N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 9/7/23	**Client Initials** DJT	**Age** 61	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Was a carney worker for many years	**Marital Status** Single	**Allergies** Adhesive Tape
Code Status Full Code	**Height** 54.0 in	**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 (2023)

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

Family History: mom-healthy, dad-diabetes type ll with age along with 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): Chronic Obstructive Pulmonary Disorder

Secondary Diagnosis (if applicable): essential primary hypertension, ehronic 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 (2023)

Pathophysiology

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

Chronic Obstructive Pulmonary Disorder, COPD for short, is in the top three causes of death in the United States. As Capriotti states in the textbook *Davis Advantage for*

Pathophysiology, “COPD is characterized by poorly reversible airflow limitation caused by a combination of chronic bronchitis, emphysema, and hyperreactive airway disease” (Capriotti, 2016, p. 504). Like it states, COPD is characterized by three different disorders, but can be caused by multiple things. The leading one being smoking. You don’t directly have to be smoking, but also the second hand smoke you are receiving from occupational and environmental exposures can be a factor (Capriotti, 2016).

Not all COPD causes are from smoking or the three disorders I mentioned earlier, it is also as Capriotti shares, “COPD is caused by a combination of genetic susceptibility and environmental factors. One such genetic predisposition to COPD is caused by alpha 1 anti-trypsin deficiency” (Capriotti, 2016, p. 504). Emphysema causes a structural change where it causes the alveolar air sacs to be destructed which leads to the obstructed physiology of chronic obstructive pulmonary disorder (Agarwal et al., 2023).

Chronic obstructive pulmonary disorder has many signs and symptoms but a few of the most common that you would start to appear first include dyspnea which is shortness of breath, a chronic cough, and wheezing. (Curran, 2023). Dyspnea and a chronic cough are both seemly related to smoking, but not always. According to the National Heart, Lung, and Blood Institute, “symptoms of COPD often develop slowly but worsen over time, and they can limit your ability to do routine activities” (National Heart, Lung, and Blood Institute [NHLBI], 2022).

As like any other disorder, there are many ways to get tested to determine or identify a disease. Spirometry is the main diagnostic test that is done for COPD (National Heart, Lung, and Blood Institute [NHLBI], 2022). This diagnostic testing is to measure the amount of air you are breathing out, a type of lung function. (“COPD”, n.d.). A few other tests that can be done are chest x-rays and CT scans.

Pathophysiology References (2) (APA):

Agarwal, A. K., Raja, A., & Brown, B. D. (2023, August 7). *Chronic obstructive pulmonary disease (COPD)*. National Library of Medicine; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK559281/

Capriotti, T., & Joan Parker Frizzell. (2016). *Pathophysiology : introductory concepts and clinical perspectives*. F.A. Davis Company.

COPD - Diagnosis and treatment - Mayo Clinic. (2023). Www.mayoclinic.org. https://www.mayoclinic.org/diseases-conditions/copd/diagnosis-treatment/drc-20353685#:~:text=During%20the%20most%20common%20test

National Heart, Lung, and Blood Institute. (2022). *COPD - What Is COPD? | NHLBI, NIH*. Www.nhlbi.nih.gov. https://www.nhlbi.nih.gov/health/copd

National Heart, Lung and Blood Institute. (2022, March 24). *COPD - Diagnosis | NHLBI, NIH*. Www.nhlbi.nih.gov. https://www.nhlbi.nih.gov/health/copd/diagnosis

PHELPS, L. (2022). *Nursing Diagnosis Reference Manual*. WOLTERS KLUWER MEDICAL.

PHN, A. C. R., BSN. (2021, December 24). *COPD Nursing Diagnosis and Care Plan*. NurseStudy.net. https://nursestudy.net/copd-nursing-diagnosis-2/?expand_article=1

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
08:45	77	118/68	18	97.9	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09:26	0	Chest	Mild, worse with activity	"It feels like I was running for a long time, and I just finished the race, and I cannot catch my breath."	Monitor patients breathing and work on breathing exercises

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Not measured at facility	Not measured at facility

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order	Rationale • Explain why the nursing diagnosis was chosen	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes,

by priority – highest priority to lowest priority pertinent to this client				modifications to plan.
1. Impaired gas exchange related to altered oxygen supply evidence by dyspnea on excretion.	This diagnosis was chosen because the patient has SOB which causes the patient to have trouble breathing.	**1.**Monitor her breathing pattern **2.**Teach and encourage effective breathing techniques	**1.** Be able to ambulate patient to the end of the hall without getting tired	The patient agreed to give the interventions a try. She is wanting to get better so if this is a step towards that, she is open to it
2. Activity intolerance related to shortness of breath evidence by dyspnea	This diagnosis was chosen because SOB does not allow her to do many activities.	**1**. Get patient involved with physical therapy working on basic exercises 2.Go to one activity during the day	**1**. Be able to participate and do at least 2 activities during the day	The patient agreed and liked the ideas because she has been wanting to participate in activities but always was too short of breath to.

Other References (APA):

PHELPS, L. (2022). *Nursing Diagnosis Reference Manual*. WOLTERS KLUWER MEDICAL.

Concept Map (23 Points):

Subjective Data

- Shortness of breath
- Activity makes it worse
- 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.”
- Pain level is 0/10

Nursing Diagnosis/Outcomes

- Impaired gas exchange related altered oxygen supply evidence by dyspnea on excretion.
  - With the outcome of being able to ambulate the patient down the hall without getting extremely tired by monitoring her breathing and by working on breathing exercises.
- Activity intolerance related to shortness of breath evidence by dyspnea
  - With the outcome of being able to participate in at least 2 activities during the day by getting the patient involved with physical therapy to complete basic exercises.

Objective Data

- Patient looks tired and out of breathe
- Vital signs: Pulse 77 bpm, BP 118/68, Respiratory rate 18, Temp 97.9, O2 Sat 97%
- Skin looks good, but does have some wrinkles
- Hands were shaky
- Has wheelchair
- Patients voice is hoarse
- On oxygen

Client Information

61 year old female Caucasian patient who has shortness of breath and was diagnosed with COPD. She also has secondary diagnoses as followed: 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 (2023)

Nursing Interventions

- Be able to ambulate patient to the end of the hall without getting tired
- Be able to participate and do at least 2 activities during the day