N431 Care Plan # 2

Lakeview College of Nursing

Jessica Warren

Professor Scribner

3/18/2024

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
3/17/2024	**JE**	**78**	**Female**
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	**Retired teacher**	**Widowed**	**NKA**
Code Status	**Height**	**Weight**	
Full	**170.2 cm (5'7")**	**70.3kg (154.9lbs)**	

Medical History (5 Points)

Past Medical History: COPD, Chronic Respiratory Failure Secondary to COPD, Pulmonary Embolism, CAD, Pancreatic and Ovarian Cancer, Ascites, HTN, STEMI

Past Surgical History: Cardiac catheter and coronary stent placed in 2020. Cholecystectomy. I wasn't able to get a date for that surgery.

Family History: Patient stated her mother had peptic ulcer disease. Patient's brother abused drugs and alcohol.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Former smoker of 41 years. Patient stated she quit in 2016. Patient denies use of recreational drugs or use of alcohol.

Assistive Devices: Oxygen and walker at home and at the hospital.

Living Situation: Lives with daughter in Georgia. Patient's other daughter lives across the street from them.

Education Level: College level education. This patient was a teacher.

Admission Assessment

Chief Complaint (2 points): Shortness of breath

History of Present Illness – OLD CARTS (10 points): Patient states "I have received several conflicting diagnosis from my doctors in Georgia about if I have cancer or not. I decided to go back home to Wisconsin to see a doctor there and get a second opinion. We left at 0830 yesterday (3/17/24) and about half way here to through Illinois I started having trouble breathing. I decided to bump by oxygen up from 3 liters to 5 liters. That helped for a little bit then I had to bump it up to 6 liters. I ended up running out of oxygen and had to stop here at Carle."

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pulmonary Embolism

Secondary Diagnosis (if applicable): Acute Exacerbation of COPD, Ascites

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

Pulmonary embolism occurs when smaller clots break off of a larger clot and make their way into the pulmonary circulation. Typically, you will see multiple PE with in the lower lobes more than the upper lobes, and it is more common to see both lower lobes of the lugs affected (Vyas & Goyal, 2022). According to authors Vrinda Vyas and Amandeep Goyal: "PE leads to impaired gas exchange due to obstruction of the pulmonary vascular bed leads to a mismatch in the ventilation to perfusion ratio. This is because alveolar ventilation remains the same, but pulmonary capillary blood flow decreases, effectively leading to dead space ventilation and hypoxemia" (Vyas & Goyal, 2022). Most pulmonary embolisms originate as lower extremity DVTs, however, certain genetic and

acquired risk factors play a role in the development of a PE. Examples of genetic risk factors are: Factor V Leiden mutation that causes thrombophilia, prothrombin gene mutation, protein C deficiency, protein S deficiency, and hyperhomocysteinemia (Vyas & Goyal, 2022). Examples of acquired risk factors can include: Immobilization for prolonged periods, recent orthopedic surgery, malignancy, indwelling venous catheter, obesity, pregnancy, cigarette smoking, and oral contraceptive pill use (Vyas & Goyal, 2022). Pancreatic cancer, lung cancer, stomach cancer, brain cancer, and hematological malignancies carry a high risk for thrombus formation leading to potential PE (Vyas & Goyal, 2022). This patient was traveling from Georgia to Wisconsin to see a doctor about a second opinion for a cancer diagnosis. This patient has a history of PE that she was on blood thinners for but due to anemia the blood thinners were discontinued at the time of her travels. This patient sat in a car for multiple hours traveling with her legs in a dependent position. This patient has a diagnosis of pancreatic cancer stage four as well as ovarian cancer.

Depending on how much of the lung is involved, size of the clots and other underlying conditions will determine the symptoms seen for a PE. According to Mayo Clinic, some common symptoms can include: “Shortness of breath, chest pain, fainting, a cough that may be bloody or blood-streaked mucus, rapid or irregular heartbeat, lightheadedness or dizziness, excessive sweating, fever, leg pain or swelling (or both usually in the back of the lower leg), clammy skin, and cyanosis” (MayoClinic Staff, 2022). This patient started to experience SOB while traveling. This patient utilizes O2, typically at 3 liters, but this patient was not finding relief of her SOB with 3 liters and ended up bumping her oxygen up to 6 liters. This patient still was not finding relief of her SOB and ended up at the hospital for evaluation as well as she had depleted her oxygen tanks trying to get relief for her SOB.

Diagnosis of a PE can be difficult especially if the patient has other underlying conditions. Some diagnosis options include blood test such as a D-dimer that based on results can indicate the likelihood of a clot. Blood test can also measure the oxygen levels of the blood, and if a clot is present the lab work will show a lower level of oxygen in the blood (MayoClinic Staff, 2022). A Chest x-ray, ultrasound, CT pulmonary angiography, V/Q scan, pulmonary angiogram, and an MRI are all scans that can be done to provide an image of the suspected affected areas to locate clots in those areas (MayoClinic Staff, 2022). On 3/18/2024 patient had a vascular and interventional radiology CT of her chest, abdomen, and pelvis. Patient's results showed a low volume PE.

Treatment for PE can include medicines, surgery, and ongoing care. Some medications used are blood thinners to prevent existing clots from increasing in size or new clots forming. Heparin is the most commonly used anticoagulant along with warfarin. Once the warfarin reaches a therapeutic level then Heparin is discontinued. This patient is on continuous Heparin therapy. Clot dissolvers are another treatment typically given in life threatening situations (MayoClinic Staff, 2022). Surgical procedures can include clot removal via a catheter threaded through the blood vessels (MayoClinic Staff, 2022). Another surgical option is a vein filter. A filter is placed in the main vein to help keep clots from traveling to the lungs (MayoClinic Staff, 2022).

Pathophysiology References (2) (APA):

MayoClinic Staff (2022, December 1). *Pulmonary embolism*. https://www.mayoclinic.org/diseases-conditions/pulmonary-embolism/symptoms-causes/syc-20354647

Vyas, V., & Goyal, A. (2022, August 2). *Acute pulmonary embolism*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK560551/

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 10(6)mcL**	4.04	3.83	
Hgb	**12.0-15.8 g/dL**	10.3	8.6	Patient has a diagnosis of PE, Pancreatic and ovarian cancer (Pagana et al., 2022).
Hct	**36.0-47.0%**	33.1	27.5	Patient has a diagnosis of PE, Pancreatic and ovarian cancer (Pagana et al., 2022).
Platelets	**140-440 10(3)mcL**	546	370	Patient has a diagnosis of Pancreatic and ovarian cancer (Pagana et al., 2022).
WBC	**4-12 10(3) mcL**	18.22	10.59	Patient has a diagnosis of Pancreatic and ovarian cancer, exacerbated COPD, and ascites (Pagana et al., 2022).

Neutrophils	**1.60 – 7.70**	14.45	9.77	
Lymphocytes	**1.0-4.8**	2.10	0.54	Patient has a diagnosis of Pancreatic and ovarian cancer, exacerbated COPD, and ascites (Pagana et al., 2022).
Monocytes	**4-12%**	1.5	0.21	Patient has a diagnosis of Pancreatic and ovarian cancer, exacerbated COPD, and ascites (Pagana et al., 2022).
Eosinophils	**0.0-1.0%**	0.01	0.0	
Bands	**0.0-10.0%**	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**	133	132	Patient is on diuretic therapy (Pagana et al., 2022).
K+	**3.5-5.1 mmol/L**	3.8	4.0	
Cl-	**98-107 mmol/L**	95	96	Patient is on diuretic therapy (Pagana et al., 2022).
CO2	**22-30 mmol/L**	27	27	
Glucose	**70-99 mg/dL**	180	347	Patient has a diagnosis of Pancreatic and ovarian cancer, exacerbated COPD, and ascites (Pagana et al., 2022).

BUN	**10-20 mg/dL**	16	15	
Creatinine	**0.6-1 mg/dL**	0.86	0.78	
Albumin	**3.5-5 g/dL**	2.0	N/A	Patient is taking doxycycline which can be hepatotoxic (Pagana et al., 2022).
Calcium	**8.7-10.5 mg/dL**	8.5	8.2	Patient has a diagnosis of Pancreatic cancer (Pagana et al., 2022).
Mag	**1.6-2.6 mg/dL**	N/A	2.5	
Phosphate	**2.8-4.5 mg/dL**	N/A	N/A	
Bilirubin	**0.3-1.0 mg/dL**	0.3	N/A	
Alk Phos	**34-104 u/L**	102	N/A	
AST	**8-33 u/L**	31	N/A	
ALT	**4-36 u/L**	12	N/A	
Amylase	**29-103 u/L**	N/A	N/A	
Lipase	**8-78 u/L**	N/A	N/A	
Lactic Acid	**0.7-2.0 mmol/L**	2.0	1.21	
Troponin	**0.0 - 0.04 ng/ml**	< 3	N/A	

CK-MB	**5-25 IU/L**	N/A	N/A	
Total CK	**24-204 U/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	**08-1.1**	1.1	N/A	
PT	**10.1-13.1 seconds**	14.7	N/A	Patient had been on an antibiotic for a UTI prior to coming to Illinois (Pagana et al., 2022).
PTT	**25-36 seconds**	32.4	82.9	Patient is on heparin therapy (Pagana et al., 2022).
D-Dimer	**0.0-0.5**	N/A	N/A	
BNP	**>100pg/ml**	22	N/A	
HDL	**>40mg/dL**	N/A	N/A	
LDL	**<130 mg/dL**	N/A	N/A	
Cholesterol	**<200 mg d/L**	N/A	N/A	
Triglycerides	**<150 mg d/L**	N/A	N/A	
Hgb A1c	**4.0-6.0%**	N/A	N/A	
TSH	**0.300-5.000**	N/A	N/A	

	ml U/L			

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	**5.0 – 7.0**	N/A	N/A	
pH	**1.003 – 1.035**	N/A	N/A	
Specific Gravity	**Negative**	N/A	N/A	
Glucose	**Negative**	N/A	N/A	
Protein	**Negative**	N/A	N/A	
Ketones	**0 – 25/uL**	N/A	N/A	
WBC	**0- 20/ uL**	N/A	N/A	
RBC	**Negative**	N/A	N/A	
Leukoesterase	**5.0 – 7.0**	N/A	N/A	

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	**7.34 – 7.45**	7.398	N/A	
PaO2	**80 - 100**	128.4	N/A	Patient has a diagnosis of exacerbated COPD and PE (Pagana et al., 2022).
PaCO2	**35 - 45**	46.4	N/A	Patient has a diagnosis of exacerbated COPD and PE (Pagana et al., 2022).
HCO3	**22 - 26**	28.0	N/A	Patient has a diagnosis of exacerbated COPD and PE (Pagana et al., 2022).
SaO2	**96%-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	**10,000 to 1,000,000 colonies/ml**	Not done	Not done	
Blood Culture	**10-20 mL**	***	Not done	*** This lab was drawn on 3/17/2024. Results not available by end of clinical day.
Sputum Culture	**>25**	Not done	Not done	

	leukocytes <10 epithelial cells			
Stool Culture	**Negative**	Not done	Not done	

Lab Correlations Reference (1) (APA):

Pagana, K.D., Pagana T.J., & Pagana, T. P. (2022) *Mosby's diagnostic and laboratory test reference* (16th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): 3/18/2024 patient had a vascular and interventional radiology CT of her chest, abdomen, and pelvis. Patient's results showed a low volume PE. Because the patient had a normal BNP level the doctor recommended anticoagulation therapy.

Diagnostic Test Correlation (5 points): This patient was experiencing SOB and was admitted due to a PE.

Diagnostic Test Reference (1) (APA):

Pagana, K.D., Pagana T.J., & Pagana, T. P. (2022) M*osby's diagnostic and laboratory test reference* (16th ed.). Mosby.

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

Home Medications (5 required)

Brand/Generic	**Lipitor/ atrovastatin**	**Plavix/ clopidogrel**	**Lasix/ furosemide**	**Toprol XL/ metoprolol**	**Albuterol Sulfate/ albuterol sulfate**
Dose	8mg	75 mg	20mg	12.5mg	25mg/3ml
Frequency	Daily	Daily	Daily	BID	Every 6 hours
Route	PO	PO	PO	PO	Nebulized
Pharmacologic and Therapeutic Classification	P- HMG-CoA reductase inhibitor T- antihyperlipidemic (Jones & Bartlett Learning, 2022).	P- P2Y platelet inhibitor T- Platelet aggregation inhibitor (Jones & Bartlett Learning, 2022).	P- Loop diuretic, T- Antihypertensive, diuretic (Jones & Bartlett Learning, 2022).	P- Beta- adrenergic blocker T- antianginal, antihypertensive (Jones & Bartlett Learning, 2022).	P- Adrenergic T- Bronchodilator (Jones & Bartlett Learning, 2022).

Mechanism of Action	"Inhibits HMG-CoA reductase and cholesterol synthesis in the liver and increases LDL uptake and breakdown" (Jones & Bartlett Learning, 2022).	"Prevents fibrinogen from attaching to receptors thereby preventing platelets from aggregating and forming a thrombi" (Jones & Bartlett Learning, 2022).	"Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation" (Jones & Bartlett Learning, 2022).	"Helps reduce blood pressure by decreasing renal release of rennin" (Jones & Bartlett Learning, 2022).	"Acts on bronchial smooth muscle relaxation and inhibiting immediate hypersensitivity mediator release from mast cells" (Jones & Bartlett Learning, 2022).
Reason Client Taking	CAD	CAD and Stent	Patient has HTN.	Patient has HTN.	COPD
Contraindications (2)	Active hepatic disease, hypersensitivity to this drug or its compnents	Active pathological bleeding, hypersensitivity to this medication or its componenets (Jones & Bartlett Learning, 2022).	Anuria, hypersensitivity to lasix or its components.	Sensitivity to other beta blockers. Those with a heart block greater than first degree.	Hypersensitivity to this medication. Hypersensitivity to this medication's componenets (Jones & Bartlett Learning, 2022).
Side Effects/Adverse Reactions (2)	Pancreatitis, gastroenteritis	Chest pain, bleeding.	Thromboembolism, pancreatitis	Heart failure, thrombocytopenia	Nervousness, palpitations
Nursing	Monitor lipid	Monitor CBC	Monitor weight	Monitor for	Use cautiously

Considerations (2)	function prior to use of this medication, continuous monitoring of lipid levels throughout use of this medication.	Monitor for excess bleeding.	daily, push slow as this is an ototoxic medication.	bronchospasm, access ECG for node conduction.	in those with HTN, Monitor serum potassium levels
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Lipid levels prior to start of this medication (Jones & Bartlett Learning, 2022).	Obtain CBC prior to use (Jones & Bartlett Learning, 2022).	Obtain a baseline weight and labs (Jones & Bartlett Learning, 2022).	Monitor pulse rate (Jones & Bartlett Learning, 2022).	Monitor serum potassium levels (Jones & Bartlett Learning, 2022).
Client Teaching Needs (2)	Educate to maintain a low cholesterol diet in conjunction with this medication; educate to take medication at the same time every day (Jones & Bartlett Learning, 2022).	Plavix prolongs bleeding time. Don't abruptly stop taking medication without provider consult (Jones & Bartlett Learning, 2022).	Take medication at the same time every day; take last dose of the day several hours before bedtime (Jones & Bartlett Learning, 2022).	Take immediately after the same meal each day; swallow whole DO NOT CHEW (Jones & Bartlett Learning, 2022).	Educate to report immediately symptoms of allergic reaction, warn patient to not take more than prescribed dose (Jones & Bartlett Learning, 2022).

Hospital Medications (5 required)

Brand/Generic	**Prednisone intensol/ prednisone**	**Plavix/ clopidogrel**	**Aldactone/ spironolactone**	**Vibramycin/ doxycycline hyclate**	**Heparin/ heparin**
Dose	40 mg	75 mg	50 mg	100 mg	100 units/mL
Frequency	Daily	Daily	Daily	BID	Continuous
Route	PO	PO	PO	PO	IV
Pharmacologic and Therapeutic Classification	P- Clucocorticoid T- Immunosuppressant (Jones & Bartlett Learning, 2022).	P- P2Y platelet inhibitor T- Platelet aggregation inhibitor (Jones & Bartlett Learning, 2022).	P- Potassium-sparing diuretic T- Diuretic (Jones & Bartlett Learning, 2022).	P- Tetracycline T- Antibiotic (Jones & Bartlett Learning, 2022).	P- Anticoagulant T- Anticoagulant (Jones & Bartlett Learning, 2022).
Mechanism of Action	Suppresses inflammatory and immune responses (Jones & Bartlett Learning, 2022).	Prevents fibrinogen from attaching to receptors thereby preventing	Competes with aldosterone preventing sodium and water reabsorption	Has a bacteriostatic effect against a variety of gram positive and negative organisms	Prevents conversion of fibrinogen to fibrin so clots

		platelets from aggregating and forming a thrombi (Jones & Bartlett Learning, 2022).	causing their excretion (Jones & Bartlett Learning, 2022).	(Jones & Bartlett Learning, 2022).	cannot form (Jones & Bartlett Learning, 2022).
Reason Client Taking	COPD	CAD and Stent	HTN and Ascites	I did not see a dx why she was on an antibiotic. She doesn't have a diagnosis of URI, however she does have diminished lung sounds in bilateral lower lobes.	Pulmonary Embolisms
Contraindications (2)	Hypersensitivity to prednisone or its components, systemic fungal infection (Jones & Bartlett Learning, 2022).	Active pathological bleeding, hypersensitivity to this medication or its components (Jones & Bartlett	Hyperkalemia, hypersensitivity to this medication or its components (Jones & Bartlett Learning,	Hypersensitivity to this medication, tetracyclines, or their components (Jones & Bartlett Learning, 2022).	Hypersensitivity to this medication or its components. Sensitivity to Pork (Jones &

		Learning, 2022).	2022).		Bartlett Learning, 2022).
Side Effects/Adverse Reactions (2)	Edema Heart failure	Chest pain Edema	Abdominal pain, constipation	Pancreatitis, neutropenia	Abdominal distention, abdominal pain
Nursing Considerations (2)	Assess patient for adverse reactions. Monitor for heart failure.	Monitor CBC Monitor for excess bleeding.	Monitor potassium levels, monitor BP and degree of edema.	Monitor for hepatotoxicity. Monitor skin for allergic reaction.	Use cautiously in women over the age of 60. Initiate bleeding precautions
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor renal labs prior to start of medication and throughout if long term use is the plan (Jones & Bartlett Learning, 2022).	Obtain CBC prior to use (Jones & Bartlett Learning, 2022).	Monitor serum potassium levels (Jones & Bartlett Learning, 2022).	Monitor liver function (Jones & Bartlett Learning, 2022).	Monitor CBC and clotting time (Jones & Bartlett Learning, 2022).
Client Teaching Needs (2)	Don’t abruptly stop taking this medication it may	Plavix prolongs bleeding	Take medication consistently.	Educate that urine may turn dark	Educate patient about

	cause renal complications and even death. Take with food if medication causes GI upset (Jones & Bartlett Learning, 2022).	time. Don't abruptly stop taking medication without provider consult (Jones & Bartlett Learning, 2022).	May experience dizziness especially if fluid balance is altered (Jones & Bartlett Learning, 2022).	yellow or brown during therapy. Drink plenty of fluids with this medication (Jones & Bartlett Learning, 2022).	bleeding precautions even weeks after heparin has been discontinued. Don't take aspirin or ibuprofen as it interacts with heparin (Jones & Bartlett Learning, 2022).

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2022 Nurse's drug handbook* (19th ed). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and Oriented X4, overall appearance well groomed, no distress noted
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin color is usual for ethnicity, moist, warm to touch with turgor less than 3 seconds. No rashes, noted. Braden score is 21. No drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, I did not try to palpate the thyroid nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge

	noted. PERRLA bilaterally, EOMs intact bilaterally. Requires glasses for reading. Bilateral auricles no visible or palpable deformities, lumps, or lesions. I did not look into bilateral canals however; I did not visualize any drainage. Septum is midline and bilateral frontal sinuses are non-tender to palpation. Oral mucosa overall is moist and pink without lesions noted. Patient is edentulous and has upper as well as lower dentures. Patient states she doesn't wear her lower dentures. Patient is able to care for her own dentures and perform her own oral care. Gums were pink without lesions noted.
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. PMI palpable at 5th intercostals space at MCL. Regular rate and rhythm. Peripheral pulses 2+ bilaterally to the upper extremity, and 2+ to left lower, capillary refill < 3 seconds bilaterally hands and feet. No neck vein distention. Edema noted to the abdomen. Patient has a diagnosis of ascites. Patient was on telemetry monitoring.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Normal rate and pattern of respirations, respirations symmetrical and non-labored, bilateral upper lung sounds clear throughout anterior/posterior, bilateral lower lobes diminished. No accessory muscles used. Patient utilizes O2 at 4L NC.
GASTROINTESTINAL: **Diet at home:**	This patient's diet at home consists of meat fruits and vegetables that the patient's daughter

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:**	prepares for her. Patient consumes a regular consistency food and liquid and diet while at home and while at the hospital. Current height is 5'7" (170.2cm) and current weight is 70.3kg (154.9 lbs). Bowel sounds active in all 4 quadrants, last BM 3/10/24. Pain in RLQ upon palpation. Abdomen is firm upon palpation. No scars, drains, incisions, or wounds noted. Doesn't have an ostomy, nasogastric or feeding/PEG tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Urine color is yellow and clear. Total output for this clinical is not known. Patient voided x2 during this clinical. No complaints of pain with urination. Patient is not on dialysis. Patient does not have a catheter.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:**	Patient is A&Ox4. All extremities have full ROM. Bilateral hand grips, push pulls are equal with equal strength. Requires 1 assist with ADLs, transfers, and ambulation with use of gait belt and walker. Patient has a fall score of 10 that puts

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** ☐	her at moderate risk for falls.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW. Bilateral hand grips, push pulls are equal with equal strength. Requires 1 assist with ADLs, transfers, and ambulation with use of gait belt and walker. PERRLA bilaterally. EOMs intact bilaterally. Requires glasses for reading. Patient is A&Ox4. Speech is clear.
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):**	Patient copes with life stressors and her health stressors by confiding in her daughters. Patient exhibits normal development level for her age. Patient is able to read and write, and capable of making fully informed decisions. Patient is at the formal operational stage in Piaget's cognitive development and Integrity vs Despair in Erikson's stages of development. Patient states she is Catholic but has not been active in the church for quite some time and doesn't have plans to go back to the Catholic church. Patient lives at home with her daughter and has another daughter that lives across the street who is a support system for her. Patient states she has no fear or experience with any one harming her or

	threatening her.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0712	77	123/68	18	36.7 (98.1) Oral	92% on 4 L NC
1100	79	112/63	18	36.7 (98.1) Oral	93% on 4 L NC

Vital Sign Trends: This patient's vital signs have been stable since admission. This patient is on medication to keep her blood pressure and pulse in the normal range. This patient currently has a pulmonary embolism and requires continuous oxygen or she will de-saturate causing SOB**.**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0827	Number	N/A	0/10	N/A	N/A

1100	Number	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	Patient had an 18G to the Right AC and a 20G to the anterior right lower forearm. Dressing dates were 3/17/2024. Both IVs were patient, dressings were CDI, no signs or symptoms of phlebitis or infiltration.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Intake of 360ml oral fluid IV Dextrose with heparin 48.76ml 100% food intake of breakfast and lunch	Voided x2 this clinical

Nursing Care

Summary of Care (2 points)

Overview of care: Provided ADL assistance to and from the bathroom and to her chair. Provided scheduled medication and flushed the right AC IV. We monitored the IV sites for signs and symptoms of infection. We educated the patient and her daughters on fluid intake and output monitoring as it pertained to her ascites. Provided support to patient and family after receiving news from GI doctors that she did in fact have stage 4 pancreatic cancer likely caused by the ovarian cancer she does have.

Procedures/testing done: Did not have it while I was there for clinical but she did have an order for an echo.

Complaints/Issues: Hasn't had a BM since 3/10/2024 even after several interventions. There was a GI consult to help with this.

Vital signs (stable/unstable): Vitals were stable during this clinical assignment.

Tolerating diet, activity, etc.: Patient required assistance of 1 person to transfer and ambulate to use the facilities.

Physician notifications: We did not have to notify the physician of anything for this patient. There was a GI consult in place and the GI doctor did come in to see her.

Future plans for client: Based on the visit with the GI doctor, after he reviewed her records from the physicians in Georgia, the GI doctor let her know that yes, she does have stage four pancreatic cancer likely caused from the ovarian cancer. Patient plans to go back to Georgia and see what treatment options are available for her.

Discharge Planning (2 points)

Discharge location: Georgia, with her daughters.

Home health needs (if applicable): She will be continued to be cared for by her daughters unless she needs more acute care then they can provide.

Equipment needs (if applicable): Oxygen and walker

Follow up plan: Patient plans to follow up with her doctors when she gets back to Georgia to see if there is a plan to be made for her cancer.

Education needs: Patient will need education on her cancer treatment options. The nurse I was with educated the daughter that it may be safer to have her mom take an ambulance back to Georgia.

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	• 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.

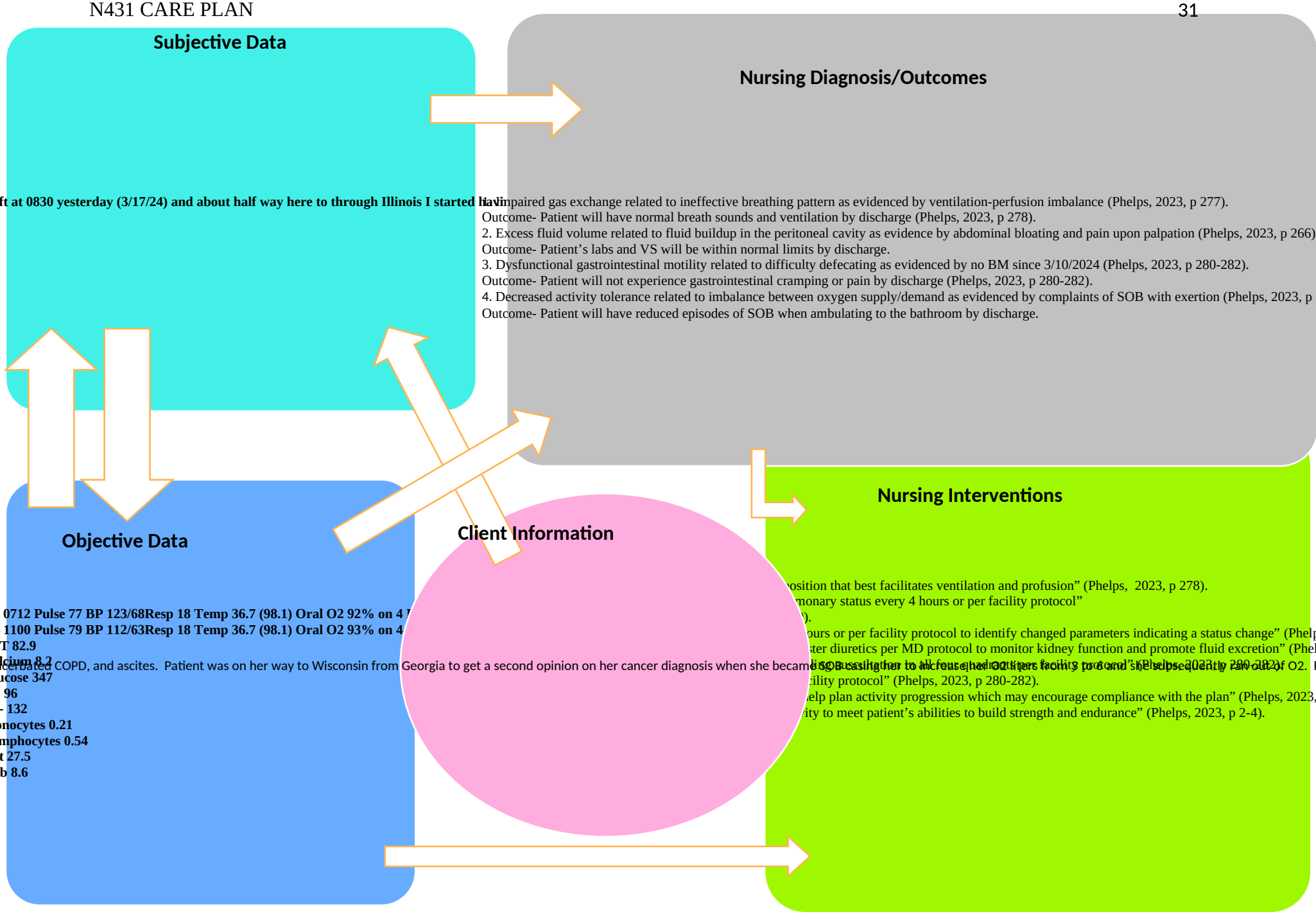
priority – highest priority to lowest priority pertinent to this client				
1. Impaired gas exchange related to ineffective breathing pattern as evidenced by ventilation-perfusion imbalance (Phelps, 2023, p 277).	This patient has multiple PE and had complaints of SOB requiring use of 6L of oxygen via NC.	1. "Place patient in a position that best facilitates ventilation and profusion" (Phelps, 2023, p 278). 2."Assess and record pulmonary status every 4 hours or per facility protocol" (Phelps, 2023, p 278-279).	1. Patient will have normal breath sounds and ventilation by discharge (Phelps, 2023, p 278).	Patient was breathing better by the end of this clinical if she kept her oxygen on. She was down to 4 liters from the 6 when she first admitted. Her breath sounds were clear in the bilateral upper lobes but bilateral lower lobes were diminished.
2. Excess fluid volume related to fluid buildup in the peritoneal cavity as evidence by abdominal bloating and pain upon palpation (Phelps, 2023, p 266).	Patient states she has a history of ascites and has to routinely get the fluid drained off of her. Patient stated she was due to be drained.	**1. "**Monitor VS every 4 hours or per facility protocol to identify changed parameters indicating a status change" (Phelps, 2023, p 267). 2. "Monitor labs and administer diuretics per MD protocol to monitor kidney function and promote fluid excretion" (Phelps, 2023, p 267).	Patient's labs and VS will be within normal limits by discharge.	Patient's vital signs were within normal limits by the end of this clinical. Patient's labs varied as far as being in normal range or outside of it.
3. Dysfunctional gastrointestinal	In spite of multiple tried interventions,	**1.** "Assess abdomen including auscultation in	1. Patient will not experience	This patient still did not have a BM by the end of the

motility related to difficulty defecating as evidenced by no BM since 3/10/2024 (Phelps, 2023, p 280-282).	this patient has not had a BM since 3/10/2024	all four quadrants per facility protocol" (Phelps, 2023, p 280-282). **2.** "Assess pain levels per facility protocol" (Phelps, 2023, p 280-282).	gastrointestinal cramping or pain by discharge (Phelps, 2023, p 280-282).	clinical day. Patient still had pain upon palpation in the RLQ.
4. Decreased activity tolerance related to imbalance between oxygen supply/demand as evidenced by complaints of SOB with exertion (Phelps, 2023, p 2-4).	This patient becomes short of breath with exertion even with her oxygen on at 4L NC	**1.** "Encourage patient to help plan activity progression which may encourage compliance with the plan" (Phelps, 2023, p 2-4). 2. "Gradually increase activity to meet patient's abilities to build strength and endurance" (Phelps, 2023, p 2-4).	**1.** Patient will have reduced episodes of SOB when ambulating to the bathroom by discharge.	By the end of the clinical the patient no longer needed to use the bedside commode and was able to make it to the bathroom without becoming SOB.

Other References (APA):

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

Concept Map (20 Points)


Subjective Data
We left at 0830 yesterday (3/17/24) and about half way here to through Illinois I started hav
Nursing Diagnosis/Outcomes
1. Impaired gas exchange related to ineffective breathing pattern as evidenced by ventilation-perfusion imbalance (Phelps, 2023, p 277).
Outcome- Patient will have normal breath sounds and ventilation by discharge (Phelps, 2023, p 278).
2. Excess fluid volume related to fluid buildup in the peritoneal cavity as evidence by abdominal bloating and pain upon palpation (Phelps, 2023, p 266).
Outcome- Patient's labs and VS will be within normal limits by discharge.
3. Dysfunctional gastrointestinal motility related to difficulty defecating as evidenced by no BM since 3/10/2024 (Phelps, 2023, p 280-282).
Outcome- Patient will not experience gastrointestinal cramping or pain by discharge (Phelps, 2023, p 280-282).
4. Decreased activity tolerance related to imbalance between oxygen supply/demand as evidenced by complaints of SOB with exertion (Phelps, 2023, p 2
Outcome- Patient will have reduced episodes of SOB when ambulating to the bathroom by discharge.
Objective Data
VS 0712 Pulse 77 BP 123/68Resp 18 Temp 36.7 (98.1) Oral O2 92% on 4
VS 1100 Pulse 79 BP 112/63Resp 18 Temp 36.7 (98.1) Oral O2 93% on 4
PTT 82.9
Calcium 8.2
Glucose 347
Cl- 96
Na- 132
Monocytes 0.21
Lymphocytes 0.54
Hct 27.5
Hgb 8.6
Client Information
es, exacerbated COPD, and ascites. Patient was on her way to Wisconsin from Georgia to get a second opinion on her cancer diagnosis when she became SOB causing her to increase her O2 liters from 3 to 6 and she subsequently ran out of O2. P
Nursing Interventions
osition that best facilitates ventilation and profusion" (Phelps, 2023, p 278).
monary status every 4 hours or per facility protocol"
).
ours or per facility protocol to identify changed parameters indicating a status change" (Phelps
ster diuretics per MD protocol to monitor kidney function and promote fluid excretion" (Phelp
ility protocol" (Phelps, 2023, p 280-282).
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