

N311 Care Plan 2

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N311: Foundations of Professional Practice

Professor Hartke

10/4/2023

Demographics (5 points)

Date of Admission 9/7/2023	Client Initials D. J. T.	Age 61	Gender Female
Race/Ethnicity White	Occupation Was a carney worker for many years	Marital Status Single	Allergies Adhesive tape
Code Status Full Code	Height 54.0 inches	Weight 91.6 lbs.	

Medical History (5 Points)

Past Medical History: Broken neck (1965), essential primary hypertension, chronic respiratory failure unspecified whether with hypoxia or hypercapnia, mild protein-calorie malnutrition, other asthma, hyperlipidemia unspecified, anemia unspecified, other specified arthritis unspecified site, atherosclerotic heart disease of native coronary artery without angina pectoris, generalized anxiety disorder, old myocardial infarction

Past Surgical History: C-section (1981), hysterectomy (2004), Colostomy bag (2005; taken out later that year)

Family History: mom-healthy, dad-diabetes type 2 and heart problems, fraternal grandmother- had heart problems and died of a heart attack, fraternal grandfather- healthy, maternal grandparents- healthy, sister-diabetes, brother- healthy

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): smokes cigarettes, has smoked about a pack a day since patient was 18 years old, has not smoked for the last three weeks

Admission Assessment

Chief Complaint (2 points): Shortness of Breath

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

The patient states she has been short of breath “as long as I can remember.” The patient says that the SOB is not constant, and it will come and go. The patient says, “it feels like I was running for a long time, and I just finished the race, and I cannot catch my breath.” Any activity makes it worse. The patient says that focusing on her breathing and taking deep breaths helps her catch her breath. She also says, “leaning forward and placing my elbows on my knees helps me catch my breath.” The patient also states that she has seen a lot of providers about her shortness of breath in the past.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): COPD with acute exacerbation

Secondary Diagnosis (if applicable): essential primary hypertension, chronic respiratory failure unspecified whether with hypoxia or hypercapnia, mild protein-calorie malnutrition, other asthma, hyperlipidemia unspecified, anemia unspecified, other specified arthritis unspecified site, atherosclerotic heart disease of native coronary artery without angina pectoris, generalized anxiety disorder, old myocardial infarction

Pathophysiology

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

COPD, chronic obstructive pulmonary disease, is a disease that is very harmful to a person’s body. It “is the third leading cause of death and 12th leading cause of morbidity in the United States” (Swaringen & Wright, 2019, p. 119). The most common cause of chronic obstructive pulmonary disease is inhalation of harmful substances such as smoking, pollutants, or even secondhand smoke (Mayo Clinic, 2020). Although those are the main reasons a person would have COPD, “about 1% of people with COPD, the disease results from a genetic disorder that

causes low levels of a protein called alpha-1-antitrypsin” (Mayo Clinic, 2020). COPD will affect how well a person can inhale oxygen and exhale carbon dioxide. There are a couple of damages that this disease will cause to the human body’s respiratory function, such as chronic bronchitis and emphysema (Swaringen & Wright, 2019, p.119).

Chronic bronchitis is an inflammation of the person’s airway. It will make “bronchial tubes become inflamed and narrowed and your lungs produce more mucus, which can further block the narrowed tubes” (Mayo Clinic, 2020). More mucus inside the airway gives oxygen little room to enter the lungs. This will decrease the amount of oxygen a person will be receiving. Also, the buildup of mucus within the airway will cause the person to have a chronic cough because they will be trying to force the mucus out to make it easier to breathe (Mayo Clinic, 2020). The other destruction to the respiratory system within COPD is emphysema. “This lung disease causes destruction of the fragile walls and elastic fibers of the alveoli. Small airways collapse when you exhale” (Mayo Clinic, 2020). As the airways start to collapse when you exhale, this will limit the air the person can breathe out of their body. Emphysema also leaves trapped air inside the alveoli (Mayo Clinic, 2020).

COPD comes with many different signs and symptoms that are very noticeable. A few of the most common ones are shortness of breath, coughing (with or without sputum), chest pain, and wheezing (Swaringen & Wright, 2019, p.119). A person needs to seek medical help immediately if they are experiencing any symptoms. Although there is no cure for chronic obstructive pulmonary disease, there are treatments a person can do to help worsen the symptoms and slow the growth of the disease.

Many different diagnostic tests can be done to help diagnose a patient with COPD. One of the main tests that are done is spirometry. This is easy to complete; a nurse can perform this

intervention without a provider's permission. A person will exhale as forcefully and as much air as possible into the spirometer. The results will show if the person has COPD (Mayo Clinic, 2020). A person can also receive a chest x-ray or CT scan. These will portray the person's respiratory system and allow the provider to see if the patient has COPD (Mayo Clinic, 2020). If the measures become severe, the person could receive surgery, such as a lung transplant (Mayo Clinic, 2020).

Pathophysiology References (2) (APA):

Swaringen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier

Mayo Clinic. (2020 April, 15). *COPD*.

<https://www.mayoclinic.org/diseasesconditions/copd/symptoms-causes/syc-20353679>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0845	77	118/68	18	97.9 deg. F	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0926	0/10	chest	mild, when active	“Feels like I just finished a race” when doing any activity	Help the patient control her breathing by taking deep breaths

Intake and Output (2 points)

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

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as evidenced by” components Listed in order by priority – highest priority to lowest priority pertinent to this client 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 			<ul style="list-style-type: none"> How did the client/family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.
<ol style="list-style-type: none"> Dyspnea r/t ineffective inspiration and expiration levels as evidenced by the patient stating, “it is hard for me to catch my breath and breathe.” 	The patient cannot breathe as good as they used to. They also carry an oxygen tank around with them to help them breathe easier.	<ol style="list-style-type: none"> Assess the respiratory status and check the oxygen saturation q 2 hours. Auscultate the patient’s breathing sounds and lungs q 2 hours. 	<ol style="list-style-type: none"> A good goal is for the patient to be able to do little activity without having any shortness of breath. 	The nurse would want to see the patient walking to and from the bathroom on their own without having any struggle with breathing.
<ol style="list-style-type: none"> Weight loss r/t decreased intake of nutrition as evidenced by 	The patient is not receiving the correct amount of nutrition	<ol style="list-style-type: none"> Assess the patient’s food and fluid intake. Ask the client 	<ol style="list-style-type: none"> A good goal is to have the patient gain 2 pounds every week to get her 	The nurse would want to see the patient eating their full meals every day

the patient stating she never has an appetite and being below the normal BMI range.	because the patient never has an appetite which places the patient on the low BMI scale.	what their favorite foods and beverages are to help their appetite. 3. Educate the patient on the importance of good nutrition.	BMI in the normal range.	and gaining 2 pounds after one week.
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Other References (APA):

Swaringen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

Concept Map (23 Points):

1. Patient states that she is in no pain at the moment.
2. Patient says when she does any activity that she gets short of breath.
3. Patient takes slow and deep breaths to help cope with the shortness of breath.

Nursing Diagnosis 1: Dyspnea r/t ineffective inspiration and expiration levels as evidenced by the patient stating, "it is hard for me to catch my breath and breathe."
Outcome for Nursing Diagnosis 1: A good goal is for the patient to be able to do any activity without having any shortness of breath

Nursing Diagnosis 2: Weight loss r/t decreased intake of nutrition as evidenced by the patient stating that she never has an appetite and the patient being below the normal BMI range

Outcome for Nursing Diagnosis 2: A good goal is to have the patient gain 2 pounds every week to get her BMI up

1. Patient has a cannula
2. Patient has an oxygen tank on the back of her wheelchair
3. Patient uses a wheelchair when moving places
4. Patient has no problems using the restroom by their self
5. Patient's skin color looks good
6. Patient's voice is hoarse
7. Patient's hands are shaky
8. Patient wears glasses
9. Patient is visibly underweight

A 61 year old female patient was admitted to the facility with COPD and has a history of smoking, along with essential primary hypertension, chronic respiratory failure unspecified whether with hypoxia or hypercapnia, mild protein-calorie malnutrition, other asthma, hyperlipidemia unspecified, anemia unspecified, other arthritis unspecified site, atherosclerotic heart disease of native coronary artery without angina pectoris, generalized anxiety disorder, and old myocardial infarction.

Nursing interventions for the dyspnea: Assess the respiratory status and check the oxygen saturation q 2 hours; Auscultate the patient's breathing sounds and lungs q 2 hours.

Nursing interventions for the patient's malnutrition and weight loss: Assess the patient's food and fluid intake; Ask the client what their favorite foods and beverages are to help with their appetite; Educate the patient on the importance of good nutrition.

My Microsoft word does not allow me to insert any arrows or extra shapes. So here are where I would have the arrows pointing to:

- subjective data to nursing diagnosis/outcomes
- Nursing diagnosis/outcomes to nursing interventions
- Client information to subjective data
- Objective data to nursing diagnosis/outcomes
- Subjective data to objective data
- Objective data to subjective data

