N431 Care Plan # 1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 2/16/12	**Client Initials** MRM	**Age** 60	**Gender** Female
Race/Ethnicity White/Caucasian	**Occupation** No Employed	**Marital Status** Married	**Allergies** Latex - Itching Morphine - N/V Adhesive tape silicones-atopic dermatitis
Code Status Full Code	**Height** 5'7"	**Weight** 302	

Medical History (5 Points)

Past Medical History: Bleeding stomach ulcer, CAD, Chronic systolic congestive heart failure, COPD, DM Type 2, Hyperlipidemia, Hypothyroidism, Left ventricular systolic dysfunction, Mass of skin of finger of right hand, MI X2, Obesity, CPAP, Osteoarthritis, Pacemaker, Paroxysmal atrial fibrillation, Severe mitral regurgitation, Sleep-related hypoventilation/hypoxemia in other disease.

Past Surgical History: Arm/hand soft tissue procedure Right: 7/22/16; biventricular acid: 2/5/18; cardiac catheterization; cardioversion: 02/15; EGD/Colonoscopy: 6/1/2018; finger surgery: 7/22/16; right heart Catheterization: 1/31/18; upper gastrointestinal endoscopy: 1/16/18, 7/16/18;

Family History: Mother: Lung cancer/ emphysema

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

A former smoker, who smoked half a pack a day for 20 years, would smoke cigarettes. Her quit date was 1/14/2018, and she has had 6 years of cessation. The patient states they don't drink.

Assistive Devices: Mobility impairment - needs a wheelchair

Living Situation: Lives at home with husband Timothy

Education Level: GED

Admission Assessment

Chief Complaint (2 points): Abdominal pain and distension

History of Present Illness – OLD CARTS (10 points): A 60-year-old female presented to the ED with signs and symptoms of abdominal pain and distention with a productive cause that has lasted for the past 3 days. The patient states that having a productive cough that produces yellow/green sputum. Aggravating factors include laying flat, with relieving of sitting up and deep breathing. The pt has had a CT/X-ray of her abdomen and her chest which showed opacities through the lower lobes of the right lung. Treatment began with 500 mg azithromycin, 1 g ceftriaxone, and 80 mg furosemide for initial management, then treatment included IV lasix, and IV dobutamine to get fluid off the body and help with hypotension. The patient denies any chest pain, shortness of breath, fever, nausea, vomiting, diarrhea, constipation, or blood in the stool.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): N/A

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

Pneumonia is an infection that inflames the alveoli in either one or both lungs. Possible fluid or pus can fill the alveoli, which can cause dyspnea or shortness of breath. Sattar and Sharma (2023) suggest that pneumonia can be caused by an extensive list of agents, including bacteria, viruses, fungi, and parasites. The respiratory system is not a sterile

environment and is exposed to environmental bacteria daily. With my patient specifically, it was community-acquired pneumonia, which is, “any pneumonia acquired outside of a hospital in a community setting." (Jain et al., 2023) The invasion of pathogens causes an inflammatory response in the clinical syndrome of pneumonia.

Signs and symptoms that correlate with my patient's symptoms include shortness of breath, dyspnea, and abdominal distention. Sattar and Sharma (2023) suggest that the patient can also have chest pain, confusion, cough with sputum production, and fever. Vital signs could also be out of normal limits, as there could be a temperature increase above 98.0 degrees, an elevated heart rate, increased respiration, and a low oxygen saturation rate. Since the alveoli are not able to exchange the CO^2 gas for O^2.

Diagnostic testing that is done to diagnose pneumonia includes a chest x-ray, computed tomography, arterial blood gases, and sputum culture to specifically see what pathogen is causing the pneumonia and what medication is correct for sensitivity. My patient had a positive culture and was being treated with multiple antibiotics. The chest x-ray and computed tomography show if there are any opacities or obstructions in the lungs. Arterial blood gases are done to see the respiratory or metabolic imbalance that is happening since the body is not being perfused fully. Lastly, they could obtain a pleural fluid culture to see if there is an infection in the pleural cavity, as suggested by Jain et al. (2023)

Treatment of the disease is done after assessing the sputum culture and seeing the sensitivity it has to certain penicillins if the patient is allergic. They could give tetracycline, which is another type of antibiotic; the patient was specifically on Gentamicin. Also, the patient could receive bronchodilators and mucolytics to help open the bronchioles and break up the

secretions. The patient had both albuterol and tiotropium and had a history of asthma that also helped with the pneumonia.

Pathophysiology References (2) (APA):

Jain, V., Vashisht, R., Yilmaz, G., & Bhardwaj, A. (2023, July 31). Pneumonia pathology. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK526116/

Sattar, S. B. A., & Sharma, S. (2023, August 14). *Bacterial pneumonia*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK513321/

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	3.5-5.8 M/uL	3.73	3.34	Possibly due to bleeding or malnutrition. (M. & Bladh, 2023)
Hgb	12-18 g/dL	9.6	8.5	This could be due to hypothyroidism, bleeding also decreases in O2 in the body. Fluid overload. (M. & Bladh, 2023)
Hct	35-45 %	31.6	28.5	This could be due to bleeding malnutrition, inflammation, and hypothyroidism. Fluid overload. (M. & Bladh, 2023)
Platelets	140-440 /mm3	209	268	
WBC	4,000-10,500 /mm3	7.47	10.01	
Neutrophils	38-75 %	68.3	67.5	
Lymphocytes	10-50%	12.7	11.7	
Monocytes	1-13%	8.6	8.3	

Eosinophils	0-6%	5.2	5.5	
Bands	0-2%	0.5	0.5	

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145 mmol/L	139	137	
K+	3.5-5.3 mmol/L	4.0	4.6	
Cl-	98-109 mmol/L	100	99	
CO2	22.0-29.0 mmol/L	38.0	33.0	Possible lung infection with fluid overload. (M. & Bladh, 2023)
Glucose	74-109 mg/dL	153	126	Diabetes type 2, possible infection response. (M. & Bladh, 2023)
BUN	7-25 mg/ dl	13	9	
Creatinine	0.7-1.3 mg/dL	1.0	0.9	
Albumin	3.4-5.4 g/dL	3.6	3.9	
Calcium	8.6-10.2 mg/dl	9.0	9.6	
Mag	1.9-2.7 mg/dL	2.1	2.6	
Phosphate	2.8-4.5 mg/dL	N/A	N/A	
Bilirubin	0.3–1.0 mg/dL	1.8	1.7	Due to infection dehydration from being NPO, and stress. (M. & Bladh, 2023)
Alk Phos	44-150 IU/L	147	146	
AST	15-39 U/L	26	18	
ALT	7-52 U/L	13	13	
Amylase	25-115 U/L	19	19	Due to insulin resistance, or issue

				with the liver/kidney. (M. & Bladh, 2023)
Lipase	0-160 U/L	129	35	
Lactic Acid	0-2.0 mmol/L	0.71	0.68	
Troponin	<0.04 ng/mL	0.01	0.46	
CK-MB	0-4.0	2.3	3.2	
Total CK	22-269 iU/L	101	146	

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	0.9	1.0	
PT	9.8-12.3	27.2	22.4	Pt liver is not working properly and glucose is high. (M. & Bladh, 2023)
PTT	27-39 seconds	32.2	57.6	Possible liver disease. (M. & Bladh, 2023)
D-Dimer	0-241ng/mL	240	240	
BNP	<100 pg/ml	N/A	128	Possible kidney/liver failure, lung isse. (M. & Bladh, 2023)
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	74	80	
Hgb A1c	4-6%	9.0	7.3	Pt is a Diabetic Type 2, and DM is not managed. (M. & Bladh, 2023)
TSH	0.45-5.33 ulU/mL	2.397	3.065	

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	Clear	Clear	
pH	5.0-8.0	7.0	N/A	
Specific Gravity	1.001-1.035	1.008	N/A	
Glucose	Negative	Positive	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	0-25/ uL	47	N/A	
RBC	0-20/uL	2	N/A	
Leukoesterase	Negative	Trace	N/A	Possible infection in the urinary tract. (M. & Bladh, 2023)

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	7.35-745	N/A	N/A	
PaO2	80-100 mmHg	N/A	N/A	
PaCO2	35-45 mmHg	N/A	N/A	
HCO3	22-26mEq/L	N/A	N/A	
SaO2	95-100%	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	Negative	N/A	
Blood Culture	Negative	Negative	N/A	
Sputum Culture	Negative	Positive	N/A	Few squamous cells, epithelial cell/ possible infections. (M. & Bladh, 2023)
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

M., V. L. A., & Bladh, M. L. (2023). *Davis's comprehensive manual of Laboratory and diagnostic tests with nursing implications*. F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT Chest/Abdomen 2/16/24

Diagnostic Test Correlation (5 points): The patient was found with subcarinal mediastinal lymphadenopathy and 5 mm in short axis diameter without additional enlarged lymph nodes. Nodular and tree-in-bud pulmonary opacities are seen in small clusters in the right upper lobe. mild pulmonary emphysema and mosaic appearance of lungs due to respiratory motion.

Diagnostic Test Reference (1) (APA):

Radiological Society of North America (RSNA) and American College of Radiology (ACR). (n.d.). *Pneumonia*. Radiologyinfo.org.

https://www.radiologyinfo.org/en/info/pneumonia#:~:text=CT%20of%20the%20lungs%3A%20A,a%20problem%20within%20the%20airway.

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**	**Albuterol/ proventil**	**Amlodipine /Norvasc**	**Melatonin**	**Levothyroxine**
Dose	500 mg	90 mcg	5 mg	3 mg	50 mcg
Frequency	PRN	q.d.	q.d.	PRN	q.d.
Route	PO	Inhaler	PO	PO	PO
Classification	Analgesic/ antipyretics	Beta-adrenergic agents	Calcium channel blockers	Pineal hormone agents	Thyroid hormones
Mechanism of Action	By blocking prostaglandin synthesis from arachidonic acid by inhibiting enzymes. *2023 Nurse's Drug Handbook*. (2023).	Acts upon B2-adrenergic receptors, inhibiting smooth muscle relaxation.	Binds to dihydropyridine and nondihydropridine. *2023 Nurse's Drug Handbook*. (2023).	secreted by the pineal gland and is bound throughout the body	replaces thyroxine levels that are lacking. *2023 Nurse's Drug Handbook*. (2023).
Reason Client Taking	To help with moderate pain/ decrease the temperature	To dilate patients bronchiles as possible constriction	Control Hypertension	To help patient sleep	to manage hypothyroidism
Contraindications (2)	Severe hepatic impairment/ liver disease	Possible heart or blood vessel disease, also	Pts with a history of renal impairment	Any bleeding disorders, if patient takes	Acute myocardial infarction,

	pancreatitis or bile issues	any hypertension	and liver issues	birth control, high blood pressure	hyperthyroidism, and acute myocarditis/pancarditis
Side Effects/Adverse Reactions (2)	headache, dark urine, and nausea	Chest pain, headache, dizziness, and drowsiness	Arrhythmias, chest pain, hypotension, and pancreatitis	headache, nausea, dizzy, and dry mouth	Diarrhea, chest pain, and decreased urine output
Nursing Considerations (2)	Routinely check AST and ALT, and also check BUN and creatinine for kidney funtion	Assess lung sounds and oxygen saturation as needed lungs to be clear.	Monitors pt with impaired hepatic function closely because it is metabolized with by the liver	Don't drive heavy machinery also watch for bleeding and seizures. *2023 Nurse's Drug Handbook*. (2023).	monitor for s/s of hyperthyroidism, monitor for anxiety and tachycardia
Key Nursing Assessment(s)/Lab(s) Prior to Administration	ALT, AST, BUN, AND creatinine	ABGs, HGB, and allergies	HR/BP assessment	LOC and blood sugar	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	Don't administer if BP is high, also don't take if blood sugar is high or low	Don't take if HR is below 50	Caution drowsiness and heavy machinery, avoid activities till alert	report and changes in LOC and don't take on empty stomach

Hospital Medications (5 required)

Brand/Generic	**Fluticasone furoate-vilanterol/ Breo Ellipta**	**Potassium chloride extended release**	**Spironolactone**	**Tiotropium bromide/ Spiriva Respimat**	**Lasix/ furosemide**
Dose	100-25 mcg	80 mEq	25 mg	2 spray	10 mg/ml
Frequency	q.d	QID	BID	q.d	q.d.
Route	Inhaler	Oral	oral	inhaler	IV
Classification	Beta-adrenergic and glucocorticoid combo	Potassium replacement	Potassium-sparing diuretics	Anticholinergics	Diuretic
Mechanism of Action	Inhibits inflammatory cells	Maintenance of intracellular fluid balance	Causes amounts of sodium and water to be excreted while retaining potassium	block the muscarinic receptors for acetylcholine. *2023 Nurse's Drug Handbook*. (2023).	inhibits electrolyte reabsorption through kidneys by enhancing the excretion of water from ones body. *2023 Nurse's Drug Handbook*. (2023).
Reason Client Taking	To decrease inflammation of lungs	To keep potassium levels within range	To keep potassium levels within range and get fluid off body	Dialate/ relax the smooth lining of the lungs	To get fluid off the body
Contraindications (2)	Primary treatment of	Pt with high potassium,	Patients with renal	pt allergic c to milk, pt	Don't take with

	athma, pts with COPD	renal fauilure	issues, addison's disease	with renal issue	hepatic disease or cirrhosis, electrolye imbalance
Side Effects/Adverse Reactions (2)	Nosebleeds, dizziness, fever	Diarrhea, muscle weakness, and indigestion	Irregular heartbeat and shortness of breath	pharyngitis, headache, and sinusitis	Irregular heartbeat and shortness of breath
Nursing Considerations (2)	Assess for swelling of neck and shortness of breath. *2023 Nurse's Drug Handbook*. (2023).	Monitor serum potassium and renal function, lastly pH	monitor blood pressure and renal function	monitor for paradoxical bronchspas m and possible dyspnea	monitor blood pressure and renal function
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Renal function panel and CBC	Electrolytes: potassium, EKG	Potassium,e lectrolyte, and vital signs	Renal function, ECG, heart sounds	Electroyle and ital signs
Client Teaching Needs (2)	1spray for each nostril 2 times a day, and don't forget to hold breath	Take with full glass of water, don't lie down for 10 minutes after administrati on of medication	Take on an empty stomach, don't take before going to sleep	Notify PCP if change in LOC or trouble breathing, take as prescribed	Take missed dose ASAP and caution use of alcohol. m**onitor blood pressure and renal function**

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:** Posterior coccyx, right anterior lower proximal arm skin tear, left transverse, lower back, posterior hip ulcer, left lumbar spine **Braden Score:** 18 **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:** Lower extremities Bilateral +2	.

RESPIRATORY: **Accessory muscle use:** **Y☐** **N ☒** **Breath Sounds: Location, character** Posterior/anterior bilateral even breathing with no wheezes but diminished in lower lobes	.
GASTROINTESTINAL: **Diet at home:** General **Current Diet:** NPO **Height:** 5'7" **Weight:** 302 lb **Auscultation Bowel sounds:** Present in all four quadrants **Last BM:** 3/3/24 **Palpation: Pain, Mass, etc.:** No pain or mass noted **Inspection:** No lesions or rashes noted **Distension:** 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:** **Feeding tubes/PEG tube** **Y ☐** **N ☒** **Type:**	.
GENITOURINARY: **Color:** clear, Yellow **Character:** Clear **Quantity of urine:** 700ml **Pain with urination:** **Y ☐** **N ☒** **Dialysis:** **Y ☐** **N ☒** **Inspection of genitals:** Not performed **Catheter:** **Y ☐** **N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** A&OX4 **ROM:** Full ROM **Supportive devices:** wheelchair **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 assist. **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 **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. Her daughter has grown up and moved out.	.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0720	70	118/58	20	97.9	96
1136	74	111/62	18	97.8	97

Vital Sign Trends: Patient vitals were stable through the day, as were respiratory rate and O^2 rate, which stayed constant even with movement.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0816	0-10	none stated	none stated	none stated	N/A
1136	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: 20 G **Location of IV:** 3 in RAC **Date on IV:** 2/18, 2/20, 2/28 **Patency of IV:** Clear, dry, intact **Signs of erythema, drainage, etc.:** None present **IV dressing assessment:** Clean; Intact;Dry	Infusing to two of the 20 G, one is saline locked

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
400 ml water **250 Lasix in 0.9 Solution**	**700 ml urine**

Nursing Care

Summary of Care (2 points)

N431 CARE PLAN

Overview of care: Pt was awake from the beginning of the shift and had fluids running for Dobutrex and Lasix, as both were for heart failure one to help with low blood pressure the other to remove the fluid. The patient was also administered daily medications of her nebulizers, and folic acid, as well as potassium pill to make sure her labs are within normal. She was placed on NPO to prepare her for stent placement, which happened later that day.

Procedures/testing done: Cardiac catheter placement of the right side

Complaints/Issues: The patient verbalized no complaints

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Pt is on heart healthy sodium restriction; activity do as much as is tolerable but not exert oneself

Physician notifications: Preparing patient for stent placement

Future plans for client: PT/OT

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): Wheelchair and routine lab testing for Potassium

Equipment needs (if applicable): Wheelchair

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

Education needs: Education is needed for Myocardial infarction s/s as well as teaching on heart-healthy diet

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	● Explain why the			● How did the client/family

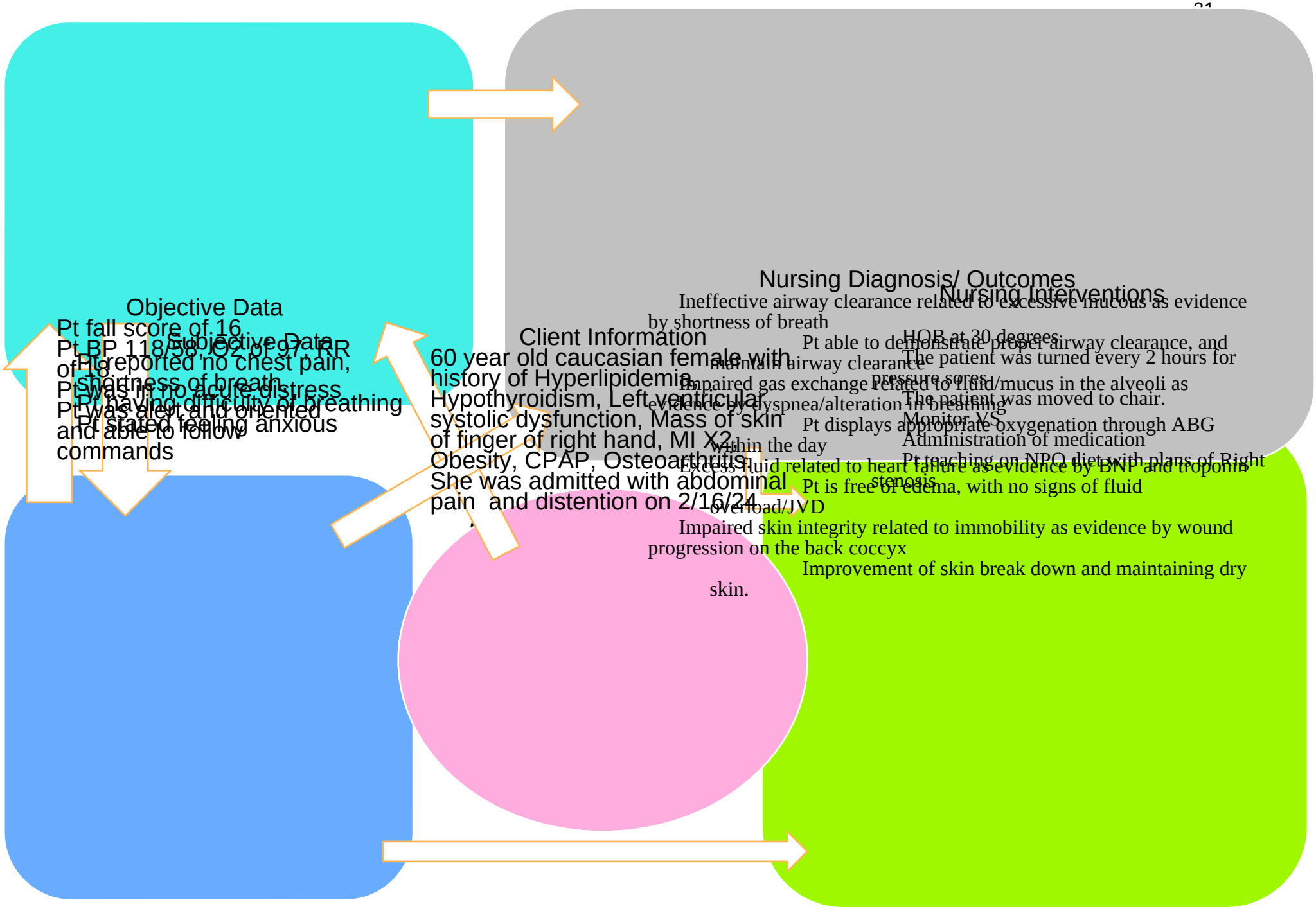
"related to" and "as evidenced by" components ● Listed in order by priority – highest priority to lowest priority pertinent to this client	nursing diagnosis was chosen			respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
❖ Ineffective airway clearance related to excessive mucous, as evidenced by shortness of breath	❖ The patient has a history of asthma, and seeing O2 stat when admitted was 90%	❖ Administration of supplemental oxygen ❖ Administration of bronchodilators	❖ patient able to demonstrate proper airway clearance, and maintain airway clearance	❖ Pt able to tolerate ADLs without dyspnea episodes.
❖ Impaired gas exchange related to fluid/mucus in the alveoli, as evidenced by dyspnea /alteration in breathing	❖ The pts x-ray showed show opacities through the lower branches of alveoli	❖ Encourage deep breathing and coughing exercises ❖ Assisting with client positioning to promote breathing	❖ Pt displays appropriate oxygenation through ABG within the day	❖ Pt's ABG will be within normal limits before the end of shift.
❖ Excess fluid related to heart failure as evidence by BNP and troponin	❖ Pts weight as well for electrolyte imbalance shows the excess	❖ Administration of lasix ❖ Administration of dobutamine	❖ Pt free of edema ❖ Pt free of JVD	❖ Pt able to tolerate daily ADLs and decreased fluid retention

	fluid as effecting K and Na			
❖ Impaired skin integrity related to immobility as evidence by wound progression on the back coccyx	❖ Pt had a wound on the coccyx and has had history of poor skin integrity from diabetes	❖ Turn q2 ❖ 4x4 pads placed over any bonny providence ❖ Management of diabetes	❖ Improvement of skin break down and maintaining dry skin.	❖ Assessment over the bony providences with no more incidence of skin break down for hospital stay.

Other References (APA):

Mayo Foundation for Medical Education and Research. (2020, June 13). *Pneumonia*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204

Concept Map (20 Points):


Objective Data
Pt fall score of 16
Pt BP 118/58, O2 of 97, RR of 18
Pt was in no acute distress
Pt was alert and oriented and able to follow commands
Subjective Data
Pt reported no chest pain, shortness of breath
Pt having difficulty of breathing
Pt stated feeling anxious
Client Information
60 year old caucasian female with history of Hyperlipidemia, Hypothyroidism, Left ventricular systolic dysfunction, Mass of skin of finger of right hand, MI X2, Obesity, CPAP, Osteoarthritis. She was admitted with abdominal pain and distention on 2/16/24.
Nursing Diagnosis/ Outcomes
Ineffective airway clearance related to excessive mucous as evidence by shortness of breath
Pt able to demonstrate proper airway clearance, and maintain airway clearance
Impaired gas exchange related to fluid/mucus in the alveoli as evidence by dyspnea/alteration in breathing
Pt displays appropriate oxygenation through ABG within the day
Excess fluid related to heart failure as evidence by BNP and troponin
Pt is free of edema, with no signs of fluid overload/JVD
Impaired skin integrity related to immobility as evidence by wound progression on the back coccyx
Improvement of skin break down and maintaining dry skin.
Nursing Interventions
HOB at 30 degrees.
The patient was turned every 2 hours for pressure sores.
The patient was moved to chair.
Monitor VS
Administration of medication
Pt teaching on NPO diet with plans of Right stenosis