N431 Care Plan #1

Lakeview College of Nursing

Miranda Sentelle

Demographics (3 points)

Date of Admission 2/14/2024	**Client Initials** P.L.M	**Age** 87 years old	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** Sudafed, Phenylephn
Code Status Full	**Height** 167.6 cm (5 ft 6 in)	**Weight** 62.3 kg (137 lb 5.6 oz)	

Medical History (5 Points)

Past Medical History: Allergic rhinitis, Benign paroxysmal positional vertigo, chronic lower back pain, hypertension, osteoarthritis, irritable bowel syndrome (IBS), tinnitus, seizures, CHF.

Past Surgical History: Breast biopsy, cataract removal, colonoscopy, tonsillectomy, appendectomy, hysterectomy.

Family History: Prostate cancer – father, arthritis, HTN, CHF – Mother

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Former smoker – quit 56 years ago, Alcohol – 1 glass of wine a day, Drugs – no

Assistive Devices: Walker

Living Situation: Lives at home with her husband.

Education Level: Some college

Admission Assessment

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

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

The 87-year-old female patient came into the Emergency department on February 14, 2024, with persistent SOB that lasted most of the night. The patient reports tightness in her chest that made it difficult to breathe. The patient also reported a productive cough with thick mucus that started

in December. Sitting up helped relieve some of her symptoms. The patient denies pain that radiated. The patient was diagnosed with the flu two weeks prior.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute Respiratory Distress

Secondary Diagnosis (if applicable): Blastomyces infection

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

The pathophysiology of the lungs manifests in several ways. Shortness of breath, or dyspnea, is the most typical indicator of a lung issue. When the pulmonary system cannot adequately expel carbon dioxide from the blood or oxygenate it, respiratory failure results. It is categorized as respiratory failure due to either hypercapnia or hypoxemia. When arterial blood oxygen pressure (PaO2) falls below 60 mm Hg, and arterial carbon dioxide levels are normal, hypoxemic respiratory failure ensues. Pulmonary edema, pneumonia, pneumothorax, and other acute lung diseases can all result in respiratory failure (Capriotti, 2020).

Fluid accumulation in the tiny air sacs (alveoli) of your lungs causes an injury known as acute respiratory distress syndrome (ARDS). Hypoxia, or dangerously low blood oxygen levels, results from ARDS, which stops your lungs from filling with air. A patient is usually diagnosed with mild, moderate, or severe respiratory distress syndrome by medical professionals. The quantity of oxygen in your blood and the amount required to get a healthy blood oxygen level are compared to calculate that level (Cleveland Clinic, 2020).

The etiology, severity, and presence of underlying heart or lung diseases can influence ARDS symptoms. Among the symptoms are difficulty breathing, accelerated heart rate, and

shortness of breath. The patient has trouble breathing and shortness of breath (Cleveland Clinic, 2020).

To diagnose acute respiratory distress, a chest x-ray measures fluid in the lungs, a blood test to measure oxygen levels, an echocardiogram, and an electrocardiogram. (Cleveland Clinic, 2020). The patient was diagnosed with acute respiratory distress by a chest x-ray and a sputum culture. Treatment could include breathing tests, antibiotics, pulmonary rehabilitation, medications, physical therapy, etc. (Cleveland Clinic, 2020). The patient's treatment consists of antibiotics and oxygen therapy.

Pathophysiology References (2) (APA):

Cleveland Clinic. (2020, June 20). *Acute Respiratory Distress Syndrome (ARDS): Symptoms, Treatment*. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/15283-acute-respiratory-distress-syndrome-ards

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

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	3.50 – 5.20 10^6/uL	N/A	3.17 10^6/uL	RBC measures the number of red blood cells (Cleveland Clinic, 2023). The patient isn't getting enough calories needed, which can lower red blood cell count.

				The patient was put on a calorie count, and an order was put in for a feeding tube.
Hgb	11.00 – 16.00 g/dL	13.9 g/dL	9.5 g/uL	Hemoglobin is a protein in the RBC that is that carries oxygen throughout the body (Cleveland Clinic, 2023). The patient has low levels of Hct because of thickening in the lungs is causing the body to not make enough red blood cells to carry oxygen.
Hct	34.0% - 47.0%	40.5%	29.0%	Hematocrit measures the percentage of red blood cells in the blood. RBC cells carry oxygen throughout the body (Cleveland Clinic, 2022). The patient's lungs have thickened, which makes it more difficult for red blood cells to transport oxygen throughout the patient's body.
Platelets	140 – 400 10^3/uL	239 10^3/uL	352 10^3/uL	
WBC	4.00 – 11. 00 10^3/uL	7.12 10^3/uL	9.94 10^3/uL	
Neutrophils	1.60 – 7.70 10^3/uL	4.75 10^3/uL	6.21 10^3/uL	
Lymphocytes	1.00 – 4.90 10^3/uL	1.31 10^3/uL	1.74 10^3/uL	
Monocytes	0.00 – 1.0 10^3/uL	0.87 10^3/uL	1.35 10^3/uL	When monocyte levels are high, it is often linked to infectious diseases and autoimmune (Cleveland Clinic, 2022). In this case, the patient was fighting an infectious fungus disease called Blastomyces
Eosinophils	0.00 – 0.50 10^3/uL	0.12 10^3/uL	0.37 10^3/uL	
Bands	N/A	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 mmol/L	141 mmol/L	
K+	3.5 – 5.1 mmol/L	3.3 mmol/L	3.3 mmol/L	Hypokalemia means low blood potassium levels (Cleveland Clinic, 2022). The patient's potassium levels are low due to being on antibiotics to treat Blastomyces.
Cl-	98 – 107 mmol/L	105 mmol/L	106 mmol/L	
CO2	22.0 – 29.0 mmol/L	27.0 mmol/L	25.0 mmol/L	
Glucose	74 – 100 mg/dL	91 mg/dL	97 mg/dL	
BUN	10 – 20 mg/dL	11 mg/dL	11 mg/dL	
Creatinine	0.55 – 1.02 mg/dL	0.73 mg/dL	0.86 mg/dL	
Albumin	3.4 – 4.8 g/dL	N/A	2.2 g/dL	
Calcium	8.9 – 10.6 mg/dL	9.5 mg/dL	8.9 mg/dL	
Mag	1.6 – 2.6 mg/dL	1.9 mg/dL	1.7 mg/dL	
Phosphate	40 – 150 u/L	47 u/L	47 u/L	
Bilirubin	0.2 – 1.2 mg/dL	N/A	N/A	
Alk Phos	40 – 150 u/L	N/A	N/A	
AST	5 – 34 u/L	N/A	N/A	
ALT	0 – 55 u/L	N/A	N/A	
Amylase	29 – 103 u/L	N/A	N/A	
Lipase	11 – 83 u/L	N/A	N/A	
Lactic Acid	0.5 – 2.0 mmol/L	N/A	N/A	
Troponin	0 – 4 ng/L	11 ng/L	N/A	High levels of troponin in the blood determine heart muscle damage or severity of a heart attack (Cleveland

				Clinic, 2022). In this case the patient has a history of hypertension which could cause elevation of cardiac troponin.
CK-MB	0.0 – 4.0 ng/mL	N/A	N/A	
Total CK		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	0.9-1.1 sec.	N/A	1.0 sec.	
PT	11.7 – 13.8 sec.	N/A	13.3 sec.	
PTT	22.4 – 35.9 sec.	N/A	25.9 sec.	
D-Dimer	<0.50 ng/mL	N/A	N/A	
BNP	<100 pg/mL	131.0 pg/mL	348.0 pg/mL	BNP determines how the heart is working. High levels of BNP can be a sign of heart failure (Cleveland Clinic, 2022). The patient has a history of heart failure which could cause high levels of BNP.
HDL	40 - 60 mg/dL	N/A	N/A	
LDL	<100 mg/dL	N/A	N/A	
Cholesterol	<200 mg/dL	N/A	N/A	
Triglycerides	<150 mg/dL	N/A	N/A	
Hgb A1c	4.0-6.0%	N/A	N/A	
TSH	0.350 – 4.940 mlU/L	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	Yellow/Clear	Yellow/Clear	N/A	
pH	5.0-9.0	7.5	N/A	
Specific Gravity	1.0003-1.030	1.010	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	Negative (0-5/hpf)	Negative	N/A	
RBC	Negative (0.2/hpf)	Negative	N/A	
Leukoesterase	Negative	Positive	N/A	A positive leukocyte esterase in urine might indicate a urinary tract infection (Mayo Clinic, 2023). The patient has a UTI and was treated with antibiotics.

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	7.454	N/A	Ph in arterial blood gas measures the balance of acids and bases in the blood. High levels are considered too alkaline (basic) (Cleveland Clinic, 2022). The patient was diagnosed with acute respiratory distress syndrome, which can cause high

				levels of pH.
PaO2	75 – 100 mmHg	39.9 mmHg	N/A	
PaCO2	35 – 45 mmHg	37.2 mmHg	N/A	
HCO3	22 – 26 mEq/L	27.4 mEq/L	N/A	Bicarbonate (HCO3) measures the values of pH and PaCO2 to determine the amount of the basic compound made from carbon dioxide (CO2.) (Cleveland Clinic, 2022). High levels of HCO3 are metabolic alkalosis. Acute respiratory distress can cause high level of HCO3.
SaO2	95 – 100%	96%	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	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Cleveland Clinic. (2022, July 18). *Hematocrit (Red Blood Cells) Test*. Cleveland Clinic. https://my.clevelandclinic.org/health/diagnostics/17683-hematocrit

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest X-ray on 2/14/2024, impression: no evidence of pulmonary embolism, evidence of scattered centrilobular nodules, consistent with the post-infectious process, bronchiectasis in the middle lobe and left lower lobe, and cholelithiasis.

Chest X-ray on 2/26/2024, impression: the heart is normal size, patchy mildly nodular bilateral mid to lower lung pulmonary opacities which were not seen prior could be due to pneumonia. Multilevel degenerative change.

Diagnostic Test Correlation (5 points):

The patient had shortness of breath when they arrived at the emergency room (SOB). To assist the physician in determining the reason for the patient's SOB, a chest X-ray was ordered. The results of the chest X-ray support multifocal pneumonia and bronchiectasis. A chronic lung condition called bronchiectasis causes the bronchial walls to permanently thicken and expand due to inflammation and infection. was also seen on the patient's X-ray film (Cleveland Clinic, 2019).

Diagnostic Test Reference (1) (APA):

Cleveland Clinic. (2019). *Bronchiectasis | Cleveland Clinic*. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/21144-bronchiectasis

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

Home Medications (5 required)

Brand/Generic	Tylenol/ Acetaminophen	Orajel/ Benzocaine	TUMS/ Calcium Carbonate	Olly/ Melatonin	Tessalon/ Benzonatate
Dose	500 mg	10%	500 mg	3 mg	100 mg
Frequency	PRN Q4H	PRN	PRN Q6H	PRN at bedtime	TID
Route	Oral	Topical	Oral	Oral	Oral
Classification	Therapeutic: antipyretics, nonopioid analgesics (Davis 2024). Pharmacology: Antipyretic (Davis 2024).	Therapeutic: anesthetics (topical/local) (Davis 2024).	Therapeutic: mineral and electrolyte replacements/supplements (Davis 2024). Pharmacology: antacid (Davis 2024).	Therapeutic: improved sleep pattern, hypnotics (Davis 2024). Pharmacology: sedative (Davis 2024).	Therapeutic: decrease in cough (Davis, 2024).
Mechanism of Action	Inhibits synthesis of prostaglandins that may serve as mediators of pain and fever, primarily in the CNS. Has no significant anti-inflammatory properties or GI toxicity (Davis 2024).	Inhibit initiation and conduction of sensory nerve impulses (Davis 2024).	Essential for nervous, muscular, and skeletal systems. Maintain cell membrane and capillary permeability. Act as an activator in the transmission of nerve impulses and contraction of cardiac, skeletal, and smooth muscle. Essential for bone formation and blood coagulation (Davis 2024).	Melatonin is a hormone secreted from the pineal gland in a 24-hour circadian rhythm, regulating the normal sleep/wake cycle (Davis, 2024).	Anesthetizes or stretch receptors in vagal nerve afferent fibers found in lungs, pleura, and respiratory passages (Davis, 2024).
Reason Client Taking	Relief of chronic lower back pain.	Sores on patient mouth.	Relief of acid indigestion/heartburn.	Insomnia	Cough relief
Contraindications (2)	Products containing alcohol, aspartame, saccharin, sugar, or tartrazine should be	Heart disease (Davis, 2024). Asthma (Davis,	Ventricular fibrillation (Davis, 2024). Hypercalcemia (Davis,	Bleeding disorder (Davis, 2024).	Kidney or liver disease (Davis, 2024). Breast-feeding (Davis,

	avoided in patients who have hypersensitivity or intolerance to these compounds (Davis 2024). Serve hepatic impairment/active liver disease (Davis, 2024).	2024).	2024).	Depression (Davis, 2024).	2024).
Side Effects/Adverse Reactions (2)	Hepatotoxicity (Davis 2024). Nausea/vomiting (Davis 2024).	Burning (Davis 2024). Irritation (Davis 2024).	Headache (Davis 2024). Constipation (Davis 2024).	Hypotension (Davis, 2024). Dizziness (Davis, 2024).	Dizziness (Davis, 2024). GI upset (Davis, 2024).
Nursing Considerations (2)	Do not exceed maximum daily dose of acetaminophen (Davis, 2024). Monitor the effectiveness of pain level (Davis, 2024).	Emphasize need to avoid contact with eyes (Davis, 2024). Some products contain alcohol and should be avoided in patients with known alcohol intolerance (Davis, 2024).	Cereals, spinach, or rhubarb may decrease the absorption of calcium supplements (Davis 2024). Administer calcium carbonate 60-90 min after meals and at bedtime (Davis 2024).	Take at bedtime as directed (Davis, 2024). Avoid concurrent use of alcohol or other CNS depressants (Davis, 2024).	Any cough lasting more than 1 week or accompanied by fever, chest pain, headache, or skin rash seek medical attention (Davis, 2024). Seek medical help if symptoms of overdose occur (Davis, 2024).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess type, location, and intensity of pain prior to and 30-60 min following administration (Davis 2024). Review patients' serum bilirubin, AST, ALT and prothrombin time prior to administration (Davis 2024).	Assess integrity of involved skin and mucous membranes before and periodically throughout (Davis 2024). Assess type, location, and intensity of pain before and few minutes after administration	Assess for heartburn, indigestion, and abdominal pain. Inspect abdomen; auscultate bowel sounds (Davis, 2024). Monitor patient on digital's glycosides for signs of toxicity (Davis, 2024).	Assess sleep patterns before and periodically throughout therapy (Davis 2024). Monitor blood glucose, coagulation panel, hormone panel, and lipid panel (Davis 2024).	Assess frequency and nature of cough, lung sounds, and amount and type of sputum produced (Davis, 2024). Monitor fluid intake to decrease viscosity of bronchial secretions (Davis, 2024).

		of anesthetic (Davis 2024).			
Client Teaching Needs (2)	Advise patient to avoid alcohol. Three or more glasses per day increase the risk of liver damage (Davis 2024). Advise patient to take medication exactly as directed and not to take more than the recommended amount (Davis 2024).	Instruct patient on correct application technique (Davis 2024). Advise patient to discontinue use and notify health care professional if erythema, rash, or irritation at site of administration occur (Davis 2024).	Advise patient calcium carbonate may cause constipation (Davis, 2024). Encourage patients to maintain a diet adequate in vitamin D (Davis, 2024).	Instruct patient to take at bedtime as directed (Davis 2024). Caution patient to avoid driving and other activates requiring alertness (Davis 2024).	Instruct patient to cough effectively: sit upright and take several deep breaths before attemptin to cough (Davis, 2024). Advised patient to minimize by avoiding cough (Davis, 2024).

Hospital Medications (5 required)

Brand/ Generic	ProAir/ Albuterol sulfate	AmBisome/ Amphotericin b liposomal	Eliquis/ Apixaban	Cozaar/ Losartan	Clonidine/ Catapres
Dose	2.5 mg	200 mg	5 mg	25 mg	0.2 mg
Frequency	BID	Q24H	BID	Daily	B.I.D
Route	Inhale	Oral	Oral	Oral	Oral
Classification	Therapeutic: bronchodilator (Davis 2024). Pharmacologic: adrenergics (Davis 2024).	Therapeutic: antifungals (Davis 2024).	Therapeutic: anticoagulants (Davis 2024). Pharmacologic: factor Xa inhibitors (Davis 2024).	Therapeutic: antihypertensives (Davis 2024). Pharmacologic: angiotensin II receptor	Therapy class: antihypertensives (Davis 2024). Pharmacology class: adrenergic (centrally acting) (Davis

				antagonists (Davis 2024).	2024).
Mechanism of Action	Binds to beta2-adrenergic receptors in airway smooth muscle, leading to activation of adenyl cyclase and increased levels of cyclic-3, 5-adenosine monophosphate (cAMP) (Davis 2024).	Binds to fungal cell membrane, allowing leakage of cellular contents. Toxicity (especially acute infusion reactions and nephrotoxicity) is less with lipid formulations (Davis 2024).	Acts as a selective, reversible site inhibitor of factor Xa, inhibiting both free and bound factors (Davis 2024).	Blocks the vasoconstrictor and aldosterone-secreting effects of angiotensin II at various receptor sites, including vascular smooth muscle and the adrenal glands (Davis 2024).	Stimulates alpha-adrenergic receptors in the CNS, which results in decreased sympathetic outflow inhibiting cardio acceleration and vasoconstriction (Davis 2024).
Reason Client Taking	Acute respiratory distress	Blastomyces infection.	Prevent blood clots.	Treat high blood pressure	To treat hypertension
Contraindications (2)	Hypertension (Davis 2024). Heart problems (HF) (Davis 2024).	Seizure (Davis 2024). Hypertension (Davis 2024).	Severe bleeding (Davis 2024). Hypersensitivity (Davis 2024).	Decrease in renal function (Davis 2024). Renal impairment (Davis 2024).	Heart disease/failure (Davis 2024). Hypotension (Davis 2024).
Side Effects/Adverse Reactions (2)	Tremor (Davis 2024). Hypokalemia (Davis 2024).	Hypotension (Davis 2024). Edema (Davis 2024).	Bleeding (Davis 2024). Anaphylaxis (Davis 2024).	Diarrhea (Davis 2024). Fatigue (Davis 2024).	Drowsiness ((Davis 2024). Constipation ((Davis 2024).
Nursing Considerations (2)	Shake the inhaler well before administrating (Davis 2024). Allow at least 2 minutes between inhalations of aerosol	Observe for adverse effects during the first 30 minutes of administration (Davis 2024). Assess IV site for frequently for	Monitor for signs and symptoms of bleeding (Davis 2024). Monitor regular INR and should be	Monitor for signs of impaired renal function, including decreased urine output, cloudy urine, or sudden	Instruct patient to take clonidine at the same time each day, even if feeling better ((Davis 2024). Advise patient to notify health

	medication (Davis 2024).	thrombophlebitis or leakage when administrating (Davis 2024).	familiar with target INR range (Davis 2024).	weight gain (Davis 2024). Assess dizziness that might affect gait, balance, and other functional activities (Davis 2024).	care professional if itching or redness of skin, mental depression, swelling of feet, lower legs (Davis 2024).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess lung sounds, pulse, and BP before administration and during peak of medication (Davis 2024). Monitor serum potassium concentrations with nebulization (Davis 2024).	Monitor vital signs every 15 min during test dose and every 30 min for 2-4 hours after administration (Davis 2024). Monitor CBC, BUN, and serum creatinine, potassium, and magnesium levels daily (Davis 2024).	Assess patient for symptoms of stroke, DVT, PE, bleeding, or peripheral vascular disease parodically during therapy (Davis 2024). Monitor for toxicity and overdose. Antidote is andexanet alfa (Davis 2024).	Assess BP and pulse frequently during initial dose adjustment and periodically during therapy (Davis 2024). Monitor renal function (Davis 2024).	Monitor intake and output ratios and daily weight and assess for edema daily, especially at beginning of therapy (Davis 2024). Monitor blood glucose levels (Davis 2024).
Client Teaching Needs (2)	Instruct patient to take albuterol as directed (Davis 2024). Advise patient to rinse mouth with water after each inhalation dose to minimize dry mouth and clean the mouthpiece with water (Davis 2024).	Explain need for long duration of IV therapy (Davis 2024). Inform patient of potential side effects and discomfort at IV site (Davis 2024).	Inform patient that they may bruise and bleed more easily or longer than usual (Davis 2024). Notify health care professional of skin rash or signs of severe allergic reaction occur (Davis 2024).	Inform patient may cause dizziness (Davis 2024). Instruct patient to notify health care professional of swelling of face, eyes, lips, or tongue occurs (Davis 2024).	Instruct patient to take clonidine at the same time each day, even if feeling better (Davis, 2020). Advise patient to notify health care professional if itching or redness of skin, mental depression, swelling of feet, lower legs (Davis, 2024).

Medications Reference (1) (APA):

Davis's Drug Guide. (2024). *Davis's Drug Guide Online* / DrugGuide.com.

https://www.drugguide.com/ddo/

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was alert and oriented to person, place, time, and situation. The patient was not in distress. The patient's overall appearance was well-groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	The patient's skin was dry warm, pink, and intact. The patient's temperature was 36.8 C at 1634. Skin turgor normal. No lesions or bruising but a rash on the patient's lower back. The rash appeared to be red. The patient didn't report itchy, pain, or irritation at the site. Nails without clubbing or cyanosis. Capillary refills less than 3 seconds fingers. Braden Score:
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The head and neck of the patient are symmetrical. There is no deviation in the trachea's midline and no palpable thyroid. Palpable, 2+ bilateral carotid pulses are present. The symmetrical ears lack cerumen and obvious discharge. The patient didn't seem to be experiencing any hearing issues. Both eyes had bilateral corneas and bilateral white sclera. There is no obvious eye discharge. PERRLA on both sides. The pink, wet conjunctiva was visible. The turbinate was pink and wet on both sides, and the nose was midline. The uvula, tongue, and buccal mucosa were all pink, wet, and lesion-free.
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. Peripheral pulses are palpable. PMI was palpable at the 5th intercostal space. Finger capillary refill time is less than 3 seconds.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Patient has regular and clear respiratory sounds. She uses a spirometer to help maintain her lung strength.
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:**	Patient reports a regular diet at home. The patient isn't receiving enough calories in her diet. She is placed on calories count and the doctor order a food tube be in place in later that day. The patient heigh is 167.6 cm (5 ft 6 in) and weight is 62.3 kg (137 lb. 5.6 oz). The patient last BM was at 1000 on 3/1/24. The patient experiences regular bowel movements at a rate of 5-30 per minute in all four quadrants, with the occasional borborygmus heard. The abdomen felt soft and nontender to the touch, but it wasn't swollen and there were no wounds, drains, or incisions. There have been no reports of vomiting or diarrhea.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Yellow/Clear. No pain or urgency during voiding. Last out was 150mL at 1235.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:**	Neurovascular status is intact. All extremities have full range of motion (ROM). Hand grips and

Supportive devices: **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	pedal push and pulls demonstrated normal and equal strength. The patient did to start experiencing some tremor that started on 3/3/24. Fall score: 35 The patient has a walker to help assist her.
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Eye exhibited PERRLA signs. Alert and oriented to person, place, and time. Normal cognition. Clear and soft spoken. LOC: The patient was awake, answers questions, and cooperative.
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 patient had her husband and daughter visit. She also watches tv and read books for coping. The patient can have a full conversation about past and present. She about to read and write. Religion not reported. The patient has the support of her husband and daughter who visit her daily.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1142	119	129/83 Left arm	24	36.8 C (98.3 F) Oral	95% Nasal Cannula 3L
1634	71	115/71 Left arm	19	36.8 C (98.3 F)	95% Nasal Cannula 3L

				Oral	

Vital Sign Trends:

The patient had an evaluated pulse of 119 and a resp rate of 24 at 1142. Vital signs were normal again at 1634.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1412	6	Lower back	Moderate	Aching pain	Acetaminophen 500 mg.
1640	0	None	None	None	None

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G **Location of IV:** Left; lower, posterior forearm. **Date on IV:** 3/2/2024 **Patency of IV:** Able to assess. **Signs of erythema, drainage, etc.:** N/A **IV dressing assessment:** Clean, dry, and intact.	Normal saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
100 mL at 1000	150 mL of urine at 1235

Nursing Care

Summary of Care (2 points)

Overview of care: I administrated acetaminophen to the patient, who reported pain of about a 6 on a scale of 0-10. Vitals were done at 1632 and were in the normal range. Assist the patient to the bathroom and reposition the patient for better comfort. I perform a head-to-toe assignment on the patient. The patient was overall happy with her care.

Procedures/testing done: No procedures or test was done.

Complaints/Issues: The complaint of lower back pain, acetaminophen was giving to relief pain.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Regular diet with calorie count and breath exercises.

Physician notifications: Patent will stay as an inpatient until she is stable and treated for Blastomyces infection.

Future plans for client: Continue taking amphotericin b liposomal (antibiotics) to treat Blastomyces.

Discharge Planning (2 points)

Discharge location: Home with her husband.

Home health needs (if applicable): None

Equipment needs (if applicable): Walker.

Follow up plan: Consult the primary care provider and cardiologist.

Education needs: Continue using albuterol when needed and acetaminophen for lower back pain. Check up with primary care provider.

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	• Explain why the			• How did the client/family

diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	nursing diagnosis was chosen			respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective airway clearance related to inflammatory process as evidenced by shortness of breath.	This nursing diagnosis was given because the patient complained of shortness of breath and reports productive cough with thick mucus.	1. Provide oxygen to a high-flow nasal cannula (NursingTogether, 2022). 2. Assist the patient in an upright position for lung expansion (NursingTogether, 2022).	1. The patient will maintain a patent airway and an effective breathing pattern (NursingTogether, 2022).	The patient was compliant with an upright position and nasal cannula.
2. Impaired gas exchange related to ineffective breathing pattern as evidenced by abnormal arterial pH.	This nursing diagnosis was given because the patient had elevated pH levels.	1. Position the patient prone if there is difficulty maintaining oxygenation (NursingTogether, 2022). 2. Encourage the patient to perform breathing exercises (NursingTogether, 2022).	1. The patient will demonstrate adequate oxygenation and improved ventilation with arterial blood gas levels within normal range (NursingTogether, 2022).	The patient demonstrated breathing exercises to strength her lungs.
3. Ineffective breathing pattern related to acute pain as	This nursing diagnosis was given because the patient had a	1. Promote bronchodilation to relax the smooth muscles of the airways	1. Patient will demonstrate a regular respiratory rate and rhythm	The patient was compliant with her medication regimen of albuterol as

evidenced by alterations in respiratory rate.	elevated respiratory rate 24.	(NursingTogether, 2022). 2. Apply oxygen (NursingTogether, 2022).	(NursingTogether, 2022).	needed.
4. Activity intolerance related to an imbalance between oxygen supply and demand as evidenced by expresses fatigue.	This nursing diagnosis was given because reported feeling fatigue while doing activities.	1. Increase activities within limitations (NursingTogether, 2022). 2. Incorporate adequate rest periods in plan of care (NursingTogether, 2022).	1. The patient will demonstrate increased tolerance to activity (NursingTogether, 2022).	The patient was willing to learn different activity that will increase her tolerance while learning her limitations and rest periods.

Other References (APA):

Wagner, M. (2022, October 11). *Acute Respiratory Distress Syndrome (ARDA) Nursing Diagnosis & Care Plan.* NurseTogether.

https://www.nursetogether.com/acute-respiratory-failure-nursing-diagnosis-care-plan/

Concept Map (20 Points):

Subjective Data

Fatigue
Pain a 6 on a scale 0-10
Shortness of breath

Objective Data

Blastomyces infection
Flu
Acute respiratory distress
Pneumonia

Client Information

Female
87 years old
167.6 cm (5 ft. 6 in)
62.3 kg (137 lb 5.6 oz)
Married
Retired

Nursing Diagnosis/Outcomes

Ineffective airway clearance related to inflammatory process as evidenced by shortness of breath.

Impaired gas exchange related to ineffective breathing pattern as evidenced by abnormal arterial pH.

Ineffective breathing pattern related to acute pain as evidenced by alterations in respiratory rate.

Activity intolerance related to an imbalance between oxygen supply and demand as evidenced by expresses fatigue.

The patient will maintain a patent airway and an effective breathing pattern (NursingTogether, 2022).

The patient will demonstrate adequate oxygenation and improved ventilation with arterial blood gas levels within normal range (NursingTogether, 2022).

Patient will demonstrate a regular respiratory rate and rhythm (NursingTogether, 2022).

The patient will demonstrate increased tolerance to activity (NursingTogether, 2022).

Nursing Interventions

Provide oxygen to a high-flow nasal cannula (NursingTogether, 2022).
Assist the patient in an upright position for lung expansion (NursingTogether, 2022).
Position the patient prone if there is difficulty maintaining oxygenation (NursingTogether, 2022).
Encourage the patient to perform breathing exercises (NursingTogether, 2022).
Promote bronchodilation to relax the smooth muscles of the airways (NursingTogether, 2022).
Apply oxygen (NursingTogether, 2022).
Increase activities within limitations (NursingTogether, 2022).
Incorporate adequate rest periods in plan of care (NursingTogether, 2022).