N311 Care Plan 5

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N311: Foundations of Professional Practice

Professor Hartke

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Demographics

Date of Admission 10/05/23	**Client Initials** B. F.	**Age** 64	**Gender** M
Race/Ethnicity Caucasian	Occupation disabled	**Marital Status** Single	**Allergies** Clozaril (Jerk) clozapine (Uknown) Haldol (Leg stiffness) Penicillin (Syncope) Codeine (N/V) Haloperidol (Muscle Pain)
Code Status DNR	**Height** 6ft	**Weight** 317.6 lbs	

Medical History

Past Medical History: Asthma, Arm pain, Anemia, Bicuspid aortic valve, Bilateral leg pain, Bilateral edema, Chronic obstructive pulmonary disease (COPD), Chest pain, Coronary artery disease (CAD), Dependent personality disorder, dehydration, Diabetes type II, Generalized anxiety disorder (GAD), Gastroesophageal reflux disease (GERD), Hypertension (HTN), Hypertensive cardiovascular disease, Hyperlipidemia, Hypothyroid, Incomplete right bundle branch block, Learning disorder, Nocturia, Obesity, Obstructive sleep apnea syndrome, Persistent moderate somatic syndrome disorder, Recurrent chest pain, Right-sided aortic arch, Sarcoidosis, Schizoaffective disorder, Major depressive disorder, Self-care deficient

Past Surgical History: Left-sided cardiac catheterization (09/06/2019) and (04/27/2022), Colonoscopy, Lumpectomy of breast

Family History: Mother – Depression, Father – Heart attack, Grandfather (Maternal) – Cardiovascular disease, Grandmother (Paternal) – Cardiovascular disease, Brother - Hypertension

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Past user of Alcohol: 1-2 times per month for the past 30 years, No history of tobacco or drug use

Admission Assessment

Chief Complaint (2 points): Shortness of breath (SOB)

History of Present Illness – OLD CARTS (10 points): On 10/05/2023, the patient with the initials B.F. was admitted into a long-term care facility. The patient's chief complaint was constant shortness of breath throughout the day. Patient stated that he has been feeling SOB for the past month and that it has made it difficult to do anything around his house. When he is SOB, he feels it mostly in his chest and back. Patient states "It feels like my chest gets tight and I can't catch my breath". Patient also states that when he becomes SOB it causes him to feel very anxious. SOB is worst when ambulating, standing for long periods, and when trying to complete daily living activities. Only thing that relieves his SOB is sitting down and focusing on his breathing. He has not been seen by a medical provider or treated for this issue previously.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Chronic Obstructive Pulmonary Disease

Secondary Diagnosis (if applicable): Acute Respiratory Failure with Hypoxia

Pathophysiology

Pathophysiology of the Disease:

Chronic obstructive pulmonary disease (COPD) is a very common disease affecting roughly 16 million adults in the United States alone. According to the Centers of Disease Control (CDC), COPD is the third leading cause of death in the United States, causing major disability to those affected. “The prevalence is believed to be up to twice that number because of underreporting of individuals who do not seek healthcare” (Capriotti, 2022). The mortality rate has also shifted more in the direction of women as opposed to men, who before 2000 were most at risk.

“Chronic obstructive pulmonary disease (COPD) is a combination of chronic bronchitis, emphysema, and hyperactive airway disease” (Capriotti, 2022). Chronic bronchitis is due to reoccurring inflammation and irritation of the lining of a person’s airway. Emphysema, otherwise, is due to damage to the lining and walls between the air sacs and lungs, decreasing their elasticity. These both make it much more difficult for your lungs to control air in and out of the body, causing excessive mucus which obstructs airflow and satisfactory oxygenation. Along with excessive mucus, patients with COPD will undergo narrowing of the airway, smooth muscle hypertrophy, inflammation, and fibrosis of the bronchioles which long-term will cause permanent alterations of the pulmonary system. In a reaction to inflammation in the bronchioles, macrophages, neutrophils, cytokines, and T lymphocytes are all drawn to the site to release proteolytic enzymes to restore the balance of the lungs. “In severe COPD and areas of poor ventilation, hypoxia stimulates pulmonary arterial vasoconstriction, otherwise called pulmonary hypertension” (Capriotti, 2022). As a result, in the clinical setting, a patient with this right ventricular failure may present with jugular vein distension or ascites. With increased levels of

CO_2, the patient may even adapt to a constant state of hypoxia and only feel at baseline with a low oxygen saturation.

Signs and symptoms of someone presenting with COPD include dyspnea, SOB at rest or during exertion in physical activity, wheezing, coughing, fatigue muscle/generalized weakness, productive sputum accumulation, cyanosis, edema, or use of intercostal muscles with breathing. In a clinical setting, a patient may present in either respiratory distress or with lower-than-normal oxygen saturation. COPD is generally seen in older adults 65+, or with various other conditions such as heart failure and diabetes. Patients may present with a barrel-shaped chest, cyanosis on the lips, and tobacco-stained teeth or fingertips. Concerning their vital signs, the patient will typically be seen with an increased respiratory rate due to trouble inspiring and expiring at optimal lung capacity. A provider may notice upon auscultation of the lungs a sound of vibrations or percuss the lungs bilaterally to note any abnormalities.

Diagnosis and treatment for COPD begin with the patient attempting to seek medical treatment. “The single most important test to determine if a person has COPD is spirometry. Changes of COPD can also be seen on a chest x-ray or a chest CT scan. Once your healthcare provider has determined that you have COPD, he or she may order other tests to assess how well you are breathing with sleep and with exercise” (Lareau et al., 2019). Short and long-acting bronchodilators are often prescribed, in addition to use of supplemental oxygen. When bronchodilators are not effective, providers may instead prescribe phosphodiesterase inhibitors and oral corticosteroids. “The first and most important treatment of COPD in smokers is to stop smoking. Medications and other therapies are available to help treat nicotine addiction and to help you stop smoking” (Lareau et al., 2019). Smoking is the #1 modifiable risk of COPD, and with cessation can help prevent the development of chronic illness.

Pathophysiology References (2):

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

Lareau, S. C., Fahy, B., Meek, P., & Wang, A. (2019). Chronic obstructive pulmonary disease (COPD). American journal of respiratory and critical care medicine, 199(1), P1-P2.

Laboratory Data (20 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	4.51-6.01 10^6/uL	4.9	5.1	*Within normal range
Hgb	12.0-18.0 g/dL	14.4	14.2	*Within normal range
Hct	37.0-51%	40.2%	39.9%	*Within normal range
Platelets	140-4000	623	594	*Within normal range
WBC	4.0-11.0	6.7	6.8	*Within normal range
Neutrophils	40-75%	52%	61%	*Within normal range
Lymphocytes	12-44%	23%	28%	*Within normal range
Monocytes	4-9%	5%	6%	*Within normal range
Eosinophils	0-5.5%	2.4%	3.8%	*Within normal range
Bands	3-5%	3.3%	4.0%	*Within normal range

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	139	144	*Within normal range
K+	3.5-5.1 mmol/L	4.7	4.0	*Within normal range

Cl-	98-107 mmol/L	101	101	*Within normal range
CO2	22-29 mmol/L	27	26	*Within normal range
Glucose	74-100 mg/dL	88	93	*Within normal range
BUN	8.0-26 mg/dL	14.1	14.8	*Within normal range
Creatinine	0.7-1.3 mg/dL	0.9	0.9	*Within normal range
Albumin	3.5-5.0 g/dL	3.8	3.9	*Within normal range
Calcium	8.9-10.6	9.2	9.7	*Within normal range
Mag	1.6-2.6 mg/dL	2.0	1.7	*Within normal range
Phosphate	0.8-1.5 mmol/L	1.2	1.0	*Within normal range
Bilirubin	0.2-1.2 mg/dL	0.7	0.4	*Within normal range
Alk Phos	40-150 u/L	66	77	*Within normal range

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	Yellow, clear	*Within normal range
pH	4.5-8	5.9	6.1	*Within normal range
Specific Gravity	1.000-1.030	1.017	1.023	*Within normal range
Glucose	60-99 mg/d	78	85	*Within normal range
Protein	Negative	Negative	Negative	*Within normal range
Ketones	None	None	None	*Within normal range
WBC	0-4 hpf	2.1	2.7	*Within normal range

RBC	0-4 hpf	1.9	1.8	*Within normal range
Leukoesterase	Negative	Negative	Negative	*Within normal range

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	No Growth	No Growth	No Growth	*Within normal range
Blood Culture	No Growth	No Growth	No Growth	*Within normal range
Sputum Culture	No Growth	No Growth	No Growth	*Within normal range
Stool Culture	No Growth	No Growth	No Growth	*Within normal range

Lab Correlations Reference (1) (APA): N/A *All lab values are within the normal range

Diagnostic Imaging

*No diagnostic imaging was recorded in the patient chart

**All Other Diagnostic Tests (10 points): ***N/A due to no diagnostic imaging available for referencing

Diagnostic Imaging Reference (1) (APA): N/A

Current Medications (10 points, 2 points per completed med)

5 medications must be completed

Medications (5 required)

Brand/ Generic	Acetaminophen	Aripiprazole	Furosemide (Lasix)	Metformin HCL	Omeprazole

	(Paracetamol)	**(Abilify)**		**(Glucophage)**	**(Prilosec)**
Dose	325 mg	10 mg	40 mg	500 mg	20 mg
Frequency	Every 4 hours	At bedtime	BID	Once a day	Once a day
Route	PO	PO	PO	PO	PO
Classification	Pharmacological: Nonsalicylate, para-aminophenol Therapeutic: Antipyretic, nonopioid analgesic	Pharmalogical: Atypical Antipsychotic Therapeutic: Antipsychotic	Pharmalogical: Loop diuretic Therapeutic: Antihypertensive, diuretic	Pharmalogical: Biguanide Therapeutic: Antidiabetic	Pharmalogical: Proton pump inhibitor Therapeutic: Antiulcer
Mechanism of Action	Inhibits enzyme cyclooxygenase, blocks prostaglandin production, and disrupts pain impulse generation in the peripheral nervous system	Produces antipsychotic effects by partial agonist and antagonist actions at dopamine and serotonin receptor sites	Inhibits sodium and water reabsorption and increases urine output. Increases aldosterone production, promoting sodium reabsorption, and decreases cardiac output	Promotes the storage of excess glucose as glycogen in the liver to reduce glucose production. Increases insulin receptors of cell membranes to make them more sensitive to insulin	Interferes with gastric acid secretion by preventing proton pump in gastric parietal cells. This keeps HCL from forming
Reason Client Taking	Mild Pain	Schizoaffective disorder	Edema	Type II Diabetes	GERD
Contraindications (2)	Severe hepatic impairment, severe active liver disease	Hypersensitivity to acetaminophen or its components, severe hepatic impairment	Anuria, hypersensitivity to furosemide or its components	Acute or chronic metabolic acidosis, renal dysfunction	Current therapy with rilpivirine-containing products, hypersensitivity to omeprazole

Side Effects/Adverse Reactions (2)	Agitation, anxiety, hypotension	Cognitive and motor impairment, angina pectoris	Arrhythmias, hyperglycemia	Hypoglycemia, abdominal distention	Back pain, bronchospasms

Medications Reference (1) (APA):

Learning, J. &. B. (2022). *2023 Nurse's drug handbook*. Jones & Bartlett Learning.

Assessment

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

General, Psychosocial/Cultural, and TWO-focused assessments specific to the client is required.

The student and instructor may complete these assessments together.

GENERAL: **Alertness:** Alert x 4 **Orientation:** Oriented x 4 **Distress:** No distress **Overall appearance:** Good	Patient is alert and oriented x4. Patient is oriented to DOB, current date, time, and location. Patient does not appear in any distress. Good personal hygiene and had room kept clean.
INTEGUMENTARY: **Skin color:** Olive **Character:** Dry **Temperature:** Warm **Turgor:** Normal **Rashes:** None	Patients skin is olive in color, dry, and warm to the touch. Skin turgor normal as expected, well hydrated, and no rashes, bruises, or wounds present. No sensory impairment, rarely has moist skin, walks frequently, has no limitations, excellent nutrition, and no friction or shear problem. Braden score of 23.

Bruises: None **Wounds:** None **Braden Score:** 23/23 **Drains present:** **Y☐** **N ☒** **Type:** N/A	
HEENT: **Head/Neck:** Symmetrical **Ears:** Normal **Eyes:** Blind in right eye **Nose:** Normal **Teeth:** History of several teeth pulled	Patient's head and neck are symmetrical. No lumps, lesions, or rashes were found. No drainage in ears. Patient is blind in the right eye. Right eye did not accommodate for light and lagged the left eye during EOMs. The left eye reacted appropriately. .
CARDIOVASCULAR: **Heart sounds:** Normal **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** N/A **Peripheral Pulses:** Present/strong **Capillary refill:** Normal **Neck Vein Distention:** **Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:** N/A	Heart sounds normal upon auscultation. S1 and S2 were heard with systole and diastole as expected, no murmurs were heard. Peripheral pulses were present and strong. Capillary refill less than 2 seconds as expected. No jugular vein distension or edema present.
RESPIRATORY: **Accessory muscle use:** **Y☐** **N ☒** **Breath Sounds: Location, character**	Breath sounds were clear and nonlabored. No adventitious lung sounds were detected when listening to anterior/posterior. No visible use of accessory muscles or retraction of the chest.

GASTROINTESTINAL: **Diet at home:** Regular **Current Diet:** Regular **Height:** 6ft **Weight:** 317.6lbs **Auscultation Bowel sounds:** Normal **Last BM:** This morning (10/12/23) **Palpation: Pain, Mass etc.:** No pain or abnormal findings **Inspection:** Normal **Distention:** None **Incisions:** None **Scars:** None **Drains:** None **Wounds:** None **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** N/A **Feeding tubes/PEG tube Y ☐ N ☒** **Type:** N/A	Patient is on a regular diet. Auscultated all four quadrants and no abnormal bowel sounds were heard. Upon palpation, the patient had no reports of pain. No abnormal findings. No distension, incisions, scars, drains, or wounds present. Patient has no ostomy, nasogastric, or feeding tube present.
GENITOURINARY: **Color:** Yellow **Character:** Clear **Quantity of urine:** 400ml **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** Normal	Urine is yellow and clear. Patient voided 400ml with no pain during urination. No dialysis. No abnormal findings upon inspection of genitals. No catheter is present.

Catheter: Y ☐ N ☒ **Type:** N/A **Size:** N/A	
MUSCULOSKELETAL: **Neurovascular status:** Normal/As expected **ROM:** Full range, no pain **Supportive devices:** Wheelchair **Strength:** As expected **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** 0 **Activity/Mobility Status:** Active **Independent (up ad lib)** ☐ Yes **Needs assistance with equipment** ☐ No **Needs support to stand and walk** ☐ No	Patient's neurovascular status is normal as expected. Patient has full ROM of extremities with equal grips and no pain present. Patient reports only using a wheelchair when having to go a long distance mainly due to his COPD for comfortability. No assistance with ADL's. No history of falling, IV, or gait that would make him a fall risk. Patient is up ad lib and actively up throughout the day.
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☐ N☒** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** Oriented x4 **Mental Status:** History of mental illness **Speech:** Normal/clear **Sensory:** Normal **LOC:** None	Patient is oriented x4. No MAEW or PERLA. Strength is equal. Speaks clearly and understands well. No LOC, but his mental disorders negatively influence his overall mental status
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Therapy	Patient talks to a therapist monthly to cope with voices and depression. Patient acts accordingly and processes information at his expected

Developmental level: As expected for age **Religion & what it means to pt.:** Christian, strong belief **Personal/Family Data (Think about home environment, family structure, and available family support):** Sister-in-law, not much other support	developmental level. Patient states that he is a Christian with very strong beliefs. He is a "good strong Christian", who reads the bible regularly. Patient's sister-in-law is the only one who regularly visits and checks in on him. The rest of the family does not show support or stay in much contact with him.

Vital Signs

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
08:43	86	114/60	16	97.4 F	96% room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
10:37	0/10	Lungs (Pulmonary System)	Moderate upon onset	Suddenly cannot get a breath of air, chest pressure, makes him anxious	Uses a wheelchair when walking long distances, deep breathing exercises

Intake and Output

Intake (ml)	Output (ml)
N/A	**N/A**

***Patient does not have intake/output recording in the plan of care**

Nursing Diagnosis

Must be NANDA-approved Nursing Diagnosis

Nursing Diagnosis • **Include full nursing diagnosis with "related to" and "as evidenced by"** • **Listed in order by priority - highest to lowest priority pertinent to this client**	**Rationale** • **Explain why the nursing diagnosis was chosen**	**Interventions (x2)**	**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**

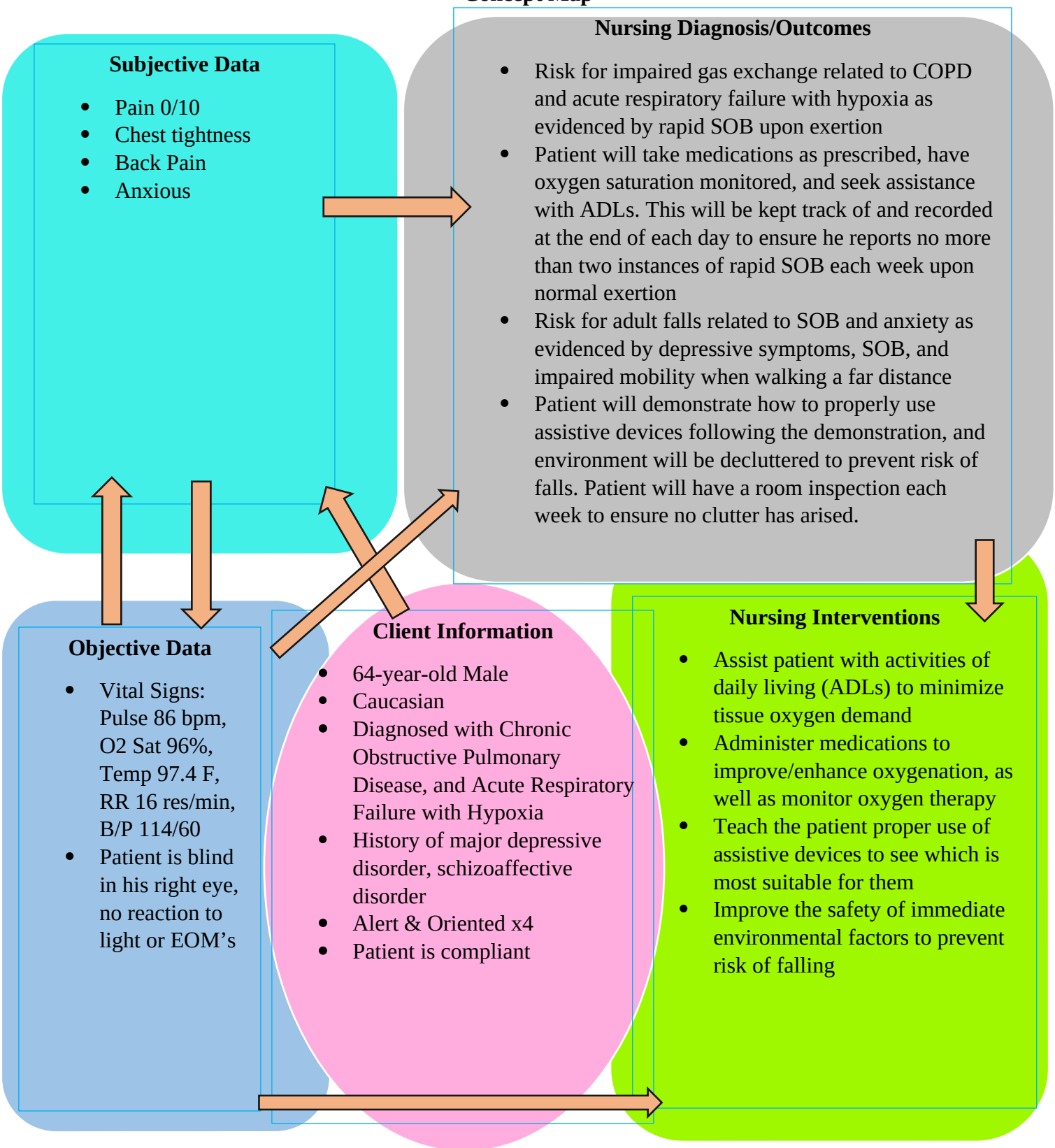
Risk for impaired gas exchange related to COPD and acute respiratory failure with hypoxia as evidenced by rapid SOB upon exertion	This nursing diagnosis was chosen because the patient stated they have had a rapid onset of SOB upon exertion for the past month	- Assist patient with activities of daily living (ADLs) to minimize tissue oxygen demand - Administer medications to improve/enhance oxygenation, as well as monitor oxygen therapy	Patient will take medications as prescribed, have oxygen saturation monitored, and seek assistance with ADLs. This will be kept track of and recorded at the end of each day to ensure he reports no more than two instances of rapid SOB each week upon normal exertion	Patient responded greatly by taking his medications, seeking help with ADLs to prevent over exertion, and recording any instances in which he continued to have rapid onset of SOB

Risk for adult falls related to SOB and anxiety as evidenced by depressive symptoms, SOB, and impaired mobility when walking a far distance	This nursing diagnosis was chosen because the patient stated they have difficulty ambulating a far distance, become very anxious, and cannot catch their breath	- Teach the patient proper use of assistive devices to see which is most suitable for them - Improve the safety of immediate environmental factors to prevent risk of falling	Patient will demonstrate how to properly use assistive devices following the demonstration, and environment will be decluttered to prevent risk of falls. Patient will have a room inspection each week to ensure no clutter has arise	Patient responded by properly demonstrating he understood how to use a walker, crutches, and cane when ambulating. Patient also passed daily room inspection by keeping room clean of clutter

Other References

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

Concept Map


Subjective Data
Pain 0/10
Chest tightness
Back Pain
Anxious
Nursing Diagnosis/Outcomes
Risk for impaired gas exchange related to COPD and acute respiratory failure with hypoxia as evidenced by rapid SOB upon exertion
Patient will take medications as prescribed, have oxygen saturation monitored, and seek assistance with ADLs. This will be kept track of and recorded at the end of each day to ensure he reports no more than two instances of rapid SOB each week upon normal exertion
Risk for adult falls related to SOB and anxiety as evidenced by depressive symptoms, SOB, and impaired mobility when walking a far distance
Patient will demonstrate how to properly use assistive devices following the demonstration, and environment will be decluttered to prevent risk of falls. Patient will have a room inspection each week to ensure no clutter has arised.
Objective Data
Vital Signs: Pulse 86 bpm, O2 Sat 96%, Temp 97.4 F, RR 16 res/min, B/P 114/60
Patient is blind in his right eye, no reaction to light or EOM's
Client Information
64-year-old Male
Caucasian
Diagnosed with Chronic Obstructive Pulmonary Disease, and Acute Respiratory Failure with Hypoxia
History of major depressive disorder, schizoaffective disorder
Alert & Oriented x4
Patient is compliant
Nursing Interventions
Assist patient with activities of daily living (ADLs) to minimize tissue oxygen demand
Administer medications to improve/enhance oxygenation, as well as monitor oxygen therapy
Teach the patient proper use of assistive devices to see which is most suitable for them
Improve the safety of immediate environmental factors to prevent risk of falling