N431 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
1/29/24	TRM	63	Female
Race/Ethnicity White/Caucasian	**Occupation** Author	**Marital Status** Married	**Allergies** Fentanyl - Nausea Penicillin V Potassium - Anaphylaxis Rybelsus - Dizzy Trulicity - Nausea & Vomiting, Dizzy, Muscle myalgia Meloxicam - Mouth sores Farxiga - Dizzy Hydrocodone-acetaminophen - Dizzy Naproxen-esomeprazole - Anxiety Tramadol - Nausea
Code Status Full	**Height** 5'5"	**Weight** 214 lb	

Medical History (5 Points)

Past Medical History: Sacroiliitis, tonsillitis, DM2, obesity, levoscoliosis, hypertriglyceridemia, hyperlipidemia, hypercholesterolemia, GERD, cancer melanoma stage 1 on back, Asthma, COVID, ADHD, and HTN

Past Surgical History: colonoscopy 1/2/24; Endoscopy upper and lower 2010, soft tissue tumor resection 2011

Family History: Father: Parkinson's disease; Mother: breast cancer; Paternal grandmother/aunt: cancer in grandmother and aunt.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Former smoker; half a pack a day for 30 years; quit date of 6/1/1996; resumption a few years ago.

No alcohol use;

Assistive Devices: N/A

Living Situation: Living at home with husband.

Education Level: Master level

Admission Assessment

Chief Complaint (2 points): Respiratory distress

History of Present Illness – OLD CARTS (10 points): A 63-year-old female presented to the ED with concerns of respiratory distress. She was admitted with hallucinations with SOB at home late last night. The characteristics were a dry cough that didn't clear up, and she was tachypnea. Aggravating factors include laying flat, but there were no relieving factors. At the previous medical facility, she had an X-ray that showed pulmonary edema, with a chest X-ray showing evidence of airway opacities with small pleural effusions. The patient was administered vancomycin, cefepime, Lasix, and nitroglycerin. She was intubated at the outside facility and then transferred for escalation of care. Symptoms have subsided, and with antibiotics and the placement of a g-tube, the patient would be able to go back to the outside facility for PT within 2 weeks.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Respiratory distress

Secondary Diagnosis (if applicable): MRSA

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

Acute respiratory distress syndrome, according to Diamond (2024), "inflammation-mediated disruption in alveolar-capillary permeability, edema formation, and reduced alveolar clearance/ collapse." The disease is progressive within a 6-72 hour period, and this could also

harbor an infection. The fluid that is built up keeps the lungs from filling with air and exchanging the CO2 with fresh oxygen. This can then affect the brain and cause the patient to change LOC.

Signs and symptoms that were seen in my patient were shortness of breath, tachypnea, and tachycardia. There could be blue fingernails, possible cyanosis, and crackling of the lungs since the patient also has an infection with MRSA. Lastly, if there is respiratory distress, then there could be the use of accessory muscles.

Vital signs that are related to these findings are shortness of breath, so the respiratory rate is above 20 as the patient might have difficulty breathing. Also possible confusion/ lethargy due to the brain not being perfused correctly as the body is trying to compensate with an increased heart rate and low blood pressure.

Diagnostic testing that pertains to acute respiratory distress syndrome includes martial blood gasses and normal vital signs, as well as Hgb to see if the blood is getting oxygen. Lastly, an MRI was done to see if the brain was being perfused and if there were any opacities, as well as a CT of the chest, abdomen, and KUB to see if there was an infection present or any fluid in the interstitial space.

Treatment of the disease includes supplemental oxygen as well for seeing if the patient has a lung infection. If so there are antibiotics that need to be administered for a time period to rid the MRSA in the case of my patient. Lastly, if the patient is to lose their airway mechanical ventilation might have to be administered to prevent loss of perfusion.

Pathophysiology References (2) (APA):

Diamond, M. (2024, January 31). *Acute respiratory distress syndrome*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK436002/

Swenson, K. E., & Swenson, E. R. (2021, October). Pathophysiology of acute respiratory distress syndrome and COVID-19 Lung injury. Critical care clinics.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8162817/

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	4.2-5.8 M/uL	2.44	2.42	This could be due to the patient being on TPN for malnutrition.
Hgb	12-18 g/dL	8.7	7.2	This could be due to the patient being on TPN for malnutrition/cancer/ low RBC.
Hct	35-45 %	26	22.2	This could be due to the patient being on TPN for malnutrition as well as dehydration for being NPO
Platelets	140-440 /mm3	179	179	
WBC	4,000-10,500 /mm3	4.91	5.13	
Neutrophils	38-75 %	95	63	The body is fighting off infection.
Lymphocytes	14-50%	3	28	Body is fighting off infection and malnutrition.
Monocytes	1-13%	1	5	
Eosinophils	0-6%	1	3	
Bands	0-2%	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	142	143	

K+	3.5-5.3 mmol/L	3.5	4.4	
Cl-	8.6-10.2 mmol/L	9.1	10.2	
CO2	22.0-29.0	29.1	22.2	
Glucose	74-109 mg/dL	374	130	The patient is receiving TPN due to trach placement.
BUN	7-25 mg/ dl	12	31	The patient is possibly dehydrated from NPO.
Creatinine	0.7-1.3 mg/dL	0.9	0.82	
Albumin	3.4-5.4 g/dL	3.0	1.9	The patient is malnourished.
Calcium	8.6-10.2 mg/dl	8.6	8.8	
Mag	1.9-2.7 mg/dL	2.0	1.9	
Phosphate	2.8-4.5 mg/dL	N/A	N/A	
Bilirubin	0.3–1.0 mg/dL	1.0	0.4	
Alk Phos	44-107 IU/L	189	109	
AST	15-39 U/L	40	34	
ALT	7-52 U/L	37	72	This is due to liver issues.
Amylase	40-140 U/L	N/A	N/A	
Lipase	0-160 U/L	N/A	N/A	
Lactic Acid	0-2.0 mmol/L	N/A	N/A	
Troponin	<0.04 ng/mL	0.030	N/A	
CK-MB	**N/A**	N/A	N/A	
Total CK	**N/A**	N/A	N/A	

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	0.8-1.1	1.1	N/A	
PT	22.4-35.9	25.3	N/A	
PTT	27-39 seconds	25.3	N/A	
D-Dimer	0-241 ng/mL	N/A	N/A	
BNP	<100 pg/ml	1579.0	796.0	Pt has possible HF
HDL	≥59 mg/dL	N/A	N/A	
LDL	<150 mg/dL	N/A	N/A	
Cholesterol	<200 mg/dL	N/A	N/A	
Triglycerides	<150 mg/dL	N/A	N/A	
Hgb A1c	4-6%	N/A	N/A	
TSH	0.45-5.33 ulU/mL	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	Clear, Yellow straw	Turbid	Clear	Due to the patient having DM2 and dehydration
pH	5.0-8.0	5.0	6.0	
Specific Gravity	1.001-1.035	N/A	N/A	
Glucose	Negative	Negative	Negative	
Protein	Negative	positive	trace	
Ketones	Negative	trace	Negative	The patient's body was using fat for fuel instead of glucose.
WBC	0-5.0/ mm3	N/A	N/A	

RBC	Negative	Negative	Negative	
Leukoesterase	0 - 0.001 Units	small	Negative	Possible UTI as the patient came in.

Arterial Blood Gas 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
pH	7.35-7.45	7.395	7.507	Possibly due to severe dehydration from NPO
PaO2	80-100 mmHg	97.0	98	
PaCO2	35-45 mmHg	35.0	32.0	Lungs aren't able to perfuse as they deal with infection.
HCO3	22-26mEq/L	21.0	24.8	
SaO2		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 Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	N/A	N/A	
Blood Culture	Negative	Negative	Negative	
Sputum Culture	Negative	Positive	Positive	Squamous epithelial cells

Stool Culture	Negative	Negative	Negative	

Lab Correlations Reference (1) (APA):

M., V. L. A., & Bladh, M. L. (2021). *Davis's Comprehensive Manual of Laboratory and Diagnostic Tests with Nursing Implications*. F.A. Davis.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-ray, CT of head/chest/ KUB, and MRI of brain

Diagnostic Test Correlation (5 points): The patient had received both a CT and MRI to see if there were any issues in the brain, as the patient had come in with confusion and only AOX2. The chest and abdomen were examined to see if there were pleural effusions present. Also to see if the kidneys were functioning correctly as positive ketones in urine.

Diagnostic Test Reference (1) (APA):

van Beek, E. J. R., & Hoffman, E. A. (2008, March). Functional imaging: CT and MRI. Clinics in chest medicine. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2435287/

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

Home Medications (5 required)

Brand/Generic	Acetaminophen/ Tylenol	Artificial saliva/ moi-stir	Atorvastatin / lipitor	Carvedilol/ Coreg	Levothyroxine
Dose	500 mg	1 spray	20 mg	12.5	75 mcg
Frequency	PRN	PRN	BID	BID	Once

Route	Oral/ gastric	Oral/ gastric	Oral/ gastric	Oral/ gastric	Oral/ gastric
Classification	Analgesic	Electrolyte maintenance	Antihyperlipidemic-HMGCOA reductase inhibitor (statin)	Alpha/beta-adrenergic	Thyroid hormones
Mechanism of Action	By blocking prostaglandin synthesis from arachidonic acid by inhibiting enzymes.	this forms a protective film around the skin surface	decrease cholesterol production in the liver.	inhibits stimulation of beta1-receptor sites, resulting in decreased cardiac excitability	replaces thyroxine levels that are lacking
Reason Client Taking	To help with moderate pain/ decrease the temperature	This is to help as she has an NG tube and the patient might have a dry mouth	To prevent hyperlipidemia	to manage hypertension	to manage hypothyroidism
Contraindications (2)	Severe hepatic impairment/ liver disease pancreatitis or bile issues	any gastrointestinal problems and speech disturbances.	Pregnancy, and acute liver failure	Cardiogenic shock, heart block greater than first degree, heart rate less than 45 beats/ per minute	Acute myocardial infarction, hyperthyroidism, and acute myocarditis/pancarditis
Side Effects/Adverse Reactions (2)	headache, dark urine, and nausea	Difficulty swallowing and any altered speech	nosebleeds, diarrhea, headaches, and constipation	CVA, arrhythmias, martial insufficiency, cardiac arrest, heart failure, hepatitis, bronchospasm	Diarrhea, chest pain, and decreased urine output
Nursing	Routinely	Monitor for	Don’t crush,	Monitor for	monitor

Considerations (2)	check AST and ALT, and also check BUN and creatinine for kidney function	changes in LOC also see if patient has difficulty swallowing	or dissolve also monitor serum lipid levels	AV block, and poor glucose control with DM, and hyperthyroidism	for s/s of hyperthyroidism, monitor for anxiety and tachycardia
Key Nursing Assessment(s)/Lab(s) Prior to Administration	ALT, AST, BUN, AND creatinine	Na, K, and Mg	Hgb, Hct, and albumin	BNP, and hgb/hct	TSH, T3, AND T4
Client Teaching Needs (2)	instruct patient to not take more than 4,000 mg in 24 hours, don't take if in hepatic failure	medication must be mixed with 1 ounce of water and swish a small amount for only 30 seconds, then spit it out	Report if having irregular heartbeats, report unusual bruising and bleeding	Report if feeling dizzy and notify pcp if HR if below 50	report and changes in LOC and don't take on empty stomach

Hospital Medications (5 required)

Brand/Generic	Clindamycin D5W	Gentamicin	Duloxetine/ Cymbalta	enoxaparin/ Lovenox	Pantoprazole/ protonix
Dose	900 mg	360 mg	60 mg	40 mg	40
Frequency	Once	Once	Once	Once	Once
Route	IV	IV	Oral/ gastric	Sub-q	Oral/ gastric
Classification	Antibiotic	Antibiotic	Serotonin-reuptake-inhibitor	Heparin related products	Proton pump inhibitors

Mechanism of Action	inhibits bacterial protein synthesis	passes through the gram-negative membrane in oxygen-dependent active transport	inhibits the reuptake of serotonin and norepinephrine in the CNS	inhibits antithrombin 3 by blocking factor Xa	Suppresses the final step in gastric acid production.
Reason Client Taking	For current infection	For current infection	For depression	To prevent hyperlipidemia	To help with gastric absorption
Contraindications (2)	Clients with ulcerative colitis or and history of regional enteritis	Any previous neurological issues, and pre existing renal issue	any pre existing kidney or liver issues, previous MI/ HF	Active bleeding or liver issues.	hypomagnesemia or any bone fractures
Side Effects/Adverse Reactions (2)	nausea, vomiting, and heartburn	dizziness, drowsiness, and chills	Blurred vision and constipation	Bruising and red urine	Nausea, dark urine, and diarrhea
Nursing Considerations (2)	Skin assessment for skin rashes also asking for occult blood	Monitor for ototoxicity and tinnitus	Notify PCP of drowsiness, also any changes in LOC	Administer with the air bubble being last part to go in, skin check	monitor renal function and assess for GI Bleeding
Key Nursing Assessment(s)/Lab(s) Prior to Administration	hgb, hct, and WBC	WBC and Neurological assessment PERRLA	CBC and Neurological assessments	PT/INR and skin assessment	Hgb, Hct, WBC/CBC
Client Teaching Needs (2)	Take the full prescribed length and don’t skip medication administration	Take for full prescribed length and don’t skip medication administration	You may get drowsy, don't drive/ operate machinery	contact PCP is any tingling/ numbness, routine platelet check	Notify PCP of blood in stool and urine. Also can be taken with or without food.

Medications Reference (1) (APA):

2023 Nurse's Drug Handbook. (2023). . Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** Alert **Orientation:** Only to person and place **Distress:** No apparent distress **Overall appearance:** Well-groomed and pleasant	
INTEGUMENTARY: **Skin color:** White, normal for race **Character:** Dry, Intact **Temperature:** Warm **Turgor:** 2+ **Rashes:** None noted **Bruises:** None noted **Wounds:** None noted **Braden Score:** 15 **Drains present: Y☒ N ☐** **Type:**	
HEENT: **Head/Neck:** Head and neck are symmetrical **Ears:** Auricle is pink, moist, and not lesions. **Eyes:** The sclera was white, the cornea was clear, and the conjunctiva was pink, with no discharge noted. EOMs intact	.

Nose: Septum is midline with no drainage or bleeding noted **Teeth:** Top and bottom dentures	
CARDIOVASCULAR: **Heart sounds:** S1 and S2 present with no murmurs, gallops, or rubs **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** 1+ symmetric **Capillary refill:** +1 **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Posterior/anterior bilateral even breathing with no wheezes but coarse lower lobes.	.
GASTROINTESTINAL: **Diet at home:** General **Current Diet:** NPO **Height:** 5'5" **Weight:** 214 lb **Auscultation Bowel sounds:** Present in all four quadrants **Last BM:** 2/19/24 **Palpation: Pain, Mass, etc.:** No pain or mass noted **Inspection:** No lesions or rashes noted **Distention:** No distention noted **Incisions:** No incisions noted **Scars:** No scars noted **Drains:** No drains noted **Wounds:** No wounds noted **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☒ N ☐** **Size:** 63 **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	.
GENITOURINARY: **Color:** clear, Yellow	

Character: Clear **Quantity of urine:** 330 ml **Pain with urination:** **Y** ☐ **N** ☒ **Dialysis:** **Y** ☐ **N** ☒ **Inspection of genitals:** Not performed **Catheter: Y** ☒ **N** ☐ **Type:** Standard **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** A&OX2 is able to follow commands **ROM:** Full ROM with generalized weakness **Supportive devices:** N/A **Strength:** +2 on both sides on the upper and lower extremities. **ADL Assistance:** **Y**☐ **N** ☒ **Fall Risk:** **Y** ☒ **N**☐ **Fall Score:** 16 **Activity/Mobility Status:** Pt is a two man lift, and needs help moving. **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☒	.
NEUROLOGICAL: **MAEW:** **Y** ☒ **N**☐ **PERLA:** **Y** ☒ **N**☐ **Strength Equal:** **Y** ☒ **N** ☐ **if no - Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** Oriented to person and place **Mental Status:** Friendly, agreeable, and alert **Speech:** Good **Sensory:** No obvious deficits **LOC:** Alert	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Spending time with husband and grandchildren **Developmental level:** Formal operational stage/No deficits observed **Religion & what it means to pt.:** Not assessed **Personal/Family Data (Think about home environment, family structure, and available family support):** PT is married	.

and currently lives with her husband. Two kids have grown up and moved out.	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0734	**36**	**158/76**	**20**	**98.1**	**95**
1124	**63**	**125/77**	**20**	**98.1**	**97**

Vital Sign Trends:

Patient vitals were stable throughout the day, as were respiratory rate and O^2 rate, which stayed constant.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0734	**0-10**	**none stated**	**none stated**	**none stated**	**N/A**
1145	**0-10**	**none stated**	**none stated**	**none stated**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 **Location of IV: Right Antecubital** **Date on IV: 2/15/24** **Patency of IV: Clear** **Signs of erythema, drainage, etc.: None present** **IV dressing assessment: Transparent, clear**	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

0	**330**

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was awake and alert for vitals at 730 and allowed for a full physical assessment. She denied any pain and tolerated taking her medications through her NG tube. She was also placed on NPO due to having PEG tube placement that day on 2/17.

Procedures/testing done: The procedure that was done was PEG tube placement.

Complaints/Issues: patient verbalized no complaints

Vital signs (stable/unstable): Vitals were steady throughout the day, with no variations

Tolerating diet, activity, etc.: The patient was able to tolerate tube feeding through the night.

Physician notifications: To prepare the patient for PEG tube placement, the patient needs to be placed on NPO.

Future plans for client: PT/OT/Care Facility

Discharge Planning (2 points)

Discharge location: Care facility in Urbana

Home health needs (if applicable): Wheelchair

Equipment needs (if applicable): The patient will need peg tube/trach equipment.

Follow up plan: Follow up with physician and therapy for mobility and perform all ADLs

Education needs: The patient would need education for PEG tube feeding and also teaching on trach care.

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

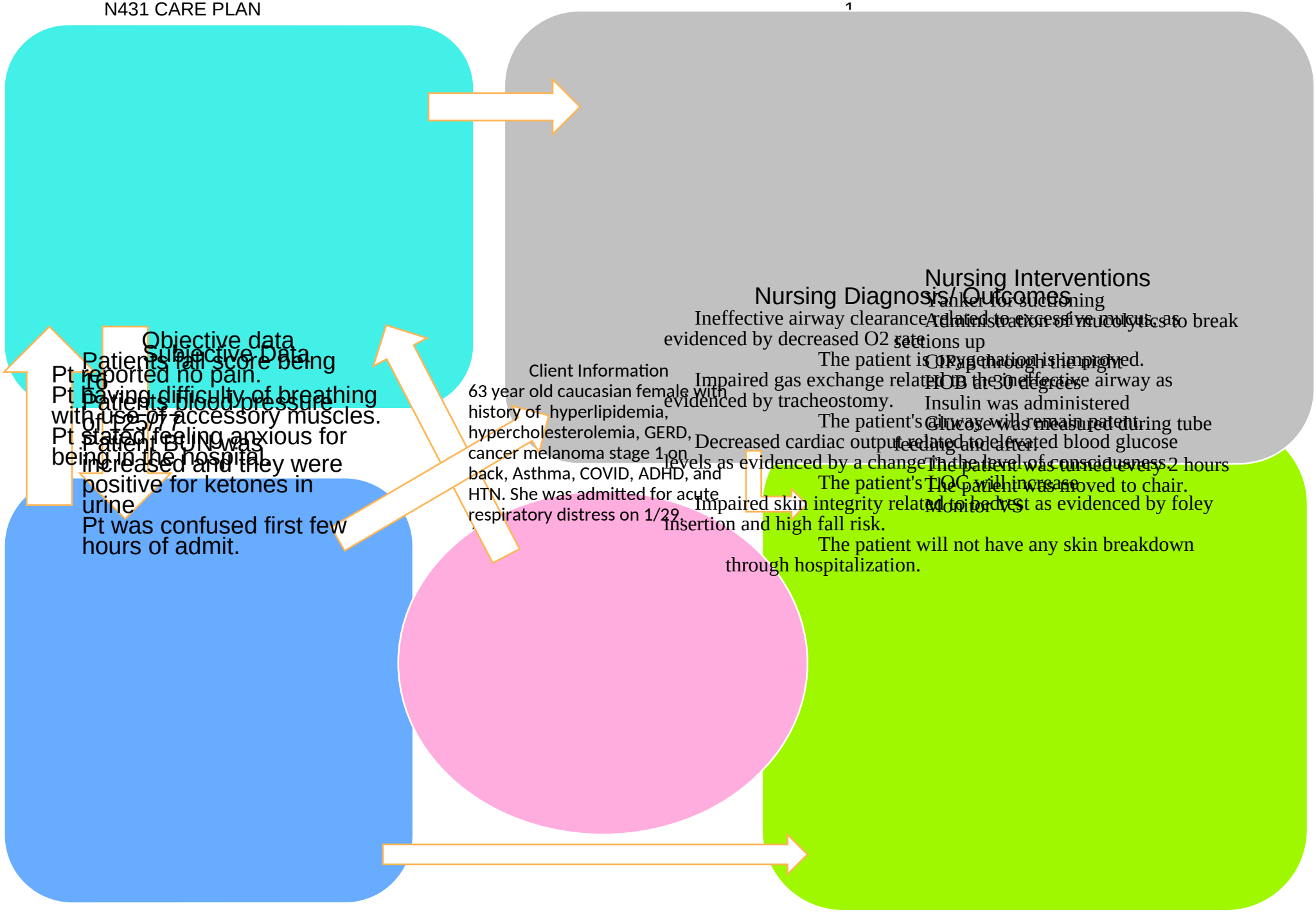
Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components ● Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** ● Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** ● How did the client/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
❖ Ineffective airway clearance related to excessive mucus, as evidenced by decreased O2 rate	❖ The patient has a history of asthma, as well decreased O2 rate	❖ Yanker for suctioning ❖ Administration of mucolytics to break sections up	❖ The patient's oxygenation is improved.	❖ The client was pleased to be able to breathe more freely afterward.
❖ Impaired gas exchange related to the ineffective airway as evidenced by tracheostomy.	❖ The patient had a tracheostomy placed at the previous facility.	❖ CIPap through the night ❖ HOB at 30 degrees	❖ The patient's airway will remain patent.	❖ The patient's airway is patent and the tracheostomy will be removed soon.
❖ Decreased cardiac output related to elevated blood glucose levels as evidenced by a change in the level of consciousness	❖ The patient's glucose was high as this could be due to infection/ TPN	❖ Insulin was administered ❖ Glucose was measured during tube feeding and after.	❖ The patient's LOC will increase	❖ The patient was used to getting her finger stick taken as PMH of DM2. But glucose was controlled.
❖ Impaired skin integrity related to bedrest as	❖ The patient was placed on bed rest	❖ The patient was	❖ The patient will not	❖ The patient is able to tolerate getting up and in

evidenced by foley insertion and high fall risk	as only A&OX2 and had Foley placed.	turned every 2 hours ❖ The patient was moved to a chair.	have any skin breakdown through hospitalization.	the chair for a few hours, with no hypoxic events.

Other References (APA):

Gil Wayne BSN, R. N. (2023, July 30). *Risk for injury & patient safety nursing care plan and management*. Nurseslabs. https://nurseslabs.com/risk-for-injury/#h-goals-and-outcomes

Concept Map (20 Points):


Subjective Data
Patients fall score being 16
Patients blood pressure of 123/77
Patient BUN was increased and they were positive for ketones in urine
Pt was confused first few hours of admit.
Objective data
Pt reported no pain.
Pt having difficulty of breathing with use of accessory muscles.
Pt stated feeling anxious for being in the hospital.
Client Information
63 year old caucasian female with history of hyperlipidemia, hypercholesterolemia, GERD, cancer melanoma stage 1 on back, Asthma, COVID, ADHD, and HTN. She was admitted for acute respiratory distress on 1/29.
Nursing Diagnosis/Outcomes
Ineffective airway clearance related to excessive mucus as evidenced by decreased O2 rate.
Impaired gas exchange related to the ineffective airway as evidenced by tracheostomy.
Decreased cardiac output related to elevated blood glucose levels as evidenced by a change in the level of consciousness.
Impaired skin integrity related to bedrest as evidenced by foley insertion and high fall risk.
Nursing Interventions
Yankeur for suctioning
Administration of mucolytics to break sections up
Oxygen through the right nostril
HOB at 30 degrees
Insulin was administered
Glucose was measured during tube feeding and after.
The patient was turned every 2 hours
The patient was moved to chair.
Monitor VS
The patient will not have any skin breakdown through hospitalization.
The patient is oxygenation is improved.
The patient's airway will remain patent.
The patient's LOC will increase.