

**N311 Care Plan 2**

Taylor Spelman

Lakeview College of Nursing

N311: Foundations of Professional Practice

Christina Smalley

February 28, 2024

### Demographics (5 points)

<b>Date of Admission</b> 2/7/24	<b>Client Initials</b> C.B	<b>Age</b> 61	<b>Gender</b> F
<b>Race/Ethnicity</b> White/Caucasian	<b>Occupation</b> Nothing on file	<b>Marital Status</b> Single	<b>Allergies</b> Aspirin
<b>Code Status</b> Full	<b>Height</b> 5'0	<b>Weight</b> 175 lbs.	

### Medical History (5 Points)

**Past Medical History:** Bell's Palsy (2021), diabetes mellitus (no date provided),

hypothyroidism (no date provided)

**Past Surgical History:** cholecystectomy, hysterectomy

**Family History:** mother- hypertension and pacemaker, sister- diabetes, brother- deceased from heart attack, son- diabetes

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

No history of alcohol or drugs. Patient would smoke ½ pack of cigarettes a day

### Admission Assessment

**Chief Complaint (2 points):** shortness of breath

**History of Present Illness – OLD CARTS (10 points):** Patient came in complaining of shortness of breath. She stated that this started the day of admission and that trying to stay calm and relax made it a bit better. The patient also had a few other things going along with the SOB that included hallucinating. These made her shortness of breath a little worse due to the confusion going on. Patient did not do anything to help her shortness of breath, she just came

into the ER. The severity of SOB wasn't terrible but the hallucinations that the patient's sister described seemed to be severe due to the types of situations that were being described.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** pneumonia

**Secondary Diagnosis (if applicable):** n/a

### **Pathophysiology**

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

The infection of the lung tissue known as pneumonia causes purulent, inflammatory cells and fibrin to fill the alveolar air gaps. The most common cause is normally because of an infection of bacteria or any type of virus. Capriotti states in the *Davis Advantage for Pathophysiology* textbook, "Aspiration pneumonia is commonly caused by anaerobic bacteria swallowed from the oropharynx. Some pathogens, particularly *Staphylococcus* species, may be spread via the bloodstream to the lungs" (Capriotti & Frizell, 2020, p. 484).

Macrophages are the antigens cells that protect the lungs. The National Library of Medicine states, "once the macrophages are triggered, they engulf those pathogens but also alarm signal molecules or cytokines like TNF-a, IL-8, and IL-1, which then will recruit the neutrophils to the site of infection" (Jain et al., 2022 ).

There are a few symptoms that are sudden onsets of pneumonia. In the *Davis Advantage for Pathophysiology* textbook, Capriotti mentions a cough, fever and chills, pleuritic chest pain, and dyspnea as a few of the onset symptoms of pneumonia (Capriotti & Frizzell, 2020). There are some other symptoms that are mentioned in the textbook that are specified as nonspecific symptoms. If a patient comes in, on the physical exam itself, you will more than likely see the

patient presenting a fever, tachycardia, tachypnea, use of accessory muscles when breathing, and in some cases possibly cyanosis (Capriotti & Frizzell, 2020, p. 485).

There are a few ways to determine if one may have pneumonia. The most common diagnostic test that is done is a chest X-ray, as it is the most important. Both a viral and bacterial illness may be suggested by CBC with differential. Oxygenation can be seen using pulse oximetry. Antibiotic susceptibility and the organism can be shown by sputum sensitivity and culture. Suspicion of pleural effusion can be helped by thoracentesis and ultrasound. For Legionella and *S. pneumoniae*, testing for sputum, serum, and urine antigens are available (Capriotti & Frizzell, 2020).

### **Pathophysiology References (2) (APA):**

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2<sup>nd</sup> ed.). F.A. Davis Company

Jain, V., & Bhardwaj, A. (2022). *Pneumonia pathology*. National Library of Medicine; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK526116/>

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

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
0800	64 bpm	127/76	20	96.9 F	96%

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
1110	numeric	neck	4-5	constant aching	Tylenol

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
240 mL	450 mL

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

<b>Nursing Diagnosis</b>	<b>Rationale</b>	<b>Interventions (2 per dx)</b>	<b>Outcome Goal (1 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>			<ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul> </li> </ul>
1. Impaired gas exchange related to medical diagnosis of pneumonia as evidence	This nursing diagnosis was chosen due to it being an important factor when thinking about priorities. Patient is	1. Place patient in position that best facilitates chest expansion to enhance gas exchange (Phelps,	1. Get the patient to not experience dyspnea before being discharged (Phelps, 2023).	Patient was very cooperative with the interventions and was agreeing to complete. Along with the family, patient’s sister wanted to her to do what would help decrease the SOB

by positive infiltrate in chest x-ray. (Phelps, 2023).	experiencing shortness of breath and is not having the correct breathing pattern.	2023). 2. Administer and monitor oxygen therapy (Phelps, 2023).		the pt is experiencing.
2. Risk for Infection as evidence by patient having a foley catheter (Phelps, 2023).	I chose this nursing diagnosis because older patients are more of at risk for a urinary tract infection and that can be an outcome if foley care is not performed.	1. Minimize patient's risk of infection by performing foley care (Phelps, 2023). 2. Suggest increasing the fluid intake of 3,000 to 4,000 mL daily (Phelps, 2023).	1. Patient will not present any from signs and symptoms of infection (Phelps, 2023).	Patient demonstrated that she understood the importance of hygiene and does not want to contain a UTI, so she agreed to complete the interventions. She is wanting to go home, so she is willing to do what the takes to make it happen.

**Other References (APA):**

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

**Concept Map (23 Points):**

### Subjective Data

- **Complained of constant aching pain on her neck**
  - **Pain level is a 4-5/10**
- **Patient experienced hallucinations**
- **Patient states “I was talking to dead people”**
- **Patient has shortness of breath**

### Nursing Diagnosis/Outcomes

- Impaired gas exchange related to medical diagnosis of pneumonia as evidence by pt. experiencing shortness of breath
  - With the outcome being
    - Patient doesn't experience dyspnea before being discharged (Phelps, 2020).
- Risk for Infection as evidence by patient having a foley catheter
  - With the outcome being
    - Patient will remain free from signs and symptoms of infection (Phelps, 2020).

### Objective Data

- Patient was on oxygen
- Well groomed
- Vital signs: temp- 96.9 F, pulse- 64 bpm, resp- 20, B/P- 127/76, O2- 96%
- Patient looked tired
- Had a scar on the back of her neck with stitches

### Client Information

61-year-old Caucasian female patient who is medically diagnosed with pneumonia. There is no secondary diagnosis for her. She has a history of Bell's Palsy, hypothyroidism, and diabetes mellitus. She has an allergy to Aspirin and is a full code patient.

### Nursing Interventions

1. Place patient in position that best facilitates chest expansion to enhance gas exchange (Phelps, 2020).
2. Administer and monitor oxygen therapy (Phelps, 2020).
3. Minimize patient's risk of infection by performing foley care and assisting patient to ensure perineal area is clean (Phelps, 2020).
4. Encourage fluid intake of 3,000 to 4,000 mL daily unless contradicted (Phelps, 2020).

