N311 Care Plan 2

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Clinical Instructor Name

10/10/2023

Demographics (5 points)

Date of Admission 10/4/23	**Client Initials** D.E	**Age** 90	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Veteran	**Marital Status** Widowed	**Allergies** Rifampin (causes rash)
Code Status Full Code	**Height** 5'7"	**Weight** 155 lbs	

Medical History (5 Points)

Past Medical History:

The clients' past medical history includes Hypertension diagnosed 9/26/23, a prosthetic hip infection diagnosed 8/11/23, Angina of effort diagnosed 5/26/23, Atrial Fibrillation diagnosed 2/24/21, Chronic fatigue diagnosed 11/20/20, and Dyslipidemia.

Past Surgical History:

The clients' past surgical history includes an upper gastrointestinal endoscopy performed 9/27/23 and a total hip arthroplasty with a left hip revision arthroplasty with explant hip prosthesis done on 8/11/23.

Family History:

The client stated that he has no family history of esophageal problems and denies a family history of any other medical conditions.

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

The client states to have never smoked, does not use smokeless tobacco products, and does not use recreational drugs. Client also denies use of alcohol.

Admission Assessment

Chief Complaint (2 points): The client was admitted to the hospital with complaints of "tightness in the throat and not able to swallow anything".

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

The client, D.E, stated that his dysphagia began "about 1 week ago" and that swallowing became so difficult that he took himself to the emergency room on September 27th to have his throat looked at. That day they performed an Esophagogastroduodenoscopy with a 50 and 54 Maloney Dilator. The client stated that before last week he only had "a little trouble here and there" with swallowing and "did not think much of it". The tight feeling noted by the client is localized only to their throat. D.E stated that after the Esophagogastroduodenoscopy performed 9/27/23, he "felt fine for a few days" but that by 10/1/23 he was having difficulty swallowing "off and on again", and by 10/4/23, the difficulty swallowing was "constant and totally clogged up". The client described the extreme dysphagia to have come on "very suddenly" and it was "so tight" that he "couldn't even swallow water". However, D.E did say that the feeling was not necessarily painful and he had no other associated symptoms. D.E noted that his dysphagia seemed to have begun about the same time he started taking Doxycycline for an infection in his left hip. D.E felt that the antibiotic was making his dysphagia worse so he stopped taking the medication. He stated that this seemed to improve his symptoms, but then began having trouble swallowing again on 10/1/23 and nothing made it better; he was "just all clogged up". As stated previously, D.E had had treatment for his dysphagia a week prior on 9/27/23 and arrived at the hospital again on 10/4/23 to have the same Esophagogastroduodenoscopy procedure performed.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): D.E's admitting medical diagnosis was esophageal dysphagia and an esophagogastroduodenoscopy with a 56 and 60 Maloney Dilator was performed.

Secondary Diagnosis (if applicable): There is no secondary diagnosis for this client.

Pathophysiology

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

Client, D.E, presented to the hospital with a tight feeling in his throat and inability to swallow. He was given a medical diagnosis of esophageal dysphagia. Dysphagia is the medical term for when a person has difficulty swallowing and typically presents with a lack of a gag reflex (Capriotti, 2020). There are four main categories of dysphagia and they include: oropharyngeal, esophageal, complex neuromuscular, and functional dysphagia (Bahareh-Bakhshaie, 2019). There are a variety of reasons that a person may develop dysphagia, but it most often occurs because of a neuromuscular dysfunction which can be the result of a stroke or another neurological disease (Capriotti, 2020). More specifically, it is the damage or dysfunction that occurs to cranial nerves IX, X, or XII as a result of a stroke, trauma, or neurological disease that causes the inability to or difficulty in swallowing. A person can also develop dysphagia due to structural deformities in the esophagus such as rings, webs, esophageal tumors, and strictures (a narrowing of the esophagus) (Capriotti, 2020). Structural abnormalities such as strictures can develop due to having chronic Gastroesophageal Reflux Disease (GERD) (Capriotti, 2020). Sometimes dysphagia can be congenital as well, such as with what is known as a Schatzki ring, where a baby is born with extra bands of muscular tissue in their throat that constricts it and makes it hard to swallow (Capriotti, 2020). Other causes of esophageal dysphagia include

esophagitis from infection, diverticula, autoimmune diseases such as Scleroderma, and age-related changes (Bahareh-Bakhshaie, 2019).

Most commonly, dysphagia starts out with the person having a hard time swallowing foods and then progresses to an inability to even swallow liquids (Capriotti, 2020). This progression can happen slowly or rather suddenly (Capriotti, 2020). Of course, if a person has a great deal of difficulty with getting foods and drinks down, then they will suffer from inadequate nutrition which can lead to a variety of other problems as well. Anatomically speaking, the esophagus is very close to the trachea, so when a person has dysphagia, they are at a high risk for aspirating foods or drinks into their trachea and down to their lungs (Capriotti, 2020). This then can lead to pneumonia, which could be fatal to some people (Capriotti, 2020). People who are at the highest risk of developing pneumonia due to aspirating food or liquid are people who have had a stroke, or traumatic brain injury, and those who are receiving enteral feedings (Capriotti, 2020).

Some symptoms of dysphagia that people often note include feeling like there is a lump in their throat, feeling like food is stuck in their chest, feeling like saliva and other liquids stick to their throat and pain with swallowing (Bahareh-Bakhshaie, 2019). Other common signs of dysphagia are coughing up foods or choking on them, having a "wet voice", a lack of a gag reflex, regurgitating foods, needing frequent attempts at swallowing to get food down, and developing aspiration pneumonias (Bahareh-Bakhshaie, 2019). To diagnose dysphagia, a specific type of x-ray called a barium swallow test is utilized (Capriotti, 2020). It is a fluoroscopic procedure that can show how well a person can swallow (Capriotti, 2020). Diagnosing dysphagia can involve a variety of medical specialists including ENTs, gastroenterologists, and speech pathologists, all of whom complete detailed examinations of the person's throat (Bahareh-

Bakhshaie, 2019). An ENT will often use a flexible laryngoscope to assess the throat in great detail (Bahareh-Bakhshaie, 2019). Dysphagia can present differently for each person. For some, they can be re-trained to swallow through intense rehabilitation and may require thickened liquids and pureed food for a while, but for others, rehabilitation is not possible and they will need enteral nutrition indefinitely (Capriotti, 2020).

Pathophysiology References (2) (APA):

Bahareh-Bakhshaie, P. (2019). Dysphagia - pathophysiology of swallowing dysfunction, symptoms, diagnosis and treatment. *Journal of Otolaryngology and Rhinology*, *5*(3). https://doi.org/10.23937/2572-4193.1510063

Capriotti, T. (2020). Chapter 29: Disorders of the Esophagus, Stomach, and Small Intestine . In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed., pp. 701-702). F.A. Davis.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:15	64 bmp	181/74	20 bmp	96.9 °F	97%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09:55	Numeric Rating Pain Scale	Throat	0	Clear and Open	None needed at this time

D.E has an order for 650mg acetaminophen every 4hrs as needed, but denied needing any.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
-D.E was NPO for the morning before his procedure -After he procedure he was moved to a mechanical soft diet -6oz (180mL) pureed chicken noodle soup -4oz (120 mL) pureed mac and cheese -480mL of water -Running IV of Lactated Ringers at 75mL/hr - 75mL for 6 hours = 450mL **Total fluid intake from 07:00-13:00 was 930mL**	-200mL urine at 07:00 -200mL urine at 10:00 -Bowel movement x1 at 10:35 **Total fluid output from 07:00-13:00 was 400mL**

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

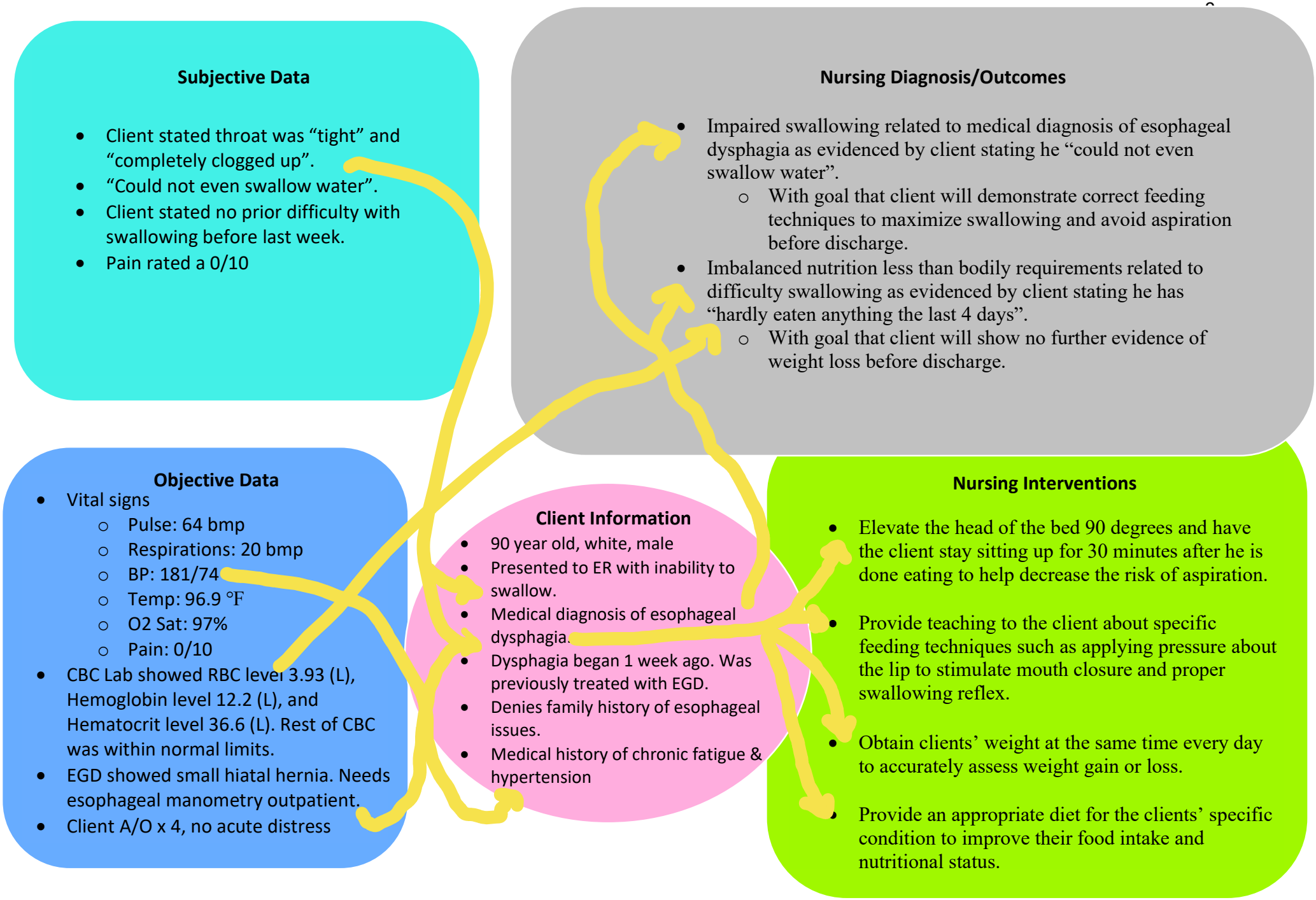
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired swallowing (Phelps, 2023) related to medical diagnosis of esophageal dysphagia as evidenced by client stating he "could not even swallow water".	This nursing diagnosis was chosen because D.E came to the emergency room feeling like his throat was completely clogged up and that he could not swallow anything. Impaired swallowing is very serious and should be a nursing priority because it can lead to obstruction of the airway, difficulty	**1**.Elevate the head of the bed 90 degrees and have the client stay sitting up for 30 minutes after he is done eating to help decrease the risk of aspiration (Phelps, 2023). **2.**Provide teaching to the client about	1. Client will demonstrate correct feeding techniques to maximize swallowing and avoid aspiration before discharge (Phelps, 2023).	The client was compliant with the education provided to them and demonstrated physically and verbally that he understood the correct feeding techniques to improve his swallowing and avoid aspiration. The client appeared happy to learn this information and feels confident in his ability to implement

	breathing, and possible aspiration.	specific feeding techniques such as applying pressure about the lip to stimulate mouth closure and proper swallowing reflex (Phelps, 2023).		these techniques at home.
2. Imbalanced nutrition less than bodily requirements (Phelps, 2023) related to difficulty swallowing as evidenced by client stating he has "hardly eaten anything the last 4 days".	This nursing diagnosis was chosen because due to D.E's difficulty with swallowing he stated that he had hardly eaten any food the last several days Due to the lack of food intake, his body would be depleted of its necessary nutrients and it could also further exacerbate his previous medical history of chronic fatigue.	**1.** Obtain clients' weight at the same time every day to accurately assess weight gain or loss (Phelps, 2023). **2.**Provide an appropriate diet for the clients' specific condition to improve their food intake and nutritional status (Phelps, 2023).	**1.** Client will show no further evidence of weight loss before discharge (Phelps, 2023).	The client was prescribed a mechanical soft diet after their EGD and tolerated it well. He ate 75% of his food and would have eaten more, but got too full. Client was eager to be able to eat a real meal again and appears to have a healthy appetite. Client successfully met goal of no further weight loss.

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.

Concept Map (23 Points):


Subjective Data
Client stated throat was "tight" and "completely clogged up".
"Could not even swallow water".
Client stated no prior difficulty with swallowing before last week.
Pain rated a 0/10
Nursing Diagnosis/Outcomes
Impaired swallowing related to medical diagnosis of esophageal dysphagia as evidenced by client stating he "could not even swallow water".
With goal that client will demonstrate correct feeding techniques to maximize swallowing and avoid aspiration before discharge.
Imbalanced nutrition less than bodily requirements related to difficulty swallowing as evidenced by client stating he has "hardly eaten anything the last 4 days".
With goal that client will show no further evidence of weight loss before discharge.
Objective Data
Vital signs
Pulse: 64 bmp
Respirations: 20 bmp
BP: 181/74
Temp: 96.9 °F
O2 Sat: 97%
Pain: 0/10
CBC Lab showed RBC level 3.93 (L), Hemoglobin level 12.2 (L), and Hematocrit level 36.6 (L). Rest of CBC was within normal limits.
EGD showed small hiatal hernia. Needs esophageal manometry outpatient.
Client A/O x 4, no acute distress
Client Information
90 year old, white, male
Presented to ER with inability to swallow.
Medical diagnosis of esophageal dysphagia.
Dysphagia began 1 week ago. Was previously treated with EGD.
Denies family history of esophageal issues.
Medical history of chronic fatigue & hypertension
Nursing Interventions
Elevate the head of the bed 90 degrees and have the client stay sitting up for 30 minutes after he is done eating to help decrease the risk of aspiration.
Provide teaching to the client about specific feeding techniques such as applying pressure about the lip to stimulate mouth closure and proper swallowing reflex.
Obtain clients' weight at the same time every day to accurately assess weight gain or loss.
Provide an appropriate diet for the clients' specific condition to improve their food intake and nutritional status.