N321 Care Plan #1

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Lakeview College of Nursing

N321: Adult Health I

Professor Henry

2/23/24

Demographics (3 points)

Date of Admission 2/17/24	**Client Initials** D.R.	**Age** 69	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** Alprazolam Guaifenesin Guaifenesin-DM
Code Status No CPR (Has ACP Docs)	**Height** 5 feet 6 inches	**Weight** 105 lbs.	

Medical History (5 Points)

Past Medical History: Anemia, Arthralgia of Shoulder, Bronchitis, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Depression with Anxiety, Diarrhea, Edema of leg, frequent headaches, Gastroesophageal reflux disease, Hypoxemia, and Orthopnea.

Past Surgical History: Cholecystectomy, Colonoscopy, Esophagogastroduodenoscopy transoral biopsy single and multiple.

Family History: Mother- Depression, Hypertension, Stroke, Diabetes, and Chronic Obstructive Pulmonary Disease. Father- Heart Attack, Heart Disease, and Lung Cancer. Brothers- three with Chronic Pulmonary Disease and one with Emphysema.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): The client quit smoking cigarettes two years ago after smoking for 51 years. She smoked 73.5 packs per year. The client denies any alcohol, smokeless tobacco, or drug use.

Assistive Devices: Walker and oxygen tank

Living Situation: The client lives in a small town with her husband, daughter, son-in-law, and four grandchildren.

Education Level: High School

Admission Assessment

Chief Complaint (2 points): Altered Mental Status

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

The onset of the present illness was on 2/16/24. According to the client and her husband, the client started “acting strange and not playing cards right.” Then on 2/17/24, she was “completely out of it, and incoherent.” The location of the present illness was “in the head,” because the client was “totally out of it.” The duration started on 2/16/24 and went into 2/17/24 when she was brought to the hospital by ambulance. The characteristics were described as “incoherent, unable to stand, no pain, and shortness of breath.” There were no aggravating factors. The relieving factors were when the client was “given Narcan, due to the client taking morphine at home.” The treatment was “getting the morphine out of her system.” The client denied any pain at the time this was going on.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Chronic Obstructive Pulmonary Disease

Secondary Diagnosis (if applicable): N/A

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

Chronic Obstructive Pulmonary Disease

Breathing from a clear, unobstructed airway is a vital body process essential for quality of life. Chronic Obstructive Pulmonary Disease, otherwise known as COPD, is when airflow is limited due to inflammation and damage to the airways and lung tissue (Capriotti, 2020). COPD is caused by chronic bronchitis, emphysema, and hyperactive airway disease combined

(Capriotti, 2020). Chronic bronchitis is the hypersecretion of mucus in the airways, hypoxia, and cyanosis (Capriotti, 2020). Emphysema is the overextension of trapped air in the alveoli which creates a blockage to the exhalation airflow, decreases the alveoli recoiling, and high residual volume of carbon dioxide left in the lungs (Capriotti, 2020). Hyperactive airway disease is the airway being highly reactive to irritants, and bronchoconstriction episodes (Capriotti, 2020).

The signs and symptoms of COPD include productive cough, dyspnea, cyanosis, use of accessory muscles for breathing, and pulmonary hypertension (Rebar et al., 2019). The client presents with the symptoms of dyspnea without the use of oxygen and the use of accessory muscles, such as her intercostals, for breathing. The client also has a respiratory rate of 22, which correlates with COPD.

The methods of diagnosis for COPD include chest X-ray, pulmonary function tests, sputum culture, and pulse oximetry, showing a decrease in arterial oxygen saturation level (Rebar et al., 2019). A chest X-ray was done for diagnosis, which showed a moderately large infiltration in the right lower lung zone that could be related to pneumonia. The client's oxygen level was very low without the use of the nasal cannula. The lab values of low sodium, low chloride, and CO2 being high also point to the diagnosis of COPD. Also, there is notable neck vein distention which is indicative of COPD.

One of the best treatments for COPD is to stop smoking, which the client did two years ago. Other treatments the patient is currently on include the antibiotic piperacillin-tazobactam and doxycycline hyclate to treat infection, the corticosteroid methylprednisolone for inflammation or lung disease, and oxygen via nasal cannula for hypoxia. The client should also stay hydrated and may need a diuretic to help with edema (Rebar et al., 2019).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis.

Rebar, C. R., Heimgartner, N. M., & Gersch, C. J. (2019). *Pathophysiology made incredibly easy!* Wolters Kluwer.

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 mmol/L	3.22	2.95	The decrease in the RBC could be due to the client's anemia or chronic illness (Pagana et al., 2021).
Hgb	12-15.8 g/dL	9.8	9.1	The client's decrease in hemoglobin could be due to the client's anemia (Pagana et al., 2021).
Hct	36.0% - 47%	31.3%	28.7%	The client's decrease in hematocrit could be due to the client's diagnosis of anemia (Pagana et al., 2021).
Platelets	140-440 per L	254	330	
WBC	4-12 per L	8.60	8.5	
Neutrophils	47% - 73%	82.6%	84.4%	The client's increase in neutrophil level could be due to physical or emotional stress (Pagana et al., 2021).
Lymphocytes	18% - 42%	6.7%	6.2%	The client's decrease in lymphocytes could be due to an immunodeficiency disease (Pagana et al., 2021).
Monocytes	4% - 12%	9.5%	9.2%	
Eosinophils	0 – 5%	0.5	0	
Bands	0.0 – 3%	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	131	136	The client's low sodium value could be due to pleural effusion or a diagnosis of Congestive Heart Failure (Pagana et al., 2021).
K+	3.5-5.1 mmol/L	3.5	3.8	
Cl-	98-107 mmol/L	92	91	The client's low sodium value could be due to respiratory acidosis with the diagnosis of COPD or the diagnosis of Congestive Heart Failure (Pagana et al., 2021).
CO2	22-30 mmol/L	29	35	The client's CO2 level could be high due to emphysema (Pagana et al., 2021).
Glucose	70-99 mg per d/L	130	219	The client's glucose may be high due to the corticosteroid medication (Pagana et al., 2021).
BUN	12-20 mg d/L	13	9	The client's BUN level may be low due to malnutrition. The client is a very petite individual (Pagana et al., 2021).
Creatinine	0.6-1.0 mg d/L	0.63	0.63	
Albumin	3.5-5.0 g d/L	N/A	N/A	
Calcium	8.7-10.5 mg d/L	9.0	9.0	
Mag	1.7-2.2 mEq/L	N/A	N/A	
Phosphate	2.5-4.5 mg d/L	N/A	N/A	
Bilirubin	0.2-1.2 mg d/L	N/A	N/A	
Alk Phos	40-150 units/L	47	N/A	
AST	5-34 units/L	17	N/A	

ALT	0-55 units/L	13	N/A	
Amylase	53-123 units/L	N/A	N/A	
Lipase	0-160 units/L	N/A	N/A	
Lactic Acid	0.5-2.2 mmol/L	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 sec	N/A	N/A	
PT	11.0-13.5 sec	N/A	N/A	
PTT	30-40 sec	N/A	N/A	
D-Dimer	<500 ng/mL	N/A	N/A	
BNP	<100 pg/mL	N/A	N/A	
HDL	>60 mg d/L	N/A	N/A	
LDL	<100 mg d/L	N/A	N/A	
Cholesterol	<200 mg d/L	N/A	N/A	
Triglycerides	40-150 mg d/L	N/A	N/A	
Hgb A1c	4.0-6.0 mmol/	N/A	N/A	
TSH	0.5-5.0 u/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	N/A	Clear/yellow	
pH	5.-9.0	N/A	6.0	
Specific Gravity	1.003-1.030	N/A	1.017	
Glucose	<0.05	N/A	Negative	
Protein	Negative	N/A	1+!	Small amount of protein in the urine can be normal (Pagana et al., 2021).
Ketones	Negative	N/A	Negative	
WBC	Neg - 0-5/hpf	N/A	0-5/hpf	
RBC	Neg - 0-2/hpf	N/A	0-2/hpf	
Leukoesterase	Negative	N/A	Negative	

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	10,000-100,000 bacterial ml of urine	N/A	N/A	
Blood Culture	Negative	N/A	In process	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Pagana, K., Pagana, T., & Pagana, T. (2021). *Mosby's Diagnostic & Laboratory Test Reference* (15th ed.). Elsevier, Inc.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Two X-rays of the chest were performed. First, an X-ray of the chest- single view portable, performed on 2/17/24 showed hyperinflation on both lungs, patchy infiltrates or slight atelectasis in the lung bases, small lateral effusions, and calcification in the thoracic aorta. Pulmonary vascularities are upper limits of normal and increased since the previous hospital visit.

Next, an X-ray chest, 2 views was performed on 2/18/24. It showed a large infiltration in the right lower lung zone compatible with the pneumonia process. Blunting of the right CP angle. Minimal infiltration in the left base. Pulmonary vascularities in upper limits of normal. These two chest X-rays were necessary due to the patient's status in the Emergency department. She is on oxygen at home, morphine in her system, and Narcan being used, she most likely had respiratory depression. The client also has a history of COPD, hypoxemia, and orthopnea. With the client's health history and respiratory status, the purpose of the X-ray was to evaluate the pulmonary and cardiac systems (Pagana et al., 2021).

Diagnostic Test Correlation (5 points): Both chest X-rays of the chest correlate to the client's primary diagnosis of COPD due to air accumulation in the lung (Pagana et al., 2021).

Diagnostic Test Reference (1) (APA):

Pagana, K., Pagana, T., & Pagana, T. (2021). *Mosby's Diagnostic & Laboratory Test Reference* (15th ed.). Elsevier, Inc.

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

Home Medications (5 required)

Brand/Generic	MS Contin, Roxanol, Statex/ morphine sulfate	no brand name/ buspirone hydrochloride	Abilify/ aripiprazole	Elavil/amitriptyline hydrochloride	Celexa/citalopram hydrobromide
Dose	6 mg	15 mg	5 mg	50 mg	40 mg
Frequency	Every 6 hours as needed	Three times a day	Daily	Nightly	Daily
Route	oral	oral	oral	oral	Oral
Classification	Pharm Class-Opioid/Therapeutic class-Opioid analgesic-controlled substance schedule II (NDH, 2023).	Pharm Class-Azapirone/Therapeutic class- Anxiolytic (NDH, 2023).	Pharm Class-Atypical antipsychotic /Therapeutic class-Antipsychotic (NDH, 2023).	Pharm Class-Tricyclic antidepressant /Therapeutic class-Antidepressant (NDH, 2023).	Pharm Class-selective serotonin reuptake inhibitor/Therapeutic class-antidepressant (NDH, 2023).
Mechanism of Action	Binds with and activates opioid receptors in the brain and spinal cord to produce the absence of pain and euphoria (NDH, 2023).	Produces antianxiety effects due to partial agonist at serotonin5-hydroxytryptamine receptors in the brain (NDH, 2023).	May produce anti-psychotic effects through partial agonist and antagonist actions (NDH, 2023).	Blocks serotonin and norepinephrine reuptake by adrenergic nerves. It raises the levels of serotonin and norepinephrine at nerve synapses (NDH, 2023).	Blocks serotonin and reuptake by adrenergic nerves. Serotonin levels are then increased which may elevate mood and reduce depression (NDH, 2023).
Reason Client Taking	The client is in palliative care, and it is used to monitor severe pain	To help ease the client's anxiety	Mental health reasons, possibly had a psychotic episode at some point.	To treat depression	To treat depression
Contraindications (2)	Acute or severe bronchial asthma in an unmonitored setting and significant respiratory depression (NDH, 2023).	Hepatic impairment and renal impairment (NDH, 2023).	Hypersensitivity to aripiprazole or components (NDH, 2023). No other contraindications are listed.	Acute recovery phase after myocardial infarction and concurrent therapy with cisapride (NDH, 2023).	Hypersensitivity to citalopram or its components and use within 14 days of MAO inhibitor therapy (NDH, 2023).
Side Effects/Adverse Reactions (2)	Decreased oxygen saturation and confusion (NDH, 2023).	Urine retention and gastric distress (NDH, 2023).	Hyperlipidemia and cough (NDH, 2023).	Orthostatic hypotension and increased salivation (NDH, 2023).	Cough and upper respiratory tract infection (NDH, 2023).
Nursing Considerations (2)	Can lead to abuse, addiction, and misuse, and monitoring respiratory and circulatory status frequently (NDH, 2023).	Create safety precautions due to central nervous system reactions and use them with caution if the patient has hepatic or renal impairment (NDH, 2023).	Use cautiously with patients and cardiovascular disease and cautiously in the elderly because of the increased risk of cerebrovascular effects (NDH, 2023).	Can cause arrhythmias and monitor behavior changes, such as hallucinations (NDH, 2023).	Monitor for serotonin syndrome which includes chills, confusion, and agitation also use cautiously in patients with cardiac conditions (NDH, 2023).

Hospital Medications (5 required)

Brand/Generic	Protonix/pantoprazole sodium	Lovenox/enoxaparin sodium	Medrol/methylprednisolone	Lipitor/ atorvastatin calcium	No brand name/ ferrous sulfate
Dose	40 mg	40 mg	40 mg	40 mg	325 mg
Frequency	Every morning before meal	Daily	Every 12 hours	Nightly	Three times a day
Route	oral	Subcutaneous Injection	oral	oral	oral
Classification	Pharm Class- Proton pump inhibitor/Therapeutic class- Anti-ulcer (NDH, 2023).	Pharm Class- low molecular heparin/Therapeutic class- Anticoagulant (NDH, 2023).	Pharm Class- Glucocorticoid/Therapeutic class- Corticosteroid (NDH, 2023).	Pharm Class- HMG-CoA reductase inhibitor/Therapeutic Class- Antihyperlipidemic (NDH, 2023).	Pharm class- Hematinic/Therapeutic class- Anti-anemic, nutritional supplement (NDH, 2023).
Mechanism of Action	Inhibits the hydrogen-potassium-adenosine triphosphatase enzyme system in gastric cells and interferes with gastric acid secretion (NDH, 2023).	Binds with antithrombin III, a coagulation inhibitor, and inactivates clotting factors (NDH, 2023).	Binds to intracellular glucocorticoid receptors and suppresses the inflammation and immune response (NDH, 2023).	Decreases plasma cholesterol and lipoprotein levels. It inhibits HMG-CoA reductase and cholesterol synthesis in the liver and raises LDL receptors on liver cells to improve LDL uptake and breakdown (NDH, 2023).	Normalizes red blood cell production by binding with hemoglobin or oxidized in reticuloendothelial cells of the bone marrow, liver, and spleen (NDH, 2023).
Reason Client Taking	The client has the diagnosis of Gastroesophageal reflux disease, commonly known as GERD.	Since the client has limited mobility and is lying in bed it is to prevent blood clots.	To treat her inflammation /lung disease	The client has a family history of heart disease, and her cholesterol levels must have been high.	The client is anemic.
Contraindications (2)	Concurrent therapy - rilpivirine-containing products or hypersensitivity to substituted benzimidazoles, or their components (NDH, 2023).	Active major bleeding and pork products or their components (NDH, 2023).	Systematic fungal infections or hypersensitivity to cow's milk or other dairy products for Solu-Medrol 40 mg (NDH, 2023).	Active hepatic disease and persistent rise in serum transaminase levels (NDH, 2023).	Hemolytic anemias or Hemochromatosis (NDH, 2023).
Side Effects/Adverse Reactions (2)	Increased cough and upper respiratory infection (NDH, 2023).	Hyperlipidemia and pneumonia (NDH, 2023).	Abdominal distention and pulmonary edema (NDH, 2023).	Depression and Anemia (NDH, 2023).	Dyspnea and wheezing (NDH, 2023).
Nursing Considerations (2)	Monitor PT or INR during therapy since the client takes an anticoagulant and monitor for hypomagnesemia (NDH, 2023).	Expect delayed elimination in elderly clients and watch closely for bleeding (NDH, 2023).	Closely monitor for infections because the drug may mask a systemic fungal infection and assess for depression and psychotic episodes during therapy (NDH, 2023).	Expect to measure lipid levels 2 to 4 weeks after the start of medication to adjust dosage as directed and the medication can be used with colestipol or cholestyramine for added effects (NDH, 2023).	At usual doses, the hemoglobin will normalize after 2 months unless the blood loss continues and unabsorbed iron turns stools black or green and can mask blood in the stool (NDH, 2023)

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:** **Orientation:** **Distress:** **Overall appearance:**	The client is alert and oriented x4. She is a very pleasant, smiling, petite 69-year-old female who is well-groomed. She currently is in slight distress because she is unable to urinate on her own. She believes it is because "they are putting her on the bedside commode instead of letting her go to the actual restroom."
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	Skin color is appropriate for ethnicity. Hair is evenly distributed. Skin turgor normal. Her body is warm to the touch, but her feet are very cold. No rashes, bruises, or wounds were noted.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The head and neck are symmetrical, the trachea is midline without deviation, and the thyroid is not palpable with no nodules present. Bilateral carotid pulses are palpable and 2+ and no lymphadenopathy in the head or neck is noted. No lumps or lesions on ears, eyes are bilateral sclera white, bilateral cornea clear, conjunctiva pink, with no visible drainage. PERRLA bilaterally. The mouth is moist and pink and dentition normal. Bilateral frontal sinuses are nontender to touch. seconds. Peripheral pulses are palpable. There is notable neck vein distention. .
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:**	Clear S1 and S2 without murmurs, gallops, or rubs. Normal rate and rhythm. Capillary refill time on fingers and toes is less than 3 seconds. Peripheral and pedal pulses are palpable.

RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	Abnormal respiratory sounds were heard of adventitious breath sounds It was noticed that the client was struggling with the respiration rate being high, chest rising and falling heavily, and the use of accessory muscles such as the intercostal muscles. The client is currently on oxygen via nasal cannula due to trouble breathing and shortness of breath.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	The abdomen shows some distention, but it is nontender to touch. The client has not had a bowel movement in 2 days, which is abnormal for her. Bowel sounds are hypoactive, and no tenderness or masses are noted bilaterally. The client is on a general diet.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The client is having trouble urinating but believes it is because she is trying to urinate on the bedside commode instead of the actual toilet. The client just had a straight catheter removed and is hoping to try and go sit on the toilet in the restroom.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 90**	Limited assessment was performed on the musculoskeletal system due to the client currently not being able to get out of bed. However, the strength in the hand grips and pedal pushes from lying in bed seemed appropriate. The client needs assistance to stand and walk due to very low oxygen status if

Activity/Mobility Status: **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	oxygen is removed.
NEUROLOGICAL: **MAEW: Y** ☐ **N** ☐ **PERLA: Y** ☒ **N** ☐ **Strength Equal: Y** ☒ **N** ☐ **if no -** **Legs** ☐ **Arms** ☐ **Both** ☒ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Alert and oriented x4, memory intact, speech is clear and has normal cognition.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The client seems to have had a great support system with her husband, Steve, for many years. However, it does seem like it is quite chaotic at home with her daughter, son-in-law, and four grandchildren, and one granddaughter has special needs. When the client is feeling anxious, she talks to herself to calm herself down. She identifies with the Christian faith.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	**85**	**96/57**	**22**	**97.4**	**95% on oxygen via nasal cannula**
1300	**89**	**105/61**	**22**	**98.3**	**93% on oxygen via nasal cannula**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	**0-10 scale**	**N/A**	**0**	**N/A**	**N/A**
1300	**0-10 scale**	**Head**	**5**	**Dull**	**Pain Medication**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 Guage **Location of IV:** Left antecubital **Date on IV:** 2/17/24 **Patency of IV:** no patency **Signs of erythema, drainage, etc.:** **IV dressing assessment:** intact but blood present	Saline Lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1960 ml total from the chart	925 ml total from the chart

Nursing Care

Summary of Care (2 points)

Overview of care: The nurse's report was received upon shift exchange upon arrival. The night nurse advised that the client is in end-stage COPD and palliative care. The first thing discussed was how the client de-stats with exertion and that if her bi-pap is removed, she cannot breathe. If the oxygen is removed, the client's level immediately drops to the 70% range, and she is confused without it. The nurses discussed that when the client arrived in the Emergency Department, the care team thought that she had a build of morphine in her system because she was better after Narcan was administered. After arriving at the patient's room at approximately 0745, the patient seemed very tired but in no acute distress. The client's vitals were stable except for her blood pressure being slightly low and her respirations elevated. Oral medications along with a shot of heparin were given at 0900. When assessing the client at 1300, she was in a very pleasant mood. The main overview of care was ensuring the client's oxygen level stayed in the acceptable range.

Procedures/testing done: A straight catheter was removed at 0800 after being inserted at 0500.

Complaints/Issues: The client’s main issue during the shift was not being able to urinate in the bathroom instead of the bedside commode. She felt that she would be able to void if she was in the actual bathroom. Towards the close of the shift, the client had a dull headache that was rated a 5 out of 10 on the numerical scale of 0-10.

Vital signs (stable/unstable): The client’s blood pressure was low, and respirations were high. Otherwise, stable.

Tolerating diet, activity, etc.: The patient is tolerating the general diet but oxygen level drops with any exertion.

Physician notifications: The physician needs to be notified of the morphine incident to see if the prescribed dose should be lowered or if a different pain medication can be used.

Future plans for client: To extend the client's quality of life by providing home health care as needed and medications for comfort.

Discharge Planning (2 points)

Discharge location: The discharge location is at home with her husband and daughter, son-in-law, and four grandchildren.

Home health needs (if applicable): Since the patient is in palliative care and end-stage COPD, a home health nurse is recommended for check-ins.

Equipment needs (if applicable): The client will need ample oxygen supplies.

Follow-up plan: A home health nurse to check in on the client for oxygen issues and to make sure the client is comfortable and in no pain.

Education needs: The client will need to be educated on the home use of morphine and the importance of keeping her oxygen levels in the acceptable range.

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

Nursing Diagnosis	**Rationale**	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation**
• 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	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. Ineffective Airway Clearance related to excessive mucus as evidenced by the client's adventitious breath sounds (Phelps, 2023).	Adventitious breath sounds were heard upon auscultation and there are infiltrates on the client's X-ray.	**1.** Assess respiratory status at least every 4 hours for target rate of 16-20 breaths per minute (Phelps, 2023). **2.** Turn the client every 2 hours so secretions do not pool (Phelps, 2023).	**1.** The client will breathe deeply and cough to remove secretions (Phelps, 2023).	The client responded well, and adventitious breath sounds were absent upon auscultation (Phelps, 2023). The client practiced deep breathing and coughing to remove secretions and no infiltrations showed on the X-ray (Phelps, 2023).
2. Impaired Gas Exchange related to decreased lung function as evidenced by low oxygen levels (Phelps, 2023).	The client's oxygen level can only be sustained via the nasal cannula. When the client does not have the oxygen on her oxygen level drops to the 70% range.	**1.** Administer and monitor oxygen levels to keep at 95% (Phelps, 2023). **2.** Have the client turn, cough, and take deep breaths every 4 hours (Phelps, 2023).	**1.** The client will maintain a respiratory rate within 5 breaths of the predetermined baseline (Phelps, 2023).	The client responded well, and the respirations were within 5 breaths of the baseline (Phelps, 2023). The client did not have any episodes of dyspnea (Phelps, 2023).
3. Ineffective Breathing Pattern related to anxiety as evidenced by using	During the assessment, the client was seen using the intercostal accessory	**1.** Assist patient into comfortable positions by providing upper extremity support to	**1.** The client will indicate verbally or through behavior, feeling comfortable when breathing (Phelps, 2023).	The client responded well, remained comfortable while breathing, and demonstrated adequate and

accessory muscles (Phelps, 2023).	muscles.	allow chest expansion (Phelps, 2023). **2.** Help the client with ADLs to allow for conservation of energy (Phelps, 2023).		unlabored easy breathing (Phelps, 2023). When the client performed ADLS, the breathing pattern remained normal (Phelps, 2023).

Other References (APA):

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

Concept Map (20 Points)

The client started “acting strange and not playing cards right.” Then on 2/17/24, she was “completely out of it, and incoherent.” The location of the present illness was “in the head,” because the client was “totally out of it.” The characteristics were described as “incoherent, unable to stand, no pain, and shortness of breath.” The relieving factors were when the client was “given Narcan, due to the client taking morphine at home.” The treatment was “getting the morphine out of her system.”

Nursing Diagnosis/Outcomes

Nursing Diagnosis 1: Ineffective Airway Clearance related to excessive mucus as evidenced by the client’s adventitious breath sounds (Phelps, 2023).
Outcome 1: The client will breathe deeply and cough to remove secretions (Phelps, 2023).

Nursing Diagnosis 2: Impaired Gas Exchange related to decreased lung function as evidenced by low oxygen levels (Phelps, 2023).
Outcome 2: The client will maintain a respiratory rate within 5 breaths of the predetermined baseline (Phelps, 2023).

Nursing Diagnosis 3: Ineffective Breathing Pattern related to anxiety as evidenced by using accessory muscles (Phelps, 2023).
Outcome 3: The client will indicate verbally or through behavior, feeling comfortable when breathing (Phelps, 2023).

Objective Data

The client’s primary diagnosis upon admission was Chronic Obstructive Pulmonary Disease. The client has a history of Anemia, Arthralgia of Shoulder, Bronchitis, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Depression with Anxiety, Diarrhea, Edema of leg, frequent headaches, Gastroesophageal reflux disease, Hypoxemia, and Orthopnea. Abnormal labs included RBCs, Hgb Hct, neutrophils, lymphocytes, sodium, chloride, CO2, Glucose, and BUN. Vital signs at 0800 were pulse-85, B/P- 96/57, respirations- 22, temperature- 97.4, and O2 95% via nasal cannula.

Client Information

The client is a 69-year-old petite female with the initials D.R. who is 5’6” and weighs 105 pounds. She has a husband named Steve and lives with him and her daughter, son-in-law, and 4 grandchildren. The client is retired. Client came to the Emergency Department with and altered mental status and admitted due to COPD.

Nursing Interventions

Intervention 1a: Assess respiratory status at least every 4 hours for target of normal rate of 16-20 breaths per minute (Phelps, 2023).
Intervention 1b: Turn the client every 2 hours so secretions do not pool (Phelps, 2023).

Intervention 2a: Administer and monitor oxygen levels to keep at 95% (Phelps, 2023).
Intervention 2b: Have the client turn, cough, and take deep breaths every 4 hours (Phelps, 2023).

Intervention 3a: Assist patient into comfortable positions by providing upper extremity support to allow chest expansion (Phelps, 2023).
Intervention 3b: Help the client with ADLs to allow for conservation of energy (Phelps, 2023).