N321 Care Plan 1

Lakeview College of Nursing

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Professor Henry

10/7/2023

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
9/30/23	JA	79	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Widowed	Quinidine Quinine
Code Status	**Height**	**Weight**	
Full	5’1 (154.9 cm)	146 lbs. (66.2 kg)	

Medical History (5 Points)

Past Medical History: Atrial fibrillation (HCC), arthritis, cerebral vascular accident (2018), polyp of colon (2012), sciatica, spondylarthritis, transient ischemic attack (2001).

Past Surgical History: Cardioversion (2004), colonoscopy, lumbar fusion L4-L5, mitral valve repair or replacement with CABG (1987), ORIF humerus proximal left (2020), partial hip arthroplasty left (2020).

Family History: Mother; hip problems and stroke, Father; shingles “that altered his mind”, Sister; hypertension

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): None/Never; tobacco, alcohol, or drug usage.

Assistive Devices: Walker and sometimes a wheelchair

Living Situation: Assisted Living Nursing Home

Education Level: Some Jr. college

Admission Assessment

Chief Complaint (2 points): Worsening weakness and elevated lactic acid

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

The patient is a 79-year-old woman who states worsening weakness and shortness of breath for the past two days. She describes the weakness as being all over her body and a constant no matter how much rest she gets. She reports not having any pain on a numeric scale. She reports the shortness of breath is affecting her speech (she cannot get her words out without struggling to breathe). She struggles with fatigue and shortness of breath the most when mobile. Lying down flat, she states, makes her feel the most relief. She has not taken any medication to relieve her symptoms. She sought out emergent care when her symptoms began to worsen.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): N/A

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

Lactic acid is an organic compound produced by muscle cells and red blood cells. It is formed when the body breaks down carbohydrates to use for energy when oxygen levels are low (Medline Plus, 2023). Elevated levels can occur when the lactic acid production is more significant than its clearance. The increase is typically a result of impaired tissue oxygenation. In this case, the increase can be due to infection or heart failure. High levels of lactic acid can turn into a life-threatening condition: lactic acidosis. Lactic acidosis is the most common cause of metabolic acidosis in hospitalized patients (National Library of Medicine, 2023).

Common signs and symptoms of elevated lactic acid levels are nausea, vomiting, muscle weakness, shortness of breath, abdominal pain, and sweating (Medline Plus, 2023). Lactic acid buildup can decrease a patient's SpO2 level during a vital assessment. Diagnostic testing cannot determine lactic acidosis. The primary form of detection is with a lactic acid test with a blood sample. When the sample is being drawn, the patient should not be clenching their fist because it can temporarily raise lactic acid levels (Medline Plus, 2023). The cause of increased lactic acid depends on which type you have: type A and type B (Medline Plus, 2023). Type A is the most common type and is caused by sepsis, shock, heart failure, lung disease, and anemia (Medline Plus, 2023). Type B is caused by liver disease, leukemia, kidney disease, and strenuous exercise (Medline Plus, 2023).

In order to treat increased lactic acid, you have to correct the medical condition causing it (National Library of Medicine, 2023). The patient's history of recurrent heart failure is the suspected causative agent. Treating her heart condition with a possible new medication or increasing the dosages of her beta-blocker medication can help. The patient is already on a cardiac diet, manages stress moderately well, and does not smoke. The patient received diagnostic imaging that ruled out the possibility of pneumonia and had a continuous EKG monitoring her heart.

Pathophysiology References (2) (APA):

Medline Plus. (2023). *Lactic acidosis*. National Library of Medicine. https://medlineplus.gov/ency/article/000391.htm

Foucher, C. & Tubben, R. (2023). *Lactic acidosis.* National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK470202/

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	**3.8-5.3 10(6)mcL**	4.31	3.87	
Hgb	**12.0-15.8 g/dL**	13.4	12.4	
Hct	**36.0-47.0%**	41.3	36.5	
Platelets	**140-440 10(3)/mcL**	134	122	The patient was primarily diagnosed with pneumonia. An infection in the

				human body may lower the platelet count (Martin, 2023)
WBC	**4-12 10(3)/mcL**	10.00	9.60	
Neutrophils	**47-73%**	76.6%	75.7	Neutrophils are the body's first line of defense against infection. The patient's labs may be elevated due to suspected infection/ pneumonia (Martin, 2023).
Lymphocytes	**18-42%**	11.8	13.5	Lymphocytes assist in fighting infection. The patient's labs may be elevated due to suspected infection/ pneumonia (Martin, 2023).
Monocytes	**4-12%**	10.3	9.8	
Eosinophils	**0.0-1.0%**	0.9	0.5	
Bands	**0.0-10.0%**	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-	**136-145 mmol/L**	136	133	Decreased sodium levels may be a result from the pleural effusion detected on the patient's CT chest X-ray (Martin, 2023).
K+	**3.5-5.1 mmol/L**	3.5	3.7	
Cl-	**98-107 mmol/L**	101	105	
CO2	**22-30 mmol/L**	20	22	The patient has elevated lactic acid levels which lower the CO2 (Martin, 2023).
Glucose	**70-99 mg/dL**	92	104	The patient's body may be having an acute stress response (Martin, 2023).
BUN	**10-20 mg/dL**	13	13	
Creatinine	**0.6-1 mg/dL**	0.68	0.74	
Albumin	**3.5-5 g/dL**	3.9	N/A	

Calcium	**8.7-10.5 mg/dL**	8.8	8.8	
Mag	**1.6-2.6 mg/dL**	2.0	N/A	
Phosphate	**2.8-4.5 mg/dL**	N/A	N/A	
Bilirubin	**0.2-1.2 mg/dL**	1.5	N/A	This can be a result of the patient's liver metabolizing the medication; Eliquis (NDH, 2023).
Alk Phos	**40-150 u/L**	63	N/A	
AST	**8-33 u/L**	N/A	N/A	
ALT	**4-36 u/L**	N/A	N/A	
Amylase	**29-103 u/L**	N/A	N/A	
Lipase	**8-78 u/L**	N/A	N/A	
Lactic Acid	**0.7-2.0 mmol/L**	2.1	N/A	The patient had severe shortness of breath. Elevated levels of lactic acid occur when the tissues are deprived of oxygen (Martin, 2023).

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	**08-1.1**	2.3	N/A	This is a therapeutic range for the patient due to her atrial fibrillation (Mayo Clinic, 2022)
PT	**10.1-13.1 seconds**	27.0	N/A	This is a therapeutic range for the patient due to her atrial fibrillation (Mayo Clinic, 2022)
PTT	**25-36 seconds**	36	N/A	
D-Dimer	**0.0-0.5**	N/A	N/A	
BNP	**>100pg/ml**	2,299	N/A	The patient's heart history can be a factor in elevated levels (Martin,

				2022).
HDL	**>40mg/dL**	N/A	N/A	
LDL	**<130 mg/dL**	N/A	N/A	
Cholesterol	**<200 mg d/L**	N/A	N/A	
Triglycerides	**<150 mg d/L**	N/A	N/A	
Hgb A1c	**12.0-15.8%**	13.4	12.4	
TSH	**0.300-5.000 ml U/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**	Yellow/clear	Dark yellow/ clear	
pH	**5.0-9.0**	6.5	N/A	
Specific Gravity	**1.003-1.030**	1.016	N/A	
Glucose	**Negative**	Negative	N/A	
Protein	**Negative**	1+	N/A	Dehydration or stress can be a causative factor (Martin, 2023).
Ketones	**Negative**	Negative	N/A	
WBC	**Negative**	2+	N/A	This may be a sign of infection and possible undiagnosed urinary tract infection (Martin, 2023).
RBC	**Negative/hpf**	Negative	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 Admissio**	**Today's Value**	**Explanation of Findings**

		n		
Urine Culture	**5.0-9.0**	6.5	5.5	
Blood Culture	**Negative ery/ul**	Negative	Negative	
Sputum Culture	**>25 leukocytes <10 epithelial cells**	N/A	N/A	
Stool Culture	**Negative**	N/A	N/A	

Lab Correlations Reference (1) (APA):

Martin, P. (2023). *Normal laboratory values for nurses: A guide for nurses.* Nurses Labs. https://nurseslabs.com/normal-lab-values-nclex-nursing/

Mayo Clinic Staff. (2022). *Prothrombin time test*. Mayo Clinic. https://www.mayoclinic.org/tests-procedures/prothrombin-time/about/pac-20384661#:~:text=In%20healthy%20people%20an%20INR,in%20the%20leg%20or%20lung.

Nurse's drug handbook. (2023). Burlington, MA: Jones & Bartlett Learning.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

1. **CT Head or Brain w/o Contrast**
    - Mild cerebral atrophy
    - Old lacunar infract in the right basal ganglion and right periventricular region. No significant change.
    - No hemorrhage or mass effect
2. **XR Chest Single View**

- Cardiomegaly noted
- No consolidation or pneumothorax seen

3. **CT Chest w/o Contrast**
   - Mild-to-moderate pleural effusion noted. Mild left pleura effusion noted.
   - No consolidation or pneumothorax seen
   - Cardiomegaly noted
   - 80% compression of the body of T8 noted. It has increases compared to previous study. There is retrolisthesis. It is encroaching on thecal sac.

Diagnostic Test Correlation (5 points): Upon admission, the patient had elevated lactic acid levels and shortness of breath. She was diagnosed with pneumonia. The diagnostic test provides imaging that can rule out or confirm the initial diagnosis.

Diagnostic Test Reference (1) (APA):

Hinkle, J., Cheever, K., & Overbaugh, K. (2021). *Textbook of medical-surgical nursing.* (15^{th} ed). Wolters Kluwer

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

Home Medications (5 required)

Brand/ Generic	**Apixaban (Eliquis)**	**Paroxetine (Paxil)**	**Colestipol (Colestid)**	**Simvastatin (Zocor)**	**Metoprolol Succinate (Toprol-XL)**
Dose	2.5 mg	10 mg	1 GM	10 mg	25 mg
Frequency	Daily	Daily	Daily	Daily	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Anticoagulant (Factor Xa	Antidepressant, antipanic	Antihyperlipidemic (Bile acid	Antilipemic (HMG-	Antianginal Antihypertensive

	inhibitor)		sequestrant)	CoA reductase inhibitor)	(Beta1-adrenergic blocker)
Mechanism of Action	Inhibits free and clot-bound factor Xa and prothrombinase activity.	Exerts antianxiety, and antidepressant effects by potentiating serotonic activity in CNS and inhibiting serotonin reuptake.	Combines with bile acids in the intestine, preventing their absorption and forming an insoluble complex that's excreted in feces.	Reduces formation of mevalonic acid by interrupting the pathway for cholesterol synthesis.	Inhibits stimulation of beta 1-receptor sites, decreasing cardiac excitability, output and oxygen demand.
Reason Client Taking	To reduce a systemic embolism in patients with A-fib.	To lower blood pressure but can also treat sleep disturbance or depression	To reduce elevated serum total and LDL (risk of coronary artery disease)	To reduce the risk of cardiovascular events and coronary heart disease mortality	To manage hypertension, alone or with other antihypertensives. It can also provide early treatment of an evolving MI.
Contraindications (2)	Active bleeding Prohibiting systemic tissue plasminogen activator (tPA)	Pruritus Use within 14 days of an MAO inhibitor	Complete biliary obstruction Avoided in patients with elevated triglyceride levels	Active hepatic disease and those who are pregnant	Cardiogenic shock Sinus bradycardia
Side Effects/Adverse Reactions (2)	Hemorrhagic stroke Elevated bilirubin and liver enzymes	Agitation Confusion	Headache Heartburn	Atrial fibrillation Fatigue	Arrhythmias Heart failure
Nursing Considerations (2)	Be aware that if apixaban is	Do no give with enteric-coated form	Make sure the patient has adequate fluid	Use cautiously in elderly+	Use cautiously in patients with

	discontinued prematurely and adequate alternative anticoagulation is not present, the risk of thrombosis increases Discontinue 48 hours before an invasive procedure or surgery if the patient has moderate risk of hemorrhage	of antacids Watch for akathisia and psychomotor agitation	intake to prevent constipation Monitor patient's serum cholesterol level as appropriate	patients and those with hepatic or renal impairment Monitor serum lipoprotein level as ordered to monitor response to therapy	angina or hypertension who have congestive heart failure because the medication can depress myocardial contractility Before starting therapy for heart failure, expect to give an ACE inhibitor, digoxin, and a diuretic to stabilize patient.

Hospital Medications (5 required)

Brand/ Generic	**Ondansetron (Zofran)**	**Budesonide (entocort ec)**	**Doxycycline hyclate (Vibra-tabs)**	**Ceftriaxone (Rocephin)**	**Levothyroxine (Synthroid)**
Dose	4 mg	6 mg	100 mg	2 g	75 mcg
Frequency	PRN	Daily	2x daily	Daily	Daily (before breakfast)
Route	Intravenous	Oral	Oral	Intravenous	Oral
Classification	Antiemetic (Selective serotonin receptor antagonist)	Antiasthmatic (Corticosteroid)	Antibiotic (Tetracycline)	Antibiotic (Third-generation cephalosporin)	Thyroid hormone replacement (Synthetic thyroxine)
Mechanism of	Blocks	Inhibits	Exerts a	Interferes with	Replaces

Action	serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine.	inflammatory cells and mediators resulting in nasal or airway inflammation decrease	bacteriostatic effect against a wide variety of gram-positive and gram-negative organisms	bacterial cell wall synthesis by inhibiting cross-linking of peptidoglycan strands	endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis.
Reason Client Taking	To prevent nausea and vomiting	To manage symptoms of seasonal or perennial allergic rhinitis	To treat community-acquired pneumonia	To treat community-acquired pneumonia	To treat primary, secondary, or tertiary hypothyroidism
Contraindications (2)	Concomitant use of apomorphine If you have phenylketonuria	Recent septal ulcers Nasal surgery or trauma	Oesophagitis Autoimmune disease	Hyperbilirubinemic Intravenous administration containing lidocaine	Uncorrected adrenal insufficiency Decreased bone density
Side Effects/Adverse Reactions (2)	Cardiopulmonary arrest Myocardial ischemia	Anaphylaxis Hypertension	Pericarditis Phlebitis	Chills Seizures	Cardiac arrest Heart failure
Nursing Considerations (2)	Reassure patients with transient blindness that it will resolve within a few minutes to 48 hours Monitor the patient’s ECG as ordered especially in patients with congestive	Determine if the patient has a milk allergy because the flexhaler contains small amounts of lactose Monitor patients with conditions such as	Monitor liver function test results as appropriate to detect hepatotoxicity Expect doxycycline to increase risk of oral,	Assess for signs of superinfection such as cough or sputum changes, diarrhea, fever, pain, etc. Assess for arthralgia, bleeding, ecchymosis, and pharyngitis	Use the medication cautiously in elderly patients with underlying cardiovascular disease. It should be started at a lower dose for them. Monitor PT of a patient

	heart failure because the medication can prolong QT interval resulting in life-threating arrhythmias	hypertension because therapy can increase adverse effects	rectal, or vaginal candidiasis (especially in elderly patients)		who is taking anticoagulants as a dosage adjustment may be required

Medications Reference (1) (APA):

Nurse's drug handbook. (2023). Burlington, MA: Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and orientated x4 Overall appearance well groomed No distress noted
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin is pale, dry, and warm upon palpation Turgor is slow to return to original state No rashes or lesions noted. Bruises on right side; chin, breast, arm and leg (due to a fall). Braden score 15. No drains present.

HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, EOMs intact bilaterally. Bilateral auricles no visible or palpable deformities, lumps, or lesions. Bilateral canals clear. (Unable to assess tympanic membranes. Septum is midline, turbinates are moist and pink bilaterally and no visible bleeding or polyps. Bilateral frontal sinuses are non-tender to palpation. Posterior pharynx and tonsils are moist and pink without exudate noted. Uvula is midline; soft palate rises and falls symmetrically. Hard palate intact. Oral mucosa overall is moist and pink without lesions noted. .
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:**	S1 and S2 without gallops or rubs. Grade 1 murmur noted. PMI palpable at 5th intercostal space at MCL. Irregular rate and rhythm. Peripheral pulses 2+ bilaterally throughout. Capillary refill less than 3 seconds bilaterally hands and feet. No neck vein distention or edema noted.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.Normal rate and pattern of respirations, respirations symmetrical and non-labored. Diminished lung sounds throughout anterior/posterior bilaterally. No wheezes, crackles, or rhonchi noted.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:**	Diet at the nursing home and the hospital consists of a cardiac diet; low-fat protein sources, vegetables, whole grains, and limited sodium. Diet tolerated well. Current height is 5'1, and current weight is 146 lbs. Bowel sounds are normoactive in all four quadrants. Last bowel movement was 10/1/23. Abdomen is soft, nontender, no organomegaly or masses noted upon palpation of all four quadrants. No

Distention: **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	distention, scars, drains, incisions, or wounds noted. No ostomy, nasogastric, or feeding tubes present.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Urine is dark yellow and clear. Urine output at 1100 was 100cc. No pain with urination noted. Patient is not on dialysis and does not require a catheter.
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** ☐	Patient is A&Ox4. All extremities have full ROM. Hand grips, push pulls as well as pedal pushes and pulls are equal but strength is a 3 bilaterally throughout. Patient requires assist x2 to the commode. Patient requires ADL assistance (walker or wheelchair) with transfers and ambulation. Patient requires a gait belt and has a fall risk with a score of 87.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is A&Ox4. All extremities have full ROM. PERRLA bilaterally, EOMs intact bilaterally. Requires glasses for reading. Hand grips, push pulls as well as pedal pushes and pulls are equal but strength is a 3 bilaterally throughout. Patient has slurred speech.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):**	Prior to moving into the nursing home, the patient bowled with a group of women as a form

Developmental level: **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	of coping. Since then she's had to adjust. Patient watches hallmark movies and enjoys spending time with her family and friends. Patient is a Christian, and also uses prayer as a coping method. Patient exhibits normal development level for her age. Patient is able to read and write, and capable of making fully informed decisions. Patient is at the formal operational stage in Piaget' cognitive development and Integrity vs despair in Erikson's stages of development. The patient resides in a nursing home and has many friends there. She also receives consistent visits from her sister, nephew, and friends that do not reside at the nursing home.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0817	87	139/88	18	97.1	90%
1100	87	140/81	16	97.0	95%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0817	Numeric	N/A	0	N/A	N/A
1100	Numeric	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22G **Location of IV:** Left wrist **Date on IV:** 9/30/23 **Patency of IV:** IV Patent **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Clean, dry, and intact	Saline locked, flushed

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
0 intake via IV **2 cups of water (240*2= 480 mL)** **1 cup of tea (240 mL)**	**Urine (100 mL)**

Nursing Care

Summary of Care (2 points)

Overview of care: Breakfast and lunch was ordered for the patient. Patient was assisted to the bedside commode and pericare was provided. Patient was assisted in bed position change throughout the shift. Scheduled medications were given to the patient two times throughout the shift. Rounding check-ins with the patient were done throughout the shift to make sure she was comfortable at all times.

Procedures/testing done: CT Head or Brain w/o Contrast, XR Chest Single View, and CT Chest w/o Contrast

Complaints/Issues: Trouble speaking due to shortness of breath, constant weakness

Vital signs (stable/unstable): Vitals were stable; although blood pressure was slightly high, it was consistent

Tolerating diet, activity, etc.: Patient tolerated diet well. Physical therapy was somewhat challenging for her.

Physician notifications: No notifications

Future plans for client: The patient should continue physical therapy regularly. The patient should also utilize a speech therapist to assist with slurred speech. The patient's family is actively considering hospice care. Checking in with the patient and her coping methods about hospice care is highly suggested.

Discharge Planning (2 points)

Discharge location: Assisted Living Facility

Home health needs (if applicable): Her room should be reassessed for fall hazards

Equipment needs (if applicable): walker, wheelchair

Follow up plan: Follow up with physician to discuss any diagnostic testing or labs in question, if any

Education needs: Education on fall prevention, the importance of consistent physical therapy despite weakness and ADL assistance, and any new medications she must continue to take after her visit.C

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by	**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, modifications

priority – highest priority to lowest priority pertinent to this client				to plan.
1. Risk for impaired gas exchange related to lactic acid buildup as evidence by elevated lactic acid levels.	Patient has abnormal lab results in regard to lactic acid. Patient also exhibits shortness of breath, a low O2 level, and weakness.	1. Position the patient in a way that best facilitates chest expansion to enhance gas exchange 2. Establish baseline values for assessment and record pulmonary status every 4 hours	1. Patient can maintain O2 saturation above 92% throughout their stay	Although the patient was most comfortable lying supine, she was compliant with repositioning to semi-high fowlers. Patient's O2 levels increased between vital assessment. It went from 90% to 95%.
2. Risk for death anxiety related to expression of deep feelings as evidence by hospice planning by family.	Patient's family started planning hospice care after discharge. The facility was selected (Elara Hospice Care)	1. Actively listen and communicate acceptance of patient's thoughts and feelings to help her cope 2.Refer patient to a spiritual counselor according to their beliefs	1. Exhibiting support and care for the patient's feelings and spiritual beliefs convey empathy and therapeutic communication	Patient had her priest/ neighbor visit her. They were given privacy and she was in good spirits after the visit. Patient also had family members visit her and spent time with them. I was able to sit one-on-one and my patient was happy to not be alone and share stories. She expressed how much she appreciated my care for her that day.
3. Risk for	Patient	1. Identify	1. The commode	Patient was able to

falls related to impaired mobility as evidence by a recent fall accident and muscle weakness	recently had a fall that resulted in bruises on the right side of her body (chin, breast, arm, and leg. Although the patient regularly requires ADL assistance, impaired mobility due to low oxygen saturation have caused extreme weakness and higher risk for falls.	factors that may contribute to injury from a fall 2.Improve environmental safety factors as needed	was repositioned to make the transfer assist x2 easier for her. Patient's belongings and other needs (ex. light string) were rearranged so it was conveniently accessible to the patient	eat easier, adjust lighting as needed, have access to her glasses and phone with ease. It minimized her movements in the room that could potentially lead to falling out of the bed. (She wanted to keep the bottom sides of the bed rails down).

Other References (APA):

Phelps, L. (2020). *Nursing diagnosis reference manual* (11th ed.). Lippincott Williams & Wilkins.

Concept Map (20 Points):

Subjective Data

Patient states she has severe muscle weakness and fatigue. Her primary form of assistive devices is her walker, but due to acute weakness, she's had to use the wheelchair more. She does not report any pain.

Nursing Diagnosis/Outcomes

1. Risk for impaired gas exchange related to lactic acid buildup as evidence by elevated lactic acid levels.
2. Risk for death anxiety related to expression of deep feelings as evidence by hospice planning by family.
3. Risk for falls related to impaired mobility as evidence by a recent fall accident and muscle weakness.

Objective Data

- VS @ 1100: Pulse 87, BP 140/81, O2 95%, R 16, Temp 97.0˚ F
- Lactic Acid: 2.1 mmol/L
- No consolidation or pneumothorax seen on CT Chest scan

Client Information

Patient is a 79 year-old female with hx of A-fib, CVA, and recurrent heart failure admitted for possible pneumonia. Pt had worsening weakness and was found to have metabolic acidosis with an admission lactic acid level of 3.3.

Nursing Interventions

1. Position the patient in a way that best facilitates chest expansion to enhance gas exchange
2. Establish baseline values for assessment and record pulmonary status every 4 hours

1. Actively listen and communicate acceptance of patient's thoughts and feelings to help her cope
2. Refer patient to a spiritual counselor according to their beliefs

1. Identify factors that may contribute to injury from a fall
2. Improve environmental safety factors as needed