# N431 Care Plan #1

Kaitlyn Loewenstein

Lakeview College of Nursing

N431: Adult Health II

Professor Unrein

09/27/2023

## Demographics (3 points)

| **Date of Admission** 09/24/2023 | **Client Initials** BC | **Age** 40 | **Gender** Male |
|---|---|---|---|
| **Race/Ethnicity** White/ non-Hispanic | **Occupation** Health Care Tech | **Marital Status** Divorced | **Allergies** Codeine, Tramadol |
| **Code Status** Full Code | **Height** 6’5 | **Weight** 135.4 kg | |

## Medical History (5 Points)

**Past Medical History:**

Anxiety

Asthma

Back injury

Back pain

Hypertension

Hyperlipidemia

Seizures

**Past Surgical History:**

The patient does not have any significant surgical history.

**Family History:**

Anxiety- brother

Anxiety- sister

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

The patient denies smoking, drugs, and alcohol use.

**Assistive Devices:**

The patient does not have any assistive devices.

**Living Situation:**

The patient lives at home alone.

**Education Level:**

The patient's education level is an associate degree.

## Admission Assessment

**Chief Complaint (2 points):**

Respiratory distress, wheezes, and dyspnea.

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

The patient is a 40-year-old male who presented with symptoms of respiratory distress on 9/23 and was admitted the same day. He stated that he had shortness of breath whenever he was walking and trying to work that started a few days ago. The patient had respiratory distress with stridors present. The patient took Benadryl to relieve his symptoms.

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):**

Pneumonia

**Secondary Diagnosis (if applicable):**

Asthma

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

An infection known as pneumonia causes inflammation in one or both lungs' air sacs. The air sacs may fill with fluid or pus. Numerous organisms, such as fungi, viruses, and bacteria, can cause pneumonia. There are different types of pneumonia. Community-acquired, hospital-acquired, and venilator-associated pneumonia are all types of pneumonia (Capriotti, 2020). It is

particularly dangerous for young children and babies, adults over 65, those with compromised immune systems, and those with other medical conditions.

The age, general health, and other variables of the patient, as well as the source of the infection, can all affect the signs and symptoms of pneumonia. However, the following are typical signs of pneumonia: cough, shortness of breath, fever, chills, fatigue, chest pain, sweating, headache, rapid breathing, nausea, and vomiting. Those with compromised immune systems and older individuals might not always exhibit the usual symptoms. Patients can become confused or see a reduction in their cognitive abilities. The vital signs of a patient with pneumonia can vary. A patient can develop a fever, tachypnea, tachycardia, or hypoxemia, and their blood pressure could be normal or slightly low. A few lab tests that could be abnormal are elevated WBCs, elevated neutrophils, elevated lymphocytes, elevated CRP, and ABGs. My patient had elevated WBCs, neutrophils, and abnormal ABGs.

The choice of tests and diagnostic procedures depends on the suspected cause of pneumonia (bacterial, viral, fungal, or other), the severity of symptoms, and the patient's clinical presentation. There are multiple tests that can be performed to diagnose pneumonia. A chest x-ray, chest CT, blood test, sputum culture, and bronchoscopy can all be done to diagnose pneumonia. The most common is a chest X-ray, and that is what my patient had done.

Treatment of pneumonia usually consists of symptom management and preventing the worsening of the illness, since the etiology of the condition is often unknown. A few common treatments are antibiotics, antifungal medications, antiviral medications, oxygen therapy, and draining of fluids (Jones & Bartlett Learning, 2022). My patient started a round of antibiotics and was on oxygen the first day at the hospital.

**Pathophysiology References (2) (APA):**

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives.* 2nd ed., F.A. Davis, 2020.

Jones & Bartlett Learning, LLC. (2022*). 2022 Nurse's drug handbook* (20th ed.).

**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 mcL | N/A | 4.85 | RBC is within normal limits. |
| **Hgb** | 12.0- 15.8 g/dL | N/A | 13.0 | HgB is within normal limits. |
| **Hct** | 36.0- 47.0% | N/A | 40.4 | Hct is within normal limits. |
| **Platelets** | 140- 440 mcL | N/A | 324 | Platelets is within normal limits. |
| **WBC** | 4.00- 12.00 g/dL | N/A | 18.81 | WBCs are elevated due to the infection (pneumonia) (Jones & Bartlett Learning, 2022). |
| **Neutrophils** | 47.0- 73.0% | N/A | 1.28 | Neutrophils is within normal limits |
| **Lymphocytes** | 18.0-42.0% | N/A | 16.28 | Lymphocytes are elevated due to the infection (pneumonia) (Jones & Bartlett Learning, 2022). |
| **Monocytes** | 4.0- 12.0% | N/A | 1.00 | Monocytes is within normal limits. |
| **Eosinophils** | 0.0-5.0% | N/A | 0.0 | Eosinophils is within normal limits. |
| **Bands** | N/A | N/A | N/A | Bands were not obtained. |

**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- 145 mmol/L | 141 | 139 | Sodium is within normal limits. |
| **K+** | 3.5- 5.0 mmol/L | 4.3 | 5.0 | Potassium is within normal limits. |
| **Cl-** | 98- 107 mmol/L | 105 | 103 | Chloride is within normal limits. |

| | | | | |
|---|---|---|---|---|
| **CO2** | 21- 31 mmol/L | 23 | 26 | CO2 is within normal limits. |
| **Glucose** | 80- 120 mg/dL | 137 | 129 | Glucoses can be elevated due to stress and illness (Jones & Bartlett Learning, 2022). |
| **BUN** | 7- 25 mg/dL | 15 | 22 | BUN is within normal limits. |
| **Creatinine** | 0.50- 1.00 mg/dL | 0.85 | 0.98 | Creatinine is within normal limits. |
| **Albumin** | 3.5- 5.7 g/dL | N/A | 4.2 | Albumin is within normal limits. |
| **Calcium** | 8.8- 10.4 mg/dL | 10.4 | 10.1 | Calcium is within normal limits. |
| **Mag** | 1.6- 2.6 mg/dL | N/A | N/A | Mag was not obtained. |
| **Phosphate** | 34- 104 mg/dL | N/A | N/A | Phosphate was not obtained. |
| **Bilirubin** | 0.2- 0.8 mg/dL | N/A | 0.4 | Bilirubin is within normal limit. |
| **Alk Phos** | 40- 150 mg/dL | N/A | 67 | Alk Phos is within normal limit. |
| **AST** | 10- 30 U/L | N/A | 20 | AST is within normal limit. |
| **ALT** | 10- 40 U/L | N/A | 31 | ALT is within normal limit. |
| **Amylase** | 60- 120 U/L | N/A | N/A | Amylase was not obtained. |
| **Lipase** | 0-160 U/L | N/A | N/A | Lipase was not obtained. |
| **Lactic Acid** | 0.5- 2.2 mmol/L | N/A | N/A | Lactic acid was not obtained. |
| **Troponin** | 0- 0.1ng/mL | N/A | N/A | Troponin was not obtained. |
| **CK-MB** | 5- 25 IU/L | N/A | N/A | CK-MB was not obtained. |
| **Total CK** | F: 30- 145 U/L<br>M: 55- 170 U/L | N/A | N/A | Total CK was not obtained. |

**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 | N/A | N/A | INR was not obtained. |
| **PT** | 9.5- 11.3 seconds | N/A | N/A | PT was not obtained. |
| **PTT** | 30- 40 seconds | N/A | N/A | PTT was not obtained. |
| **D-Dimer** | >250 mg/L FEU | N/A | N/A | D-Dimer was not obtained. |
| **BNP** | 100- 400 pg/mL | N/A | N/A | BNP was not obtained. |
| **HDL** | >60 mg/dL | N/A | N/A | HDL was not obtained. |
| **LDL** | <130 mg/dL | N/A | N/A | LDL was not obtained. |
| **Cholesterol** | <200 mg/dL | N/A | N/A | Cholesterol was not obtained. |
| **Triglycerides** | 40-180 mmol/L | N/A | N/A | Triglycerides were not obtained. |
| **Hgb A1c** | <7 mg/dL | N/A | N/A | Hgb A1c was not obtained. |
| **TSH** | 0.5- 5.0 mIU/mL | N/A | N/A | TSH was not obtained. |

**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** | Clear/ yellow | N/A | N/A | Color and clarity were not obtained. |
| **pH** | 4.6- 8.0 | N/A | N/A | pH was not obtained. |
| **Specific Gravity** | 1.005- 1.030 | N/A | N/A | Specific gravity was not obtained. |
| **Glucose** | Negative | N/A | N/A | Glucose was not obtained. |
| **Protein** | Negative | N/A | N/A | Protein was not obtained. |
| **Ketones** | Negative | N/A | N/A | Ketones were not obtained. |

| | | | | |
|---|---|---|---|---|
| **WBC** | Negative | N/A | N/A | WBCs were not obtained. |
| **RBC** | Negative | N/A | N/A | RBCs were not obtained. |
| **Leukoesterase** | Negative | N/A | N/A | Leukoesterase were not obtained. |

**Arterial Blood Gas 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 |
|---|---|---|---|---|
| **pH** | 7.35- 7.45 | 7.40 | 7.39 | This measures the balance of acids and bases in your blood (Jones & Bartlett Learning, 2022). |
| **PaO2** | 75- 100 mmHg | 133.3 | 129 | The PaO2 test can be used to assess the effects of breathing problems on oxygen supply, especially in a hospital setting or during an episode of severe respiratory distress (Jones & Bartlett Learning, 2022). |
| **PaCO2** | 35-45 mmHg | 40.1 | 43.2 | PaCO2 specifically evaluates carbon dioxide (CO2) levels in the blood (Jones & Bartlett Learning, 2022). |

| | | | | |
|---|---|---|---|---|
| **HCO3** | 22- 26 meq/L | 24.2 | 25.7 | This test measures the amount of bicarbonate, a form of carbon dioxide, in your blood (Jones & Bartlett Learning, 2022). |
| **SaO2** | 95- 100% | 99 | 98.9 | percentage of total binding sites on arterial hemoglobin that are bound with oxygen and can never be more than 100% (Jones & Bartlett Learning, 2022). |

**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 <10,000 Positive >10,000 | N/A | N/A | Urine culture was not obtained. |
| **Blood Culture** | Negative | N/A | N/A | Blood culture was not obtained. |
| **Sputum Culture** | Normal URT | N/A | N/A | Sputum culture was not obtained. |
| **Stool Culture** | Normal intestinal flora | N/A | N/A | Stool culture was not obtained. |

**Lab Correlations Reference (1) (APA):**

Jones & Bartlett Learning, LLC. (2022*). 2022 Nurse's drug handbook* (20th ed.).

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):**

XR Chest PA and LAT view

**Diagnostic Test Correlation (5 points):**

A chest x ray was performed for the doctor to see the extent and location of the infection. My patients results came back with no consolidation, pleural effusion, or pneumothorax. Right peripheral airspace opacity has improved. A chest X-ray is a standard diagnostic imaging procedure that produces images of the structures inside the chest by using ionizing radiation. It gives a two-dimensional picture of the chest that includes the blood veins, airways, heart, lungs, and chest wall bones. Chest X-rays are commonly used to evaluate a number of respiratory and cardiovascular diseases, such as heart failure, pneumonia, lung cancer, and chest traumas.

**Diagnostic Test Reference (1) (APA):**

Jones & Bartlett Learning, LLC. (2022*). 2022 Nurse's drug handbook* (20th ed.).

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

**Home Medications (5 required)**

| **Brand/Generic** | Acetaminophen (Tylenol) | Bisacodyl (Dulcolax) | Famotidine (Pepcid) | MiraLAX | Sennosides (senokot) |
|---|---|---|---|---|---|
| **Dose** | 500 mg | 10 mg | 20 mg | 17 g | 8.6 mg |
| **Frequency** | Every 4 hr, PRN | Daily, PRN | BID | BID | BID |
| **Route** | Orally | Rectal | Orally | Orally | Orally |
| **Classification** | Pharmacological: Analgesic Therapeutic: decrease pain/fever | Laxative | Pharmacological: histamine-2blocker Therapeutic: antiulcer agent | Laxative | Laxative |
| **Mechanism of Action** | Reduction of the COX pathway activity by | Stimulates peristalsis by directly irritating | Reduces HCl formation by preventing histamine from | Stimulates peristalsis by directly irritating | Stimulates peristalsis by directly irritating |

| | | | | | |
|---|---|---|---|---|---|
| | acetaminophen is thought to inhibit the synthesis of prostaglandins in the central nervous system (Jones & Bartlett Learning, 2022). | the smooth muscle of the intestine (Jones & Bartlett Learning, 2022). | binding with H2 receptors (Jones & Bartlett Learning, 2022). | the smooth muscle of the intestine (Jones & Bartlett Learning, 2022). | the smooth muscle of the intestine (Jones & Bartlett Learning, 2022). |
| **Reason Client Taking** | Pain management | Constipation | Stomach pain | Constipation | Constipation |
| **Contraindications (2)** | Hepatic impairment Active hepatic disease | Appendicitis or inflamed bowel | Hypersensitivity to famotidine, other H2-receptors | Appendicitis or inflamed bowel | Appendicitis or inflamed bowel |
| **Side Effects/Adverse Reactions (2)** | Rash and itching (Jones & Bartlett Learning, 2022). | Nausea and diarrhea (Jones & Bartlett Learning, 2022). | Bronchospasm and wheezing (Jones & Bartlett Learning, 2022). | Nausea and diarrhea (Jones & Bartlett Learning, 2022). | Nausea and diarrhea (Jones & Bartlett Learning, 2022). |
| **Nursing Considerations (2)** | Monitor AST/ALT/ BUN/Cr Routinely assess pain level and temp (Jones & Bartlett Learning, 2022). | Do not administer within 2 hour of milk or with an antacid (Jones & Bartlett Learning, 2022). | Monitor for gastric malignancy and take at bedtime (Jones & Bartlett Learning, 2022). | Do not administer within 2 hour of milk or with an antacid (Jones & Bartlett Learning, 2022). | Do not administer within 2 hour of milk or with an antacid (Jones & Bartlett Learning, 2022). |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | Assess pain/ Monitor liver labs | Assess bowel habits before and | Assess LOC | Assess bowel habits before and | Assess bowel habits before and |

| | | | | | |
|---|---|---|---|---|---|
| | | asses the patients diet | | asses the patients diet | asses the patients diet |
| **Client Teaching Needs (2)** | Do not take more than 4,000 mg/24 hours<br>Do not take with alcohol | Drink plenty of fluids and do not skip meals | Carefully chew tablet and avoid alcohol | Drink plenty of fluids and do not skip meals | Drink plenty of fluids and do not skip meals |

**Hospital Medications (5 required)**

| **Brand/Generic** | Prednisone (intensol, rayos, and winpred) | Lisinopril (Zestril and Prinivil) | Levofloxacin (Levaquin) | Insulin lispro (humalog) | Hydralazine (apresoline) |
|---|---|---|---|---|---|
| **Dose** | 60 mg | 10 mg | 750 mg | 1-20 units | 25mg |
| **Frequency** | BID | Daily | Daily | Before meals and at bedtime | Daily, PRN |
| **Route** | Orally | Orally | Orally | Subcutaneous | Orally |
| **Classification** | Pharmacological: glucocorticoids<br>Therapeutic: immunosuppressant | Pharmacological: angiotensin converting enzyme inhibitor<br>Therapeutic: antihypertensive | Pharmacologic: Fluroquinolone<br>Therapeutic: antibiotic | Antidiabetic | Pharmacological: vasodilator<br>Therapeutic: antihypertensive |
| **Mechanism of Action** | Binds to intracellular glucocorticoid receptors an suppresses inflammatory immune | Reduce blood pressure by inhibiting conversion of angiotensin | Interferes with bacterial cell replication by inhibiting | Insulin lispro binds to the insulin receptor (IR), a heterotetra | Exerts a direct vasodilating effect on vascular smooth muscle |

| | | | | | |
|---|---|---|---|---|---|
| | responses (Jones & Bartlett Learning, 2022). | 1 and angiotensin 2 (Jones & Bartlett Learning, 2022). | bacterial enzyme gyrase (Jones & Bartlett Learning, 2022). | meric protein consisting of two extracellular alpha units and two transmembrane beta units. (Jones & Bartlett Learning, 2022). | (Jones & Bartlett Learning, 2022). |
| **Reason Client Taking** | Treat pneumonia | Lower blood pressure | Treat pneumonia | Hyperglycemia | Lower blood pressure |
| **Contraindications (2)** | Hypersensitivity to prednisone and systemic fungal infection | History angioedema and pts who are diabetic | Myasthenia gravis and hypersensitivity to levofloxacin | Hypoglycemia and those who are sensitive to insulin lispro. | Mitral valvular rheumatic heart disease and CAD |
| **Side Effects/Adverse Reactions (2)** | Hypertension and hyperglycemia (Jones & Bartlett Learning, 2022). | Cough and blurred vision (Jones & Bartlett Learning, 2022). | Constipation and anxiety (Jones & Bartlett Learning, 2022). | Anxiety and nausea (Jones & Bartlett Learning, 2022). | Hypertension and orthostatic hypotension (Jones & Bartlett Learning, 2022). |
| **Nursing Considerations (2)** | Monitor for hypertension and aware of prolonged prednisone may cause hypothalamic pituitary adrenal suppression (Jones & Bartlett Learning, 2022). | Use cautiously in patients who have cardiomyopathy and fluid volume deficit (Jones & Bartlett Learning, 2022). | Use drug cautiously in patients with renal insufficiency and CNS disorders (Jones & Bartlett Learning, 2022). | Name confusion may occur between lantus and lenta insulin and to rotate injection sites (Jones & Bartlett Learning, 2022). | Monitor for hypertension and monitor for orthostatic hypotension (Jones & Bartlett Learning, 2022). |

| | | | | | |
|---|---|---|---|---|---|
| **Key Nursing Assessment(s)/ Lab(s) Prior to Administration** | Check blood pressure continuously and glucose levels | Check blood pressure | Monitor blood glucose levels and Bowel elimination | Check blood glucose | Check blood pressure |
| **Client Teaching Needs (2)** | Know how to take blood pressure and check their blood sugar. | Know how to check blood pressure and change position slowly to avoid orthostatic hypotension. | Increase fluid intake and complete the drug as prescribed | Rotate injection sites and clean site before injecting | Take with food and change positions slowly |

**Medications Reference (1) (APA):**

Jones & Bartlett Learning, LLC. (2022*). 2022 Nurse's drug handbook* (20th ed.).

**Assessment**

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

| | |
|---|---|
| **GENERAL:**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | Patient is alert and oriented to person, place, time, and situation. Patient is in no acute distress and well-groomed. |
| **INTEGUMENTARY:**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds:** .<br>**Braden Score:** 19<br>**Drains present: Y☐ N ☒**<br>**Type:** | Skin is normal for ethnicity, warm, and dry. 22G right hand, 20G right wrist, and 18G left lower forearm. No rashes or bruises. |
| **HEENT:**<br>**Head/Neck:** | Head and neck are symmetrical, trachea is midline without deviation, thyroid is not |

| | |
|---|---|
| **Ears:**<br>**Eyes:**<br>**Nose:**<br>**Teeth:** | palpable, no noted nodules. Auricles are pink and moist with no lesions noted bilaterally. Bilateral pulses are palpable and 2+. PERRLA, EOMs intact. Sclera is white bilaterally, cornea clear bilaterally, conjunctiva pink bilaterally, lids are pink and moist without lesions. Septum is midline, turbinates are pink and moist bilaterally and no visible bleeding or polyps present. Frontal and maxillary sinuses are nontender to palpation bilaterally. Teeth are clear and present, oral mucosa is moist and pink with no lesions noted.<br>. |
| **CARDIOVASCULAR:**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:** < 3 seconds<br>**Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☐ N ☒**<br>**Location of Edema:** | Clear S1 and S2 without murmurs, gallops, or rubs. Normal sinus rhythm, peripheral pulses +2 bilaterally. |
| **RESPIRATORY:**<br>**Accessory muscle use: Y☐ N ☒**<br>**Breath Sounds: Location, character** | Respirations are normal in rate and rhythm. There is no accessory muscle use. Breath sounds are clear throughout. |
| **GASTROINTESTINAL:**<br>**Diet at home:** regular diet<br>**Current Diet:** regular diet<br>**Height:** 195.6 cm<br>**Weight:** 135.4 kg<br>**Auscultation Bowel sounds:** present<br>**Last BM:** 09/25/2023<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention: N/A**<br>**Incisions: N/A**<br>**Scars: N/A**<br>**Drains: N/A**<br>**Wounds:N/A**<br>**Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☒**<br>**Type:** | Abdomen is nondistended, soft, and nontender to palpation. Patient showed no nonverbal indications of pain. |

| | |
|---|---|
| **GENITOURINARY:**<br>**Color:**<br>**Character:**<br>**Quantity of urine:**<br>**Pain with urination: Y ☐ N ☒**<br>**Dialysis: Y ☐ N ☒**<br>**Inspection of genitals:**<br>**Catheter: Y ☐ N ☒**<br>**Type:**<br>**Size:** | Patient has no pain with urination. Patient states that his urine is clear/ yellow. |
| **MUSCULOSKELETAL:**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:** none<br>**Strength:**<br>**ADL Assistance: Y☐ N ☒**<br>**Fall Risk: Y ☐ N☒**<br>**Fall Score:** 5<br>**Activity/Mobility Status:**<br>**Independent (up ad lib)** ☐<br>**Needs assistance with equipment** ☐<br>**Needs support to stand and walk** ☐ | Patient has full range of motion. Hand grips and pedal pushes and pulls demonstrate normal and equal strength bilaterally |
| **NEUROLOGICAL:**<br>**MAEW: Y ☒ N☐**<br>**PERLA: Y ☒ N☐**<br>**Strength Equal: Y ☒ N ☐ if no -**<br>**Legs ☐ Arms ☐ Both ☐**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:**<br>**Sensory:**<br>**LOC:** | .<br>Patient is alert and able to answers questions. Speech is clear and appropriate for age and situation. No numbness or tingling. |
| **PSYCHOSOCIAL/CULTURAL:**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** | Patient was calm and talkative. He was eager to go home and see his dog. He had no family with him at the hospital but has spoke to his mother who was picking him up. 4 |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| 0400 | 92 | 145/78 | 16 | 36.8 | 92% nasal |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | canula (2L) |
| 0800 | 85 | 127/64 | 20 | 36.7 | 95% room air |

**Vital Sign Trends:**

The patients vitals were within normal limits at 0800 and were improving as the day went on.

**Pain Assessment, 2 sets (2 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| 0400 | Numeric pain scale 0-10 | N/A | 0 | N/A | N/A |
| 0800 | Numeric pain scale 0-10 | N/A | 0 | N/A | N/A |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV:** 22G, 20G, and 18G<br>**Location of IV:** right hand, right wrist, and left lower forearm<br>**Date on IV:** 09/23/2023, 09/24/2023, and 09/24/2023<br>**Patency of IV:** IV patent x3<br>**Signs of erythema, drainage, etc.:** none x3<br>**IV dressing assessment:** clean, dry, and intact x3 | Saline lock x3 |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| N/A | N/A |

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:** I completed my head-to-toe assessment and vitals at 0800 this morning. The nurse and I went to give him medications around 0900 and informed him that he will be going home later today. I removed all three of his IVs and gave him his clothes. Before leaving, I thanked him for allowing me to be his student nurse today.

**Procedures/testing done:** none

**Complaints/Issues:** none

**Vital signs (stable/unstable):** stable

**Tolerating diet, activity, etc.:** Patient is tolerating a normal diet well.

**Physician notifications:** none

**Future plans for client:** Patient is being discharged today.

**Discharge Planning (2 points)**

**Discharge location:** home

**Home health needs (if applicable):** N/A

**Equipment needs (if applicable):** N/A

**Follow up plan:** arrange a follow up visit to monitor symptoms and adjust treatment plan if necessary.

**Education needs:** medication compliance and watch for signs and symptoms of infections.

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

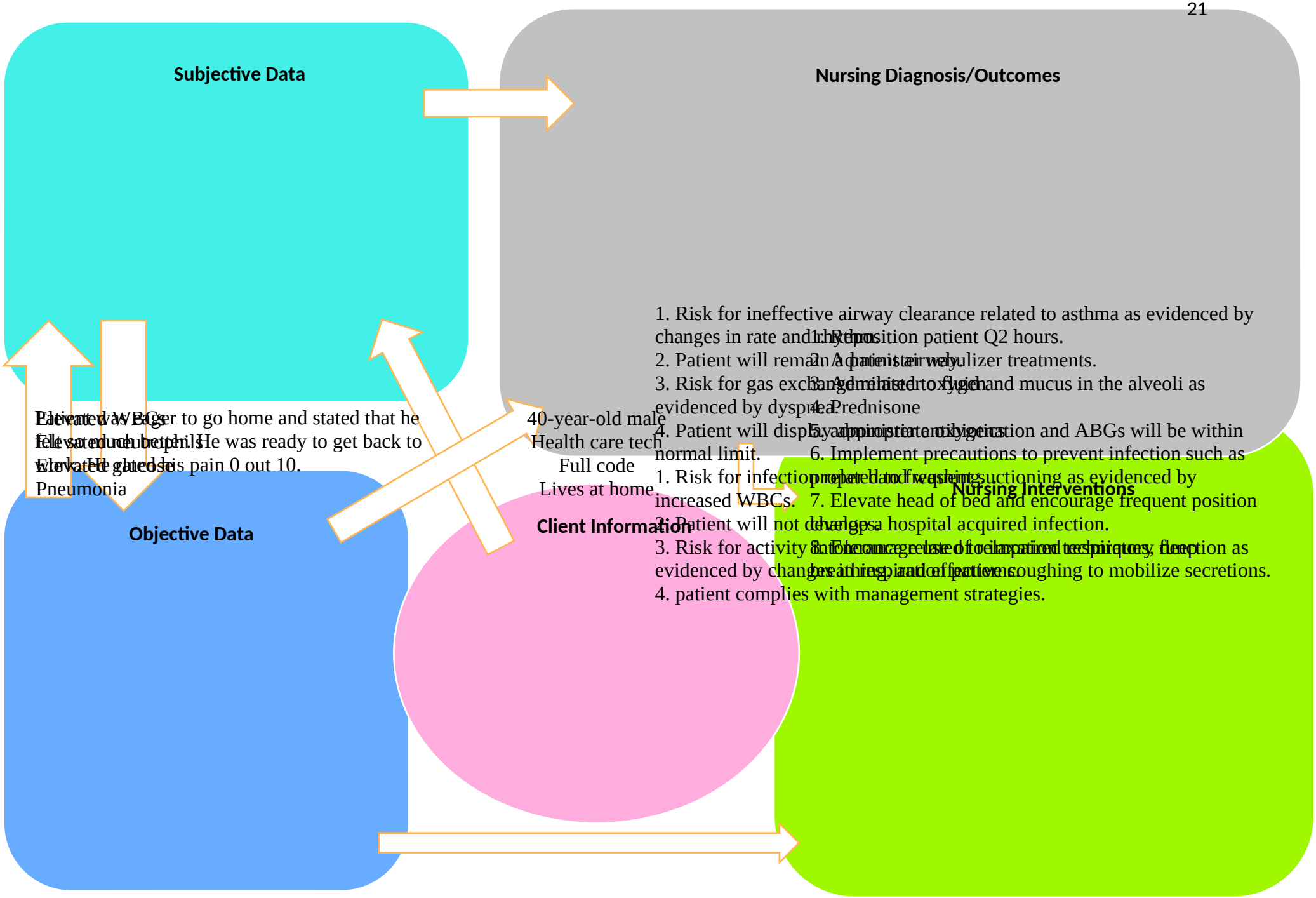
| **Nursing Diagnosis**<br>• Include full nursing diagnosis with | **Rationale**<br>• Explain why the nursing diagnosis | **Interventions (2 per dx)** | **Outcome Goal (1 per dx)** | **Evaluation**<br>• How did the client/family respond to the nurse's actions? |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| "related to" and "as evidenced by" components<br>• Listed in order by priority – highest priority to lowest priority pertinent to this client | was chosen | | | • Client response, status of goals and outcomes, modifications to plan. |
| 1. Risk for ineffective airway clearance related to asthma as evidenced by changes in rate and rhythm. | Pneumonia may increase sputum production causing difficulty breathing. | 1.Reposition patient Q2 hours.<br><br>2.Adminster nebulizer treatments. | 1. Patient will remain a patent airway. | Patient uses a nebulizer and reports better breathing patterns and decreased mucus. |
| 2. Risk for gas exchange related to fluid and mucus in the alveoli as evidenced by dyspnea. | Pneumonia causes increased pus and mucus in the alveoli which will interfere with gas exchange reoxygenation. Pts ABGs were abnormal. | 1. Administer oxygen<br><br>2.Prednisone | 1. Patient will display appropriate oxygenation and ABGs will be within normal limit. | Patient states he feels better after taking prednisone and reports less dyspnea. |
| 3. Risk for infection related to frequent suctioning as evidenced by increased WBCs. | Patients WBCs were elevated, and suctioning is an invasive procedure which puts the pt more at risk. | 1.Adminster antibiotics<br><br>2Implement precautions to prevent infection such as proper hand washing. | 1. Patient will not develop a hospital acquired infection. | Patient did not develop any signs or symptoms of an infection. |
| 4. Risk for | Patient had | 1.Elevate head of | 1. patient | Patient sat with his |

| | | | | |
|---|---|---|---|---|
| activity intolerance related to impaired respiratory function as evidenced by changes in respiration patterns. | abnormal respirations on admission. | bed and encourage frequent position changes.<br><br>2. Encourage use of relaxation techniques, deep breathing, and effective coughing to mobilize secretions. | complies with management strategies. | head of the bed elevated majority of the time. |

**Other References (APA):**

**Concept Map (20 Points):**


Subjective Data
Nursing Diagnosis/Outcomes
1. Risk for ineffective airway clearance related to asthma as evidenced by changes in rate and rhythm.
2. Patient will remain airway patent.
3. Risk for gas exchange related to fluid and mucus in the alveoli as evidenced by dyspnea.
4. Patient will display adequate oxygenation and ABGs will be within normal limit.
1. Risk for infection related to respiratory secretions as evidenced by increased WBCs.
2. Patient will not develop a hospital acquired infection.
3. Risk for activity intolerance related to impaired respiratory function as evidenced by changes in respiration and patient coughing to mobilize secretions.
4. patient complies with management strategies.
1. Reposition patient Q2 hours.
2. Administer nebulizer treatments.
3. Administer oxygen.
4. Prednisone
5. Monitor oxygenation and ABGs
6. Implement precautions to prevent infection such as proper hand washing.
7. Elevate head of bed and encourage frequent position changes.
8. Encourage use of incentive spirometer, deep breathing and effective coughing to mobilize secretions.
Patient was eager to go home and stated that he felt ready to be discharged. He was ready to get back to work. He rated his pain 0 out 10.
40-year-old male
Health care tech
Full code
Lives at home.
Client Information
Nursing Interventions
Objective Data
Elevated WBCs
Elevated lung sounds
Elevated glucose
Pneumonia