway by causing it to narrow (Capriotti & Frizzell, 2020).

Signs and symptoms associated with asthma exacerbation include but are not limited to dyspnea, wheezing, chest tightness, persistent coughing, low blood pressure, hyperinflation or barrel chest, skin/mucus membranes blue in color, O2 below 90%, loss of consciousness, and

expelling mucus or phlegm. Vital signs expected to be found would be a low b/p, low O2, and an elevated pulse. Diagnostic results from an Xray performed to identify conditions that correlate alongside asthma exacerbation such as pneumonia or heart failure. Lab results consist of a CBC measuring RBC and WBC to identify infection or inflammation, Serum theophylline to measure a medication used to treat asthma that measures the level of theophylline within the blood, and basic chemistry panel is administered to measure levels of various chemicals within the blood including electrolytes (Capriotti & Frizzell, 2020).

Treatments for asthma exacerbation include non-pharmacological approaches that include identification of environmental risk factors that can be modified, reducing/avoiding triggers, breathing exercises, and herbal remedies that need to be approved by the provider before suggesting to the client. The ability to reduce the narrowing of airways from inflammation, mucous secretions, and mucosal edema also allows a decrease in bronchoconstriction and can be provided by pharmacological therapies. Pharmacological therapies include bronchodilators for prevention/treatment of bronchoconstriction that include adrenergic, anticholinergic and xanthine medications. Anti-inflammatory drugs assist in prevention of inflammation inside of the airway and consist of corticosteroids, mast cell stabilizers, leukotriene modifiers, and immunosuppressant monoclonal antibodies all used to directly prevent/treat airway inflammation caused by exacerbations of asthma (Frandsen, & Pennington, 2020).

The current treatment the client is undergoing consist of albuterol sulfate 10 mg once daily through nebulization to treat asthma exacerbation, promethazine-codeine 5 mL orally once a day to treat the clients cough, acetaminophen 650 mg. orally every 4 hours PRN for discomfort, magnesium sulfate 2 g. 100 mL/hr. IV over 30 minutes for asthma exacerbation, doxycycline hyclate 100 mg. every 12 hours IV for pneumonia prevention, enoxaparin 40 mg.

every 24 hours subcutaneous for pulmonary embolism prevention, methylprednisolone 40 mg. every 6 hours IV for dyspnea, and mometasone furoate 2 puffs inhalation twice daily for asthma. These pharmacological therapies together are working to prevent the client's asthma exacerbation from worsening while also preventing possible pulmonary edema, pneumonia discomfort, and worsening cough, dyspnea, and asthma symptoms. The clinical data that correlates to the data collected is the client reporting that "he is feeling 50% better since being admitted to the hospital and feels like the fluids and antibiotics he has received have made all of the difference" and that the clients vitals are improving from the date he was admitted. Lab values last reported do not correlate with the client's improvement.

Pathophysiology References (2) (APA):

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

Frandsen, G., & Pennington, S. S. (2021). *Abrams' clinical drug therapy: Rationales for Nursing Practice*. Wolters Kluwer Health.

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80 - 5.30 10(6)/mcL	5.15 10(6)/mcL	5.21 10(6)/mcL	
Hgb	13.0 - 16.5 g/dL	14.6 g./dL	15.0 g/dL	
Hct	38.0 - 50.0 %	43.0%	43.6%	
Platelets	140 – 440 10(3)/mcL	371 10(3)/mcL	333 10(3)/mcL	
WBC	4.0 – 12.0 10(3) mcL	12.00 10(3)/mcL	14.00 10(3)/mcL	Client's WBC is elevated due to corticosteroid use (Taylor et al., 2023).

Neutrophils	47.0 – 73.0 %	63.0%	95.7%	Client's neutrophil level is elevated due to corticosteroid use (Taylor et al., 2023).
Lymphocytes	19.0 – 49.0 %	23.9%	3.6%	Client's lymphocyte level is decreased due to corticosteroid use (Taylor et al., 2023).
Monocytes	3.0 – 13.0 %	6.2%	0.5%	Client's monocyte level is decreased due to corticosteroid use (Taylor et al., 2023).
Eosinophils	0.0 - 8.0 %	6.5%	0.1%	
Bands	0.0 – 1.0 %	N/A	N/A	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	135-144 mmol/mL	137 m mol/mL	135 mmol/mL	
K+	3.5-5.1 mmol/mL	3.8 mmol/mL	4.1 mmol/mL	
Cl-	98-108 mmol/mL	105 mmol/mL	106 mmol/mL	
CO2	20 -31 mmol/mL	27 mmol/mL	21 mmol/mL	
Glucose	65-110 mg/dL	103 mg/dL	179 mg/dL	Client's glucose is elevated due to steroid use (Taylor et al., 2023).
BUN	7-26 mg/dL	11 mg/dL	19 mg/dL	
Creatinine	0.5 – 1.0 mg/dL	0.75 mg/dL	0.73 mg/dL	
Albumin	3.5-5.7 mg/dL	3.9 mg/dL	N/A	
Calcium	8.7-10.5 mg/dL	9.0 mg/dL	9.2 mg/dL	
Mag	1.6 - 2.2 mg/dL	N/A	N/A	
Phosphate	2.8 – 4.5 mg/dL	N/A	N/A	

Bilirubin	0.2 – 0.8 mg/dL	N/A	N/A	
Alk Phos	34 – 104 U/L	79 U/L	N/A	
AST	13 - 39 U/L	21 U/L	N/A	
ALT	7 – 52 U/L	37 U/L	N/A	
Amylase	29 – 103 U/L	N/A	N/A	
Lipase	11 – 82 U/L	N/A	N/A	
Lactic Acid	**0.5 -2.0** mmol/L	N/A	N/A	

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 Seconds	N/A	N/A	
PT	11 – 13.5 Seconds	N/A	N/A	
PTT	25 – 35 seconds	N/A	N/A	
D-Dimer	0 – 622 mg/mL	N/A	N/A	
BNP	0 – 100 pg/mL	N/A	N/A	
HDL	>40 mg/dL	N/A	N/A	
LDL	<130 mg/dL	N/A	N/A	
Cholesterol	<200 mg/dL	N/A	N/A	
Triglycerides	<150 mg/dL	N/A	N/A	
Hgb A1c	4.0 – 6.0 %	N/A	N/A	
TSH	0.270 – 4.200 miU/L	N/A	N/A	

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/clear	N/A	N/A	
pH	5.0-9.0	N/A	N/A	
Specific Gravity	1.003-1.030	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	0-5	N/A	N/A	
RBC	0-2	N/A	N/A	
Leukoesterase	Negative	N/A	N/A	

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	N/A	N/A	
Blood Culture	Negative	Pending	Pending	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Taylor, C., Lynn, P., & Bartlett, J. L. (2023). *Fundamentals of Nursing: The art and science of person-centered care*. Lippincott Williams & Wilkins.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- **Xray of chest single view:** No acute pathology reported.

Diagnostic Test Correlation (5 points): Diagnostic testing performed due to the client's reported dyspnea and cough accompanied by the client's asthma exacerbation diagnosis. The client's history of asthma was also a deciding factor in performing diagnostic testing. A chest X-ray was ordered to identify conditions that correlate alongside asthma exacerbation such as pneumonia or heart failure (Capriotti & Frizzell, 2020).

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/Generic	tizanidine hydrochloride (Zanaflex)	albuterol sulfate (AccuNeb)	promethazine-codeine (Phenergan)	acetaminophen (Tylenol)	famotidine (Pepcid)
Dose	2 mg tablet	10 mg tablet	5 mL Syrup	650 mg. tablet	20 mg tablet
Frequency	Every 6-8 hours.	Once daily.	Once Daily.	Every 4 hours.	Twice daily.
Route	Oral	Nebulization	Oral	Oral	Oral
Classification	Pharmacologic: Alpha 2 adrenergic	Pharmacologic: Adrenergic Therapeutic:	Pharmacologic: Phenothiazine	Pharmacologic: No salicylate, para-aminophenol	Pharmacologic: Histamine-2 blocker.

	agonist. Therapeutic: Antispasmodic (Jones & Bartlett, 2022).	Bronchodilator (Jones & Bartlett, 2022).	Therapeutic: Antiemetic, antihistamine, antivertigo, sedative-hypnotic. (Jones & Bartlett, 2022).	derivative. Therapeutic: Antipyretic, nonopioid analgesic. (Jones & Bartlett, 2022).	Therapeutic: Antiulcer agent. (Jones & Bartlett, 2022).
Mechanism of Action	Reduces spasticity by decreasing the release of excitatory amino acids. This alpha 2-adrenergic agonist's action increases presynaptic inhibition of spinal motor neurons, with the greatest effects on polysynaptic pathways (Jones & Bartlett, 2022).	Albuterol attaches to beta 2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert adenosine triphosphate (ATP) to cyclic adenosine monophosphate (cAMP). This reaction decreases intracellular calcium levels. It also increases intracellular levels of cAMP. Together these effects relax bronchial smooth muscle cells and inhibit histamine release (Jones & Bartlett, 2022).	Competes with histamine for H1-receptor sites, antagonizing many histamine effects and reducing allergy signs and symptoms. Also prevents motion sickness, nausea, and vertigo by acting centrally on medullary chemoreceptor trigger zone and decreasing vestibular stimulation and labyrinthine function in the inner ear. Also promotes sedation and relieves anxiety by blocking receptor sites in CNS, directly reducing	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system, Acetaminophen also acts directly on temperature regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2 (Jones & Bartlett, 2022).	Famotidine reduces HC1 formation by preventing histamine from binding with H2 receptors on the surface of parietal cells.HC1 can inflame, ulcerate, and perforate gastric and intestinal mucosa normally protected by mucus. By doing so, the drug helps prevent peptic ulcers from forming and helps heal existing ones (Jones & Bartlett, 2022).

			stimuli to the brain (Jones & Bartlett, 2022).		
Reason Client Taking	Muscle spasms	Asthma exacerbation	Cough, associated with upper respiratory symptoms.	Pain management	Stress ulcer prophylaxis
Contraindications (2)	Severe hypotension and Psychomotor impairment (Jones & Bartlett, 2022).	Increased vascular effects and hypokalemia (Jones & Bartlett, 2022).	CNS depression and hypotension (Jones & Bartlett, 2022).	Severe hepatic impairment and severe liver disease (Jones & Bartlett, 2022).	Reduced absorption of drugs dependent on gastric PH for absorption. And an increase (Jones & Bartlett, 2022).
Side Effects/Adverse Reactions (2)	Hepatic failure and orthostatic hypotension (Jones & Bartlett, 2022).	Pulmonary edema and bronchospasm (Jones & Bartlett, 2022).	Tachycardia and hypertension (Jones & Bartlett, 2022).	Pulmonary edema and thrombocytopenia (Jones & Bartlett, 2022).	Seizures and insomnia (Jones & Bartlett, 2022).
Nursing Considerations (2)	Monitor hepatic and renal function for the first 6 months and periodically thereafter. (Jones & Bartlett, 2022). Be aware that tizanidine should be stopped slowly to prevent rebound hypertension, tachycardia, and hypertonia as well as	Use cautiously in clients with cardiac disorders, diabetes mellitus, digitalis intoxication, hypertension, hyperthyroidism, or history of seizures. Albuterol can worsen these conditions (Jones & Bartlett, 2022). Monitor serum potassium level	Monitor respiratory function because drug may suppress cough reflex and cause thickening of bronchial secretions aggravating such conditions as asthma and COPD. Rarely it may depress respirations and induce apnea (Jones & Bartlett, 2022).	Use with caution in clients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment (Jones & Bartlett, 2022). Monitor the end of parenteral infusion to prevent a	Be aware that Pepcid chewable tablets contain aspartame which can be dangerous for clients who have phenylketonuria (Jones & Bartlett, 2022). Know that adult clients who have a suboptimal response or an early symptomatic

	withdrawal (Jones & Bartlett, 2022).	because albuterol may cause transient hypokalemia (Jones & Bartlett, 2022).	Clients should not have intradermal allergy tests within 72 hours of receiving promethazine because drug may significantly alter flare response (Jones & Bartlett, 2022).	possibility of an air embolism (Jones & Bartlett, 2022).	relapse after completing famotidine therapy should be evaluated for gastric malignancy (Jones & Bartlett, 2022).

Hospital Medications (5 required)

Brand/Generic	magnesium sulfate	doxycycline hyclate (Aciticlate)	enoxaparin (Lovenox)	methylprednisolone (Medrol)	mometasone furoate (Asmanex)
Dose	2 g. at 100 mL/hr. administer over 30 minutes.	100 mg. tablet	40 mg. IV	40 mg. IV	2 Puffs
Frequency	1 dose	Every 12 hours.	Once every 24 hours.	Every 6 hours.	2 times daily.
Route	IV	IV	Injection Sub Q	IV	Oral Inhalation
Classification	Pharmacologic: Mineral Therapeutic: Electrolyte replacement (Jones & Bartlett, 2022).	Pharmacologic: Tetracycline Therapeutic: Antibiotic (Jones & Bartlett, 2022).	Pharmacologic: Low-molecular weight heparin. Therapeutic: Anticoagulant (Jones & Bartlett, 2022).	Pharmacologic: Glucocorticoid Therapeutic: Corticosteroid (Jones & Bartlett, 2022).	Pharmacologic: Glucocorticoid Therapeutic: Anti-inflammatory (Jones & Bartlett, 2022).
Mechanism of	Assists all	Exerts	Potentiates the	Binds in	Inhibits the

Action	enzymes involved in phosphate transfer reactions that use ATP. Magnesium is required for the normal function of the ATP dependent sodium potassium pump in muscle membranes. Magnesium sulfate is a bronchodilator that can be used to treat acute asthma exacerbations. I t relaxes the bronchial muscles and expands the airways, allowing more air to flow in and out of the lungs, which can relieve symptoms of asthma. Magnesium stabilizes T cells and inhibits mast cell degranulation, leading to a reduction in inflammatory mediators (Jones & Bartlett, 2022).	bacteriostatic effect against a wide variety of gram positive and gram-negative organisms. Bound doxycycline blocks binding of aminoacyl transfer RNA to messenger RNA thus inhibiting bacterial protein synthesis (Jones & Bartlett, 2022).	action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds with inactivates clotting factors. Without thrombin, fibrinogen can't convert fibrin thrombus can't form (Jones & Bartlett, 2022).	intercellular glucocorticoid receptors and suppresses inflammatory and immune responses by inhibiting accumulation of monocytes and neutrophils at inflammation sites, stabilizing lysosomal membranes, suppressing the antigen response of macrophages and helper T cells, and inhibiting the synthesis of inflammatory response mediators, such as cytokines, interleukins, and prostaglandins (Jones & Bartlett, 2022).	activity of cells and mediators active in the inflammatory response, possibly by decreasing influx of inflammatory cells into nasal passages and thereby decreasing nasal inflammation. Inflammation is a key component in asthma pathophysiology. Decreasing the inflammatory response in lung tissue helps to relieve asthma symptoms (Jones & Bartlett, 2022).

Reason Client Taking	Asthma exacerbation	Pneumonia	To prevent pulmonary embolism.	Dyspnea	Asthma
Contraindications (2)	Increased risk of coma and renal impairment (Jones & Bartlett, 2022).	Increased risk of severe or fatal renal toxicity and Increased hypoprothrombinemia effects (Jones & Bartlett, 2022).	Increased risks of thrombocytopenia and hemorrhage (Jones & Bartlett, 2022).	Decreased antibody response and increased risk of neurological complications (Jones & Bartlett, 2022).	Increased risk for emergency care for asthma related episodes and increased plasma mometasone levels leading to possible increased adverse reactions (Jones & Bartlett, 2022).
Side Effects/Adverse Reactions (2)	Respiratory depression or paralysis and arrhythmias (Jones & Bartlett, 2022).	Anaphylaxis and thrombocytopenia (Jones & Bartlett, 2022).	Pulmonary edema and anemia (Jones & Bartlett, 2022).	Pulmonary edema and heart failure (Jones & Bartlett, 2022).	Bronchospasm and pharyngitis (Jones & Bartlett, 2022).
Nursing Considerations (2)	Provide adequate diet, exercise, and fluids for clients being treated for constipation (Jones & Bartlett, 2022). Monitor serum electrolyte levels in clients with renal insufficiency because there at risk for magnesium toxicity (Jones & Bartlett, 2022).	Monitor liver function test results as appropriate to detect hepatoxicity (Jones & Bartlett, 2022). Monitor client for possible allergies to prevent anaphylaxis (Jones & Bartlett, 2022).	Keep protamine sulfate nearby in case of accidental overdose (Jones & Bartlett, 2022). Check serum potassium level for elevation, especially in clients with renal impairment ow who are currently using sparing diuretics (Jones & Bartlett, 2022).	Arrange for low sodium diet with added potassium as prescribed (Jones & Bartlett, 2022). Assess for possible depression or psychotic episode during therapy (Jones & Bartlett, 2022).	Monitor client for infections, as drug causes immunosuppression, increasing risk for infections. Notify prescriber if an infection is present because it can become severe or life threatening (Jones & Bartlett, 2022). Be aware that oral inhalation should not be used to treat bronchospasm or other acute episodes of asthma. Ensure that a short acting beta 2 agonist, such as albuterol, is available if

					needed, to treat acute asthma symptoms (Jones & Bartlett, 2022).

Medications Reference (1) (APA):

Learning, J. & B. (2022). *Nurse's Drug Handbook 2023*. Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented x4 to person, place, and time, well groomed, and no acute distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin is tan/pink, dry, and warm with no bruising rashes, or wounds present. Skin turgor 3+. Braden score noted as 23. No drain present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head/neck symmetrical, trachea is midline without deviation, thyroid is not palpable, no nodules noted. Bilateral carotid pulses palpable 2+. Eyes symmetrical bilaterally, sclera white, cornea clear, conjunctiva pink, no drainage. PERRLA bilaterally. Ears are symmetrical bilaterally with no visible or palpable deformities, lumps, or lesions. Bilateral frontal sinuses are nontender to palpation, septum is midline, turbinate noted as moist and pink bilaterally and no visible bleeding, drainage, or polyps noted. Oral mucosa moist/pink teeth intact with no signs of missing or damaged teeth. Uvula

	is midline and tonsils moist/pink. .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	Clear S1 and S2 without murmurs, gallops, or rubs noted. Normal rate and rhythm noted. Brachial and radial pulses 2 +, capillary refill 3+, no sign of vein distention noted. No edema present.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted. No accessory muscle use noted.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	Client reports that his diet at home is not limited and that he tries to eat a balanced diet. His current diet while at the hp consists of a normal diet. Client's height is 5'10" and weight 247 lbs. 8 oz. Bowel sounds normal and active in all 4 quadrants and the client reports last BM as 9/25/2023 at 0700 and reports no pain, bleeding, or change in bowel movements. Abdomen is soft with no tenderness or pain reported in all 4 quadrants upon palpation. No incisions, scars, drains, enlargements, masses, abnormalities, or wounds noted in all 4 quadrants. No ostomy, nasogastric, or feeding tube noted.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐**	Urine is clear and yellow in color. client is continent of urination and 480 mL noted at last urination as 2 hours ago. No pain with urination. Dialysis, catheter, and genitals N/A.

Type: **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Musculoskeletal/Neurological- All extremities have full range of motion (ROM). Hand grips and pedal push and pulls demonstrate clients normal and are equal strength. No supportive devices utilized at this time. Independent for ADLs reported. Fall risk noted as no. Fall score 20 and client is considered no risk.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Client is able to MAEW in all extremities. PERLA noted bilaterally, Equal strength in arms and legs noted bilaterally. Client is oriented x 4 to person, place, situation, and time. Normal cognition noted. Speech is clear. LOC alert.
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):**	The client states his coping methods consist of "jokes and praying". Client states his developmental level is appropriate for his age and "he can read and write independently". Client is capable of making fully informed decisions for himself at home and at the HP. Client reports he is of Christian faith and has a strong support system at home with his girlfriend and children who can assist when needed as well.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	84	124/85	18	97.5	96% Nasal canula 2 L/Min
1500	104	138/79	20	97.9	96% Nasal canula

					2 L/Min

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1100	Numeric Scale 0-10	No pain reported.	0/10	No pain reported.	No interventions necessary.
1500	Numeric Scale 0-10	No pain reported.	0/10	No pain reported.	No interventions necessary.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 Guage **Location of IV:** Left-hand **Date on IV:** 9/24/2023 **Patency of IV:** IV patent. **Signs of erythema, drainage, etc.:** None noted. **IV dressing assessment:** Clean, dry, and intact.	Saline lock present, no fluids currently running.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
800 mL water.	600 mL of urine.

Nursing Care

Summary of Care (2 points)

Overview of care: The client experienced an uneventful day mainly focused on rest and relaxation. The client's vital signs remained stable during the shift and the client's pain remained 0/10 during the shift. The client expressed excitement with the amount of sputum he has

expressed throughout the shift and stated that he was grateful he is finally able to “cough up the junk making him fell so cruddy”. The client is now resting comfortably and is awaiting discharge planning.

Procedures/testing done: Client did not engage in testing or a procedure during this clinical day.

Complaints/Issues: Client complains of coughing and feeling short of breath. Client states he “is feeling 50% better since being admitted to the hospital and feels like the fluids and antibiotics he has received have made all of the difference”.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Client is independent of toileting and ADL’s.

Physician notifications: No physician notifications noted.

Future plans for client: Client will obtain a follow up appointment with his primary care provider and continue medications as prescribed.

Discharge Planning (2 points)

Discharge location: Client will be discharged to his home with his girlfriend and children.

Home health needs (if applicable): No home health needs necessary currently.

Equipment needs (if applicable): No equipment is necessary currently.

Follow up plan: Client will follow up with his primary care physician nursing staff will have appointment information available upon discharge.

Education needs: Educate the client on the need for early treatment for asthma and its effectiveness. The importance of knowing asthma related signs and symptoms and that obtaining

the proper healthcare for those signs and symptoms will determine the severity of that specific asthma exacerbation and how drastically the client's current and future health is affected. Educate the client on the importance of contacting his primary care physician upon discharge to make them aware of his hp admittance and the medication changes made.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis •	**Rationale** •	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** •
1. Ineffective airway clearance related to the increased production of mucus as evidenced by ineffective sputum elimination.	To promote a technique to assist in clearing the airway without fatigue and to ensure optimal hydration to assist in the loosening of secretions.	**1.** Teach client an easily performed cough technique. **2.** Encourage adequate water intake.	**1.** The client will demonstrate controlled coughing techniques that assist in the removal of secretions. And will demonstrate the understanding of the importance of adequate hydration in loosening secretions.	The client expresses a desire to utilize techniques to cough and deep breathe to expectorate secretions while utilizing controlled coughing techniques.
2. Decreased activity tolerance related to the imbalance between oxygen supply/demand as evidence by dyspnea upon exertion.	To promote increased client activity to assist in the improvement of breathing and the promotion of general physical reconditioning.	**1.**Teach client exercises for increasing strength and endurance to improve breathing**.** **2.** Identify activities the client considers desirable and meaningful.	**1.**The client will state the understanding of the need to increase activity level gradually and assist in the creation of the list of activities desired.	Client states a desire to increase activity level and identifies a plan to increase the desired activity level.
3. Anxiety	Promote relaxations	**1.**Teach client relaxation	**1.** Client will demonstrate	Client reports the

related to a stressor as a response to the client's inability to perform ADLs evidenced by client's current health status: dyspnea.	techniques including guided imagery, muscle relaxation, and mediation. Providing comfort needs to increase trust and reduce anxiety.	techniques to be performed every 4 hours. **2.**Attending to client's comfort needs to increase trust and reduce anxiety.	progressive relaxation exercises and practice them a specific number of times daily.	ability to cope with current situation without experiencing severe anxiety.

Other References (APA):

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

Frandsen, G., & Pennington, S. S. (2021). *Abrams' clinical drug therapy: Rationales for Nursing Practice*. Wolters Kluwer Health.

Hogan-Quigley, B., & Palm, M. L. (2022). *Bates' Nursing Guide to Physical Examination and history taking*. Wolters Kluwer.

Learning, J. & B. (2022). *Nurse's Drug Handbook 2023*. Jones & Bartlett Learning.

Phelps, L. L. (2023). *Nursing diagnosis reference manual*. Wolters Kluwer.

Taylor, C., Lynn, P., & Bartlett, J. L. (2023). *Fundamentals of Nursing: The art and science of person-centered care*. Lippincott Williams & Wilkins.

Concept Map (20 Points):

Subjective Data

Client complains of coughing and feeling short of breath. Client states he "is feeling 50% better since being admitted to the hospital and feels like the fluids and antibiotics he has received have made all of the difference".

Nursing Diagnosis/Outcomes

- Ineffective airway clearance related to the increased production of mucus as evidenced by ineffective sputum elimination.
  - The client will demonstrate controlled coughing techniques that assist in the removal of secretions. And will demonstrate the understanding of the importance of adequate hydration in loosening secretions.
- Decreased activity tolerance related to the imbalance between oxygen supply/demand as evidence by dyspnea upon exertion.
  - The client will state the understanding of the need to increase activity level gradually and assist in the creation of the list of activities desired.
- Anxiety related to a stressor as a response to the client's inability to perform ADLs evidenced by client's current health status: dyspnea.
  - Client will demonstrate progressive relaxation exercises and practice them a specific number of times daily.

Objective Data

B/P: 138/79
T: 97.9
O2: 96% nasal canula 2 L/min.
P: 104 Elevated
RR: 20
Pain level: 0/10
Xray: No acute pathology reported.
Labs: WBC is elevated due to corticosteroid use.
Labs: Neutrophil level is elevated due to corticosteroid use.
Labs: Lymphocyte level is decreased due to corticosteroid use.
Labs: Monocyte level is decreased due to corticosteroid use.
Labs: Client's glucose is elevated due to steroid use.

Client Information

M.M.
41 years old
Male
Full Code
Height: 5' 10"
Weight:247 lb. 8 oz.
Admission: 9/24/2023
Admitted for complaints of shortness of breath and a worsening cough.

Nursing Interventions

- Teach client an easily performed cough technique.
- Encourage adequate water intake.
- Teach client exercises for increasing strength and endurance to improve breathing.
- Identify activities the client considers desirable and meaningful.
- Teach client relaxation techniques to be performed every 4 hours.
- Attending to client's comfort needs to increase trust and reduce anxiety.