

N431 Care Plan #1

Lakeview College of Nursing

Whisper Brown

**Demographics (3 points)**

<b>Date of Admission</b> 3/13/2024	<b>Client Initials</b> M.A.	<b>Age</b> 53 y/o	<b>Gender</b> Female
<b>Race/Ethnicity</b> African American	<b>Occupation</b> Not Employed	<b>Marital Status</b> Single	<b>Allergies</b> No Active Allergies
<b>Code Status</b> Full	<b>Height</b> 167.6 cm (5'6")	<b>Weight</b> 180.6 kg (398 lbs. 2.4 oz)	

**Medical History (5 Points)**

**Past Medical History:** Cholelithiasis (2/4/2013), chronic anemia (2/4/2013), chronic diastolic heart failure (2/4/2013), chronic use a long term anticoagulation (2/4/2013), DVT (venous thrombosis) (2/4/2013), dysphagia (2/9/2015), breast cancer (2005), hyperbilirubinemia (2/4/2013), iron deficiency anemia (2/4/2013), lobar pneumonia (2/5/2022), microcytic anemia (9/29/2013), morbid obesity (9/29/2013), obesity hypoventilation syndrome (9/29/2013), PE (pulmonary embolism) (recurrent x3) (9/29/2013), personal history of irradiation presenting hazards to health (9/29/2013), tracheostomy status (9/17/2021), transaminitis (2/4/2013)

**Past Surgical History:** Ankle fracture surgery (right) (July 2012), breast cyst aspiration (left) (12/6/2004), breast lumpectomy (left) (2005), dilation and curettage of uterus, knee surgery (right) (March 2009), PEG placement (9/24/2021), PR cesarean delivery only (x3), radiation therapy, right heart catheterization (3/6/2024), tracheostomy (9/17/2021)

**Family History:** Cancer (mother), breast cancer (mother)

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

N/A

**Assistive Devices:** Walker, wheelchair, hospital bed, oxygen (trach supplies)

**Living Situation:** Lives alone

**Education Level:** College

**Admission Assessment**

**Chief Complaint (2 points):** Dyspnea/weakness

**History of Present Illness – OLD CARTS (10 points):** Patient is a 53-year-old female that arrived at the emergency room at Carle by EMS on 3/13/2024 due to weakness and dyspnea while EMS was taking them home. Patient states they “felt weak on 3/13/2024.” Patient states that “symptoms have lasted from 3/13/2024 until current admission.” Symptoms described by patient were “feeling weak and having trouble breathing.” Patient’s aggravating factors were “standing.” Patient states “sitting helps relieve the symptoms.” As of 3/13/2024, the patient was on oxygen for the current illness.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Severe acute hypoxic respiratory failure

**Secondary Diagnosis (if applicable):** AKI (acute kidney injury)

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

When the patient's lungs are unable to pump enough oxygen into the blood, the body experiences acute respiratory failure, which impairs the normal operation of the organs. It can also happen if the carbon dioxide in the blood cannot be expelled by the lungs. When the capillaries, or tiny blood vessels surrounding the air sacs, are unable to exchange carbon dioxide and/or oxygen effectively, respiratory failure results. Respiratory failure comes in two different ways: acute and chronic. Acute respiratory failure strikes without warning. It happens as a result of an illness or trauma that impairs the lungs' capacity to expel carbon dioxide or provide oxygen. Most of the time, acute respiratory failure is lethal if left untreated. There are several reasons for chronic respiratory failure. It may happen if the airways constrict or sustain damage over time. It can also happen when there is a progressive weakening of the respiratory muscles (Healthline, 2023).

Anxiety, restlessness, and dyspnea can be brought on by severe acute hypoxic respiratory failure. The symptoms include diaphoresis, tachypnea, cyanosis, tachycardia, and confusion or altered awareness. Coma and cardiac arrhythmia may ensue. During chest auscultation, crackles are heard when the respiratory opening of closed airways occurs. These crackles are usually diffuse, although they can occasionally become worse at the bases of the lungs, especially in the

left lower lobe where atelectasis is more prevalent. High positive end-expiratory pressure (PEEP) or right ventricular failure can cause jugular venous distention (Merck Manual, 2022).

Pulse oximetry is typically used to first identify hypoxemia. In addition to receiving supplemental oxygen while they wait for test results, patients with low oxygen saturation should receive a chest x-ray and ABGs. If adding more oxygen does not raise the oxygen saturation to greater than 90%, there may be right-to-left blood shunting. An intracardiac shunt is not the cause of an apparent alveolar infiltration on a chest x-ray; rather, it is alveolar flooding. But hypoxemia can happen at the beginning of a disease before abnormalities show up on an x-ray. After an AHRF diagnosis, the etiology must be identified, taking into account extrapulmonary as well as pulmonary factors. There are situations when there is a clear cause, such as sepsis, sudden myocardial infarction, or pancreatitis. In some circumstances, the patient's medical history may be suggestive. For example, in patients who are immunocompromised or who have had a bone marrow transplant, alveolar hemorrhage may be suspected following the transplant. However, critically ill patients have often received large volumes of IV fluids for resuscitation; therefore, it is important to distinguish between an underlying low-pressure AHRF (such as sepsis or pneumonia) and high-pressure AHRF (such as caused by ventricular failure or fluid overload) resulting from treatment. A third heart sound, jugular venous distention, and peripheral edema on examination, as well as diffuse central infiltrates, cardiomegaly, and an unusually large vascular pedicle on a chest x-ray, all suggestive of high-pressure pulmonary edema caused by left ventricular failure. ARDS broad, bilateral infiltrates are typically more peripheral in nature. Usually, lung contusions, atelectasis, or lobar pneumonia are the cause of focal infiltrates. Echocardiography may reveal left ventricular dysfunction, suggesting a cardiac etiology;

however, this finding is nonspecific as myocardial contractility can also be reduced in sepsis (Merck Manual, 2022).

During my patient's time in the hospital, they had a chest X-ray for their diagnosis of severe acute hypoxic respiratory failure. This chest X-Ray looked for certain aspects that would have contributed to this disorder. During this chest X-Ray, they look for anything in the lungs that would have cause the shortness of breath and/or weakness.

Initially, 70–100% oxygen is typically given noninvasively to patients with AHRF (e.g., with a non-rebreather face mask.) However, because of the possible ventilator sparing effects of the COVID-19 pandemic, the use of noninvasive oxygen support—such as high-flow nasal cannula (HFNC) and noninvasive positive pressure ventilation (NIPPV)—for the initial management of acute hypoxemic respiratory failure has grown. Endotracheal intubation and accompanying consequences may be avoided with noninvasive oxygen assistance; nevertheless, excessive exertion during spontaneous breathing might cause lung damage known as patient-inflicted lung injury. Mechanical ventilation is also used (Merck Manual, 2022). In this patient they are using the treatment of mechanical ventilation to clear the lungs.

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

Macon, B. L. (2023, January 4). *Acute respiratory failure: types, symptoms, treatment.*

Healthline. <https://www.healthline.com/health/acute-respiratory-failure>

Patel, B. K. (2024, March 18). *Acute Hypoxemic Respiratory Failure (AHRF, ARDS)*. Merck Manuals Professional Edition. <https://www.merckmanuals.com/professional/critical-care-medicine/respiratory-failure-and-mechanical-ventilation/acute-hypoxemic-respiratory-failure-ahrf,-ards>

**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
<b>RBC</b>	3.50-5.20 10 <sup>6</sup> /uL	5.22 10 <sup>6</sup> /uL	4.88 10 <sup>6</sup> /uL	Low oxygen conditions may cause an increase in red blood cells (RBCs). Since this patient has dyspnea, the oxygen status is not where it needs to be (Pagana, Pagana, & Pagana, 2023).
<b>Hgb</b>	11.0-16.0 g/dL	11.7 g/dL	11.0 g/dL	N/A
<b>Hct</b>	37.0-47.0%	41.0%	38.6%	N/A
<b>Platelets</b>	140-400 10 <sup>3</sup> /uL	154 10 <sup>u</sup> L	180 10 <sup>3</sup> /uL	N/A
<b>WBC</b>	4.00-11.00 10 <sup>3</sup> /uL	6.68 10 <sup>3</sup> /uL	5.67 10 <sup>3</sup> /uL	N/A
<b>Neutrophils</b>	1.60-7.70	4.17	N/A	N/A

	10 <sup>3</sup> /uL	10 <sup>3</sup> /uL		
<b>Lymphocytes</b>	1.00-4.90 10 <sup>3</sup> /uL	1.42 10 <sup>3</sup> /uL	N/A	N/A
<b>Monocytes</b>	0.00-1.10 10 <sup>3</sup> /uL	0.81 10 <sup>3</sup> /uL	N/A	N/A
<b>Eosinophils</b>	0.00-0.50 10 <sup>3</sup> /uL	0.20 10 <sup>3</sup> /uL	N/A	N/A
<b>Bands</b>	N/A	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.

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
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<p><b>Na-</b></p>	<p>136-145 mmol/L</p>	<p>132 mmol/L</p>	<p>132 mmol/L</p>	<p>Both cerebral blood flow and arterial oxygen content decline as a result of hyponatremia. Individuals who experience symptoms of hyponatremia may experience hypoxemia, which may lead to respiratory failure. This patient experienced hypoxemia and was struggling to breathe (Pagana, Pagana, &amp; Pagana, 2023).</p>
<p><b>K+</b></p>	<p>3.5-5.1 mmol/L</p>	<p>4.9 mmol/L</p>	<p>3.8 mmol/L</p>	<p>N/A</p>
<p><b>Cl-</b></p>	<p>98-107 mmol/L</p>	<p>78 mmol/L</p>	<p>84 mmol/L</p>	<p>Choline is necessary for maintaining pulmonary homeostasis. Reduced choline may indicate abnormal lung function. Since this patient is having pulmonary problems, there is no homeostasis in the lungs (Pagana, Pagana, &amp; Pagana, 2023).</p>
<p><b>CO2</b></p>	<p>22.0-29.0 mmol/L</p>	<p>37.0 mmol/L</p>	<p>36.0 mmol/L</p>	<p>High CO2 production is a sign of decreased workload of the lungs. The CO2 is not being pump out properly by this patient (Pagana,</p>

				Pagana, & Pagana, 2023).
<b>Glucose</b>	74-100 mg/dL	97 mg/dL	88 mg/dL	N/A
<b>BUN</b>	10-20 mg/dL	44 mg/dL	74 mg/dL	The primary cause of "exacerbations" in people suffering from respiratory failure is respiratory infections. Patients with respiratory infections usually exhibit dehydration, which increases the kidneys' reabsorption of urea and frequently results in elevated BUN levels. The patient's elevated BUN level may be the result of an infection in the lungs (Pagana, Pagana, & Pagana, 2023).
<b>Creatinine</b>	0.55-1.02 mg/dL	3.98 mg/dL	3.40 mg/dL	A sensitive indicator of severity for community-acquired respiratory infections is elevated creatinine. The high creatinine levels may be the result of a respiratory infection that the patient is presenting with (Pagana, Pagana, & Pagana, 2023).
<b>Albumin</b>	3.5-5.0 g/dL	N/A	N/A	N/A

<b>Calcium</b>	8.9-10.6 mg/dL	10.8 mg/dL	10.5 mg/dL	Increased calcium levels may be a sign of lung disorders. The calcium levels in this patient were not especially unusual (Pagana, Pagana, & Pagana, 2023).
<b>Mag</b>	1.6-2.6 mg/dL	N/A	N/A	N/A
<b>Phosphate</b>	2.3-4.7 mg/dL	N/A	N/A	N/A
<b>Bilirubin</b>	0.2-1.2 mg/dL	N/A	N/A	N/A
<b>Alk Phos</b>	40-150 U/L	N/A	N/A	N/A
<b>AST</b>	5-34 U/L	N/A	N/A	N/A
<b>ALT</b>	0-55 U/L	N/A	N/A	N/A
<b>Amylase</b>	40-140 U/L	N/A	N/A	N/A
<b>Lipase</b>	73-393 U/L	N/A	N/A	N/A
<b>Lactic Acid</b>	0.50-2.20 mmol/L	N/A	N/A	N/A
<b>Troponin</b>	0.00-0.10 ng/mL	N/A	N/A	N/A
<b>CK-MB</b>	0.5-3.6 ng/mL	N/A	N/A	N/A

<b>Total CK</b>	29-168 U/L	N/A	N/A	N/A
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**Other Tests** **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>INR</b>	0.9-1.1 ratio	N/A	N/A	N/A
<b>PT</b>	11.7-13.8 seconds	N/A	N/A	N/A
<b>PTT</b>	22.4-35.9 seconds	N/A	N/A	N/A
<b>D-Dimer</b>	<0.50 ug/mL FEU	N/A	N/A	N/A
<b>BNP</b>	0.00-100.0 pg/mL	99.0 pg/mL	N/A	N/A
<b>HDL</b>	40-60 mg/dL	N/A	N/A	N/A
<b>LDL</b>	0-100 mg/dL	N/A	N/A	N/A
<b>Cholesterol</b>	0-200 mg/dL	N/A	N/A	N/A
<b>Triglycerides</b>	<150 mg/dL	N/A	N/A	N/A
<b>Hgb A1c</b>	11.0-16.0	11.7 g/dL	11.0 g/dL	N/A

	g/dL			
<b>TSH</b>	0.350-4.940	N/A	N/A	N/A
	u/mL			

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>	Colorless/clear	N/A	N/A	N/A
<b>pH</b>	5.0-7.0 pH	N/A	N/A	N/A
<b>Specific Gravity</b>	1.005-1.030	N/A	N/A	N/A
<b>Glucose</b>	Negative mg/dL	N/A	N/A	N/A
<b>Protein</b>	Negative mg/dL	N/A	N/A	N/A
<b>Ketones</b>	Negative mg/dL	N/A	N/A	N/A
<b>WBC</b>	0-25 uL	N/A	N/A	N/A
<b>RBC</b>	0-20 uL	N/A	N/A	N/A
<b>Leukoesterase</b>	Negative	N/A	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	7.350-7.450	7.500	N/A	<p>Carbon dioxide is used by the pulmonary system to regulate pH, and it is released into the environment after expiration. The amount of carbon dioxide released can alter pH because carbon dioxide reacts with water to generate carbonic acid in the body. The patient's inadequate gas exchange would cause the CO<sub>2</sub> levels to rise, which would raise the pH of the blood (Pagana, Pagana, &amp; Pagana, 2023).</p>
PaO <sub>2</sub>	35.0-45.0 mmHg	30.9 mmHg	N/A	<p>The disruption of the acid-base balance caused by alveolar hypoventilation is known as</p>

				<p>respiratory acidosis. Carbon dioxide is produced quickly, and when ventilation fails, the partial pressure of carbon dioxide in the arterial system quickly rises (PaCO<sub>2</sub>). This patient has impaired gas exchange which could cause this (Pagana, Pagana, &amp; Pagana, 2023).</p>
<b>PaCO<sub>2</sub></b>	41.0-51.0 mmHg	50.9 mmHg	N/A	N/A
<b>HCO<sub>3</sub></b>	21.5-25.5 mmol/L	38.8 mmol/L	N/A	<p>Primary increase in bicarbonate (HCO<sub>3</sub><sup>-</sup>) with or without a compensatory increase in partial pressure of carbon dioxide (Pco<sub>2</sub>) is known as metabolic alkalosis; pH might be high or almost normal. Prolonged vomiting, hypovolemia, the use of diuretics, and hypokalemia are common reasons. This patient is going to have an increase in bicarbonate due to the impaired gas exchange (Pagana,</p>

				Pagana, & Pagana, 2023).
SaO2	92.0-98.5%	N/A	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	N/A	N/A	N/A
Blood Culture	No growth at 5 days	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

**Lab Correlations Reference (1) (APA):**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** Chest XR AP and a brain CT

**Diagnostic Test Correlation (5 points):** An X-ray of the chest can be used to diagnose lung problems that can lead to dyspnea, such as air accumulating in the area surrounding a lung, which may lead to its collapse. Emphysema and cystic fibrosis are examples of chronic lung disorders and their repercussions (Mayfair Diagnostics, 2021). When other forms of examination, like X-rays or a physical exam, are unsatisfactory, a CT scan of the brain may be carried out to evaluate the brain for tumors and other lesions, injuries, intracranial bleeding, structural anomalies (like hydrocephalus), infections, brain function, or other conditions that might cause altered mental status (Johns Hopkins Medicine, 2024). This correlates to my patient due to my patient having dyspnea and altered mental status upon arrival to the floor.

**Diagnostic Test Reference (1) (APA):**

Johns Hopkins Medicine Staff. (2021, August 8). *Computed tomography (CT or CAT) scan of the brain*. Johns Hopkins Medicine. [https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/computed-tomography-ct-or-cat-scan-of-the-brain#:~:text=A%20CT%20of%20the%20brain%20may%20be%20performed%20to%20assess,a%20physical%20exam\)%20are%20inconclusive](https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/computed-tomography-ct-or-cat-scan-of-the-brain#:~:text=A%20CT%20of%20the%20brain%20may%20be%20performed%20to%20assess,a%20physical%20exam)%20are%20inconclusive).

Mayfair Diagnostics Staff. (2023, July 10). *How does a chest x-ray help diagnose breathing problems?* Mayfair Diagnostics. <https://www.radiology.ca/article/how-does-chest-x-ray-help-diagnose-breathing-problems/#:~:text=A%20chest%20X%20ray%20can,cystic%20fibrosis%2C%20and%20their%20complications>.

**Current Medications (10 points, 1 point per completed med)**

**\*10 different medications must be completed\***

**Home Medications (5 required)**

<b>Brand/Generic</b>	Acetaminophen (Tylenol)	Arformoterol (Brovana)	Metolazone (Zaroxolyn)	Spironolactone (Aldactone)	Oxygen
<b>Dose</b>	500 mg	15 mcg	5 mg	50 mg	4 L/min
<b>Frequency</b>	Every 6 hours	Daily	Every 7 hours	Twice daily	Daily
<b>Route</b>	Oral	Nebulizer	Oral	Oral	Nasal
<b>Classification</b>	“Pharmacologic : Nonsalicylate, para-aminophenol derivate Therapeutic: Antipyretic, nonopioid analgesic” (Jones &	“Pharmacologic: Adrenergic bronchodilators Therapeutic: long-acting beta agonists” (Drugs.com, 2023).	“Pharmacologic: Thiazide-like diuretic Therapeutic: Diuretic” (Jones & Bartlett, 2023).	“Pharmacologic : Potassium-sparing diuretic Therapeutic: Diuretic” (Jones & Bartlett, 2023).	“Pharmacologic: Medical gas Therapeutic: Medical gas” (Drugs.com, 2023).

	Bartlett, 2023).				
<b>Mechanism of Action</b>	<p>“Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin” (Jones &amp;</p>	<p>“Arformoterol inhalation is used to help control the symptoms of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema” (Drugs.com, 2023).</p>	<p>“Promotes renal excretion of sodium and water by inhibiting their reabsorption in distal convoluted tubules. The resulting reduction in extracellular fluid volume and plasma reduces blood pressure. Metolazone also helps reduce blood pressure by decreasing peripheral vascular resistance” (Jones &amp;</p>	<p>“Normally, aldosterone attaches to receptors on the walls of distal convoluted tubule cells, causing sodium and water reabsorption in the blood. Spironolactone compete with aldosterone for these receptors, thereby preventing sodium and water reabsorption and causing layer excretion</p>	<p>“Oxygen therapy increases the arterial pressure of oxygen and is effective in improving gas exchange and oxygen delivery to tissues, provided that there are functional alveolar units. Oxygen plays a critical role as an electron acceptor during oxidative phosphorylation in the electron transport chain through activation of</p>

	Bartlett, 2023).		Bartlett, 2023).	<p>through the distal convoluted tubules. Increase the urinary excretion of sodium and water reduces blood volume and blood pressure” (Jones &amp; Bartlett, 2023).</p>	<p>cytochrome c oxidase (terminal enzyme of the electron transport chain). This process achieves successful aerobic respiration in organisms to generate ATP molecules as an energy source in many tissues. Oxygen supplementation acts to restore normal cellular activity at the mitochondrial level and reduce metabolic acidosis. There is</p>
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					also evidence that oxygen may interact with O <sub>2</sub> -sensitive voltage-gated potassium channels in glomus cells and cause hyperpolarization of mitochondrial membrane” (Drugs.com, 2023).
<b>Reason Client Taking</b>	“To relieve mild to moderate pain; to relieve fever” (Jones & Bartlett, 2023)	“To help relieve acute respiratory failure” (Drugs.com, 2023).	“To manage edema” (Jones & Bartlett, 2023).	“To treat edema” (Jones & Bartlett, 2023).	“To manage shortness of breath” (Drugs.com, 2023).
<b>Contraindications (2)</b>	“If the patient has severe hepatic impairment” (Jones &	“Tell your doctor if you have seizures” (Drugs.com, 2023).	“Anuria, hepatic coma, or precoma” (Jones & Bartlett, 2023).	“Addison’s disease” (Jones & Bartlett, 2023).	“Unfavorable response to the oxygen” (Drugs.com, 2023).

	Bartlett, 2023).  “If the patient is allergic to acetaminophen” (Jones & Bartlett, 2023).	“Hypersensitivity to arformoterol” (Drugs.com, 2023).	“Hypersensitivity to metolazone or its components” (Jones & Bartlett, 2023).	“Hyperkalemia” (Jones & Bartlett, 2023).	“SpO2 is greater than 92%” (Drugs.com, 2023).
<b>Side Effects/Adverse Reactions (2)</b>	“Hypotension” (Jones & Bartlett, 2023).  “Insomnia” (Jones & Bartlett, 2023).	“Worsening breathing problems” (Drugs.com, 2023).  “Fast or pounding heartbeats” (Drugs.com, 2023).	“Depression” (Jones & Bartlett, 2023).  “Neuropathy” (Jones & Bartlett, 2023).	“Hypotension” (Jones & Bartlett, 2023).  “Confusion” (Jones & Bartlett, 2023).	“Pleuritic chest pain” (Drugs.com, 2023).  “Substernal heaviness” (Drugs.com, 2023).
<b>Nursing Considerations (2)</b>	“Use acetaminophen cautiously in patients with hepatic	“Arformoterol is for use only in people with chronic obstructive	“Measure patient’s fluid intake and output and daily weight to monitor drug’s	“Evaluate spironolactone’s effectiveness by assessing for presences and	“Ensure the equipment is turned on” (Drugs.com, 2023).

	<p>impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment” (Jones &amp; Bartlett, 2023).                   “Calculate total daily intake of acetaminophen including other products that may contain acetaminophen so maximum daily dosage is not exceeded”</p>	<p>pulmonary disease (COPD) and should not be used to treat asthma” (Drugs.com, 2023).                   “Arformoterol is not a rescue medicine. It will not work fast enough to treat a bronchospasm attack” (Drugs.com, 2023).</p>	<p>diuretic effect” (Jones &amp; Bartlett, 2023).                   “Monitor blood chemistry results and assess for evidence of hypochloremia, hypokalemia, and mild metabolic alkalosis” (Jones &amp; Bartlett, 2023).</p>	<p>degree of edema” (Jones &amp; Bartlett, 2023).                   “Evaluate spironolactone’s effectiveness by assessing blood pressure” (Jones &amp; Bartlett, 2023).</p>	<p>“Set at the required flow rate” (Drugs.com, 2023).</p>
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	(Jones & Bartlett, 2023).				
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	“Monitor pain level before administering acetaminophen” (Drugs.com, 2023).	“Monitor blood pressure before giving this medication due to this medication possibly manifesting high blood pressure” (Drugs.com, 2023).	“Monitor mood before giving this medication, as it can cause depression” (Drugs.com, 2023).	“Monitor potassium levels before administering as this medication can cause high potassium levels” (Drugs.com, 2023).	“Check SpO2 before administering oxygen” (Drugs.com, 2023).
<b>Client Teaching Needs (2)</b>	“Tell your doctor if you are taking an over the counter drugs or herbal products due to possible interaction” (Drugs.com, 2023).	“Follow all directions on your prescription label and read all medication guides. Use the medicine exactly as directed. Using too much of arformoterol	“You should not use metolazone if you are unable to urinate, or if you have severe liver disease” (Drugs.com, 2023).  “Follow all	“Ask your doctor before using opioid medication, a sleeping pill, a muscle relaxer, or medicine for anxiety, depression, or seizures”	“Keep oxygen away from heating source” (Drugs.com, 2023).  “Avoid wearing synthetic clothing due to static electricity”

	<p>“Stop taking this medicine and call your doctor right away if you have skin redness or a rash that spreads and causes blistering and peeling” (Drugs.com, 2023).</p>	<p>inhalation can cause life-threatening side effects” (Drugs.com, 2023).                   “If a missed dose occurs, skip the missed dose and use your next dose at the regular time. Do not use two doses at one time” (Drugs.com, 2023).</p>	<p>directions on your prescription label. Your doctor may occasionally change your dose to make sure you get the best results. Do not use this medicine in larger or smaller amounts or for longer than recommended” (Drugs.com, 2023).</p>	<p>(Drugs.com, 2023).                   “Get emergency medical help if you have signs of an allergic reaction to spironolactone: hives; difficulty breathing; swelling of your face, lips, tongue, or throat” (Drugs.com, 2023).</p>	<p>(Drugs.com, 2023).</p>
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**Hospital Medications (5 required)**

<b>Brand/Generic</b>	Sertraline (Zoloft)	Apixaban (Eliquis)	Ceftriaxone (Rocephin)	Nystatin (Mycostatin)	Torsemide (Demadex)
<b>Dose</b>	25 mg	5 mg	1 g	100,000 unit/gram	100 mg
<b>Frequency</b>	Daily @ 0900	Twice daily (0900-2100)	Daily @ 0900	Every 6 hours	Daily
<b>Route</b>	Oral	Oral	IV push	Topical	Oral
<b>Classification</b>	“Pharmacologic: Selective serotonin reuptake inhibitor Therapeutic: anti-anxiety, antidepressant, anti-obsessive compulsive, anti- panic, anti-post- traumatic stress, anti-premenstrual dysphoric” (Jones & Bartlett,	“Pharmacologic: Factor Xa inhibitor Therapeutic: Anticoagulant” (Jones & Bartlett, 2023).	“Pharmacologic: Third-generation cephalosporin Therapeutic: Antibiotic” (Jones & Bartlett, 2023).	“Pharmacologic: Polyene macrolide Therapeutic: Antifungal” (Jones & Bartlett, 2023).	“Pharmacologic: Loop diuretic Therapeutic: Antihypertensive, diuretic” (Jones & Bartlett, 2023).

	2023).				
<b>Mechanism of Action</b>	<p>“Inhibitory uptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nervous synapses. An elevated serotonin level may result in elevated mood and reduced depression. This action may also relieve symptoms of other psychiatric</p>	<p>“Inhibits free and clot-bound factor Xa and prothrombinase activity. Although apixaban has no direct effect on platelet aggregation, it does indirectly inhibit platelet aggregation induced by thrombin. By inhibiting factor Xa, apixaban decreases thrombin generation and thrombus development”</p>	<p>“Interferes with bacterial cell wall synthesis by inhibiting cross linking of peptidoglycan strands. Peptidoglycan Makes the cell membrane rigid and protective. Without it, bacterial cells rupture and die” (Jones &amp; Bartlett, 2023).</p>	<p>“Binds to sterols in fungal cell membranes, impairing membrane integrity. Cells lose intracellular potassium and other cellular contents and, eventually, die” (Jones &amp; Bartlett, 2023).</p>	<p>“Blocks active chloride and sodium reabsorption in the ascending loop of Henle by promoting rapid excretion of chloride, sodium, and water. Torsemide Also increases the production of renal prostaglandins, increasing the plasma renin level and renal vasodilation. As a result, blood pressure falls, reducing preload</p>

	conditions attributed to serotonin deficiency and premenstrual dysphoric disorder” (Jones & Bartlett, 2023).	(Jones & Bartlett, 2023).			and after load” (Jones & Bartlett, 2023).
<b>Reason Client Taking</b>	“To treat major depression” (Jones & Bartlett, 2023).	“To prevent risk of deep vein thrombosis due to minimal ambulation” (Jones & Bartlett, 2023).	“To prevent infection” (Jones & Bartlett, 2023).	“To treat topical fungal infection” (Jones & Bartlett, 2023).	“To treat edema” (Jones & Bartlett, 2023).
<b>Contraindications (2)</b>	“Hypersensitivity to sertraline or its components” (Jones & Bartlett, 2023).  “Concurrent use	“Active pathological bleeding” (Jones & Bartlett, 2023).  “Hypersensitivity	“Intravenous administration of ceftriaxone solutions containing lidocaine” (Jones & Bartlett, 2023).	“Hypersensitivity to nystatin” (Jones & Bartlett, 2023).  “Hypersensitivity to nystatin	“Hepatic coma” (Jones & Bartlett, 2023).  “Anuric patients” (Jones & Bartlett, 2023).

	of disulfiram or pimozide” (Jones & Bartlett, 2023).	to apixaban or its components” (Jones & Bartlett, 2023).	“Hypersensitivity to beta-lactam antibacterials or cephalosporins, penicillins, or their components” (Jones & Bartlett, 2023).	components” (Jones & Bartlett, 2023).	
<b>Side Effects/Adverse Reactions (2)</b>	<p>“Abnormal dreams” (Jones &amp; Bartlett, 2023).</p> <p>“Amnesia” (Jones &amp; Bartlett, 2023).</p>	<p>“Hemorrhagic stroke” (Jones &amp; Bartlett, 2023).</p> <p>“Hypotension” (Jones &amp; Bartlett, 2023).</p>	<p>“Chills” (Jones &amp; Bartlett, 2023).</p> <p>“Edema” (Jones &amp; Bartlett, 2023).</p>	<p>“Nausea” (Jones &amp; Bartlett, 2023).</p> <p>“Burning” (Jones &amp; Bartlett, 2023).</p>	<p>“Confusion” (Jones &amp; Bartlett, 2023).</p> <p>“Chest pain” (Jones &amp; Bartlett, 2023).</p>
<b>Nursing Considerations (2)</b>	<p>“Be aware that sertraline should not be given to patients with bradycardia” (Jones &amp; Bartlett, 2023).</p>	<p>“Know that apixaban should not be given to patients with severe hepatic dysfunction. Drug should also not be given to</p>	<p>“Use ceftriaxone in patients who are hypersensitive to penicillins, because cross sensitivity has occurred in about 1% to 3% of such patients” (Jones &amp;</p>	<p>“Tell patient using powder form to prepare only a single dose at a time, because it does not contain preservatives.</p>	<p>“Monitor patient serum electrolyte levels and fluid intake and output to detect hypovolemia, because dehydration can</p>

	<p>“Be aware that sertraline should not be given to patients who are taking other drugs that prolong the QT interval” (Jones &amp; Bartlett, 2023).</p>	<p>patient with triple positive antiphospholipid syndrome because drug therapy has been associated with increased rates of recurrent thrombotic events” (Jones &amp; Bartlett, 2023).                  “Be aware that if apixaban is discontinued prematurely inadequate alternative anticoagulation is not present, the risk for thrombosis</p>	<p>Bartlett, 2023).                  “Be aware that local anesthetic such as lidocaine used to lessen the pain of and I.M. injection may cause methemoglobinemia as late as several hours after the injection. Monitor patient closely” (Jones &amp; Bartlett, 2023).</p>	<p>Add prescribed dosage to about 4 ounces of water.                  Stir well and divide into smaller portions.                  Patient should take immediately, using one portion at a time, until entire volume is used” (Jones &amp; Bartlett, 2023).                  “Review adverse reactions with patient and to report them to prescriber if prolonged or severe” (Jones &amp; Bartlett, 2023).</p>	<p>worsen renal function, causing acute renal failure. Patients at higher risk include patients who are taking renin-angiotensin aldosterone inhibitors or other nephrotoxic drugs or who are salt-depleted.                  Expect to monitor renal function in patients who experience dehydration” (Jones &amp; Bartlett, 2023).                  “Monitor patient</p>
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		<p>increases” (Jones &amp; Bartlett, 2023).</p>			<p>with hepatic disease who has ascites or cirrhosis, because they sudden shift in fluid and electrolyte balance may precipitate hepatic coma. Diuretic therapy can also contribute to a variety of disorders such as azotemia, hypokalemia, hyponatremia, hypovolemia, or metabolic alkalosis in those patients, which can cause or</p>
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					worsen hepatic encephalopathy. Know that if this occurs, drug should be withheld or discontinued” (Jones & Bartlett, 2023).
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	“Monitor blood sodium before administering this medication due to the possibility of this medication causing low blood sodium levels” (Drugs.com, 2023).	“Discuss any blood thinners the patient is taking due to this medication also being a blood thinner” (Drugs.com, 2023)	“Assess for breathing problems due to this medication potentially increasing the severity” (Drugs.com, 2023).	“Ask patient about any allergic reaction of nystatin in the pat if they have taken it” (Drugs.com, 2023).	“Monitor potassium level before giving this medication due to the chance of this medication possibly causing low potassium levels” (Drugs.com, 2023).
<b>Client Teaching Needs (2)</b>	“Get emergency medical help if	“Seek emergency medical attention	“Get emergency medical help if you	“Use this medication for	“Follow all directions on

	<p>you have signs of an allergic reaction to sertraline: skin rash or hives (with or without fever or joint pain); difficulty breathing; swelling of your face, lips, tongue, or throat” (drugs.com, 2023).</p> <p>“Report any new or worsening symptoms to your doctor, such as: mood or behavior changes, anxiety, panic attacks,</p>	<p>if you have symptoms of a spinal blood clot such as tingling, numbness, or muscle weakness especially in your legs and feet” (Drugs.com, 2023).</p> <p>“Call your doctor at once if you have signs of bleeding such as: easy bruising, unusual bleeding, unexpected pain or swelling, feeling very weak or dizzy, bleeding gums,</p>	<p>have signs of an allergic reaction (hives, difficult breathing, swelling in your face or throat) or a severe skin reaction (fever, sore throat, burning in your eyes, skin pain, red or purple skin rash that spreads and causes blistering and peeling)” (Drugs.com, 2023).</p> <p>“ou should not use ceftriaxone if you have ever had a severe allergic reaction to any type of cephalosporin antibiotic (Omnicef,</p>	<p>the full prescribed length of time. Your symptoms may improve before the infection is completely cleared” (Drugs.com, 2023).</p> <p>“Call your doctor if your symptoms do not improve, or if they get worse while using nystatin topical” (Drugs.com, 2023).</p>	<p>your prescription label and read all medication guides or instruction sheets. Your doctor may occasionally change your dose. Use the medicine exactly as directed” (Drugs.com, 2023).</p> <p>“If you need to have any type of x-ray or CT scan using a dye that is injected into your veins, tell your caregivers that you currently</p>
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	<p>trouble sleeping, or if you feel impulsive, irritable, agitated, hostile, aggressive, restless, hyperactive (mentally or physically), more depressed, or have thoughts about suicide or hurting yourself” (drugs.com, 2023).</p>	<p>nosebleeds, heavy menstrual bleeding, blood in your urine or stools, coughing up blood or vomit that looks like coffee grounds, or any bleeding that will not stop” (Drugs.com, 2023).</p>	<p>Keflex, and others)” (Drugs.com, 2023)</p>		<p>take torsemide” (Drugs.com, 2023).</p>
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**Medications Reference (1) (APA):**

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Jones & Bartlett Learning, & Learning, J. B. (2022). *2023 Nurse's Drug Handbook*. Jones &  
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Drugs.com Staff. (2023, February 24). *Sertraline: side effects, uses, and dosage*. Drugs.com.  
<https://www.drugs.com/sertraline.html#side-effects>

Drugs.com Staff. (2024, February 29). *Spironolactone: uses, dosage, side effects*. Drugs.com.

<https://www.drugs.com/spironolactone.html#side-effects>

Drugs.com Staff. (2023, August 24). *Torseamide uses, side effects & warnings*. Drugs.com.

<https://www.drugs.com/mtm/torseamide.html#side-effects>

**Assessment**

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

<p><b>GENERAL:</b></p> <p><b>Alertness:</b></p> <p><b>Orientation:</b></p> <p><b>Distress:</b></p> <p><b>Overall appearance:</b></p>	<p>Alertness: Patient is alert and responsive, responds to verbal stimuli, and responds to painful stimuli.</p> <p>Orientation: Patient is oriented to person, place, time, and situation A&amp;O x4</p> <p>Distress: Patient states “they are in no distress other than some pain in the stomach.”</p> <p>Overall Appearance: Overall appearance of the patient was appropriate for age and well groomed.</p>
<p><b>INTEGUMENTARY:</b></p> <p><b>Skin color:</b></p>	<p>Skin Color: Usual for ethnicity.</p>

<p><b>Character:</b></p> <p><b>Temperature:</b></p> <p><b>Turgor:</b></p> <p><b>Rashes:</b></p> <p><b>Bruises:</b></p> <p><b>Wounds: .</b></p> <p><b>Braden Score:</b></p> <p><b>Drains present:</b> Y <input type="checkbox"/>      N <input checked="" type="checkbox"/></p> <p><b>Type:</b></p>	<p><b>Character:</b> Dry upon palpation/ashy.</p> <p>Temperature: Warm upon palpation.</p> <p><b>Turgor:</b> Slow to return</p> <p><b>Bruises/wounds/rashes:</b> Present skin/moisture wound on lower back and present friction/shear wound on the right anterior greater trochanter but no bruises or rashes.</p> <p>Braden Score: 16 (mild)</p> <p>Drains present: No drains present.</p>
<p><b>HEENT:</b></p> <p><b>Head/Neck:</b></p> <p><b>Ears:</b></p> <p><b>Eyes:</b></p> <p><b>Nose:</b></p> <p><b>Teeth:</b></p>	<p>Head: Symmetry present in skull and face</p> <p>Neck: Supple with good structure and movement.</p> <p>Trachea is symmetrical upon palpation. Thyroid is nonpalpable. Lymph nodes are not swollen.</p> <p><b>Tracheostomy is present.</b></p> <p>Ears: Hearing is normal. The external ear and ear canal are clear of debris.</p>

	<p>Eyes: Vision is clear, and eyes are symmetrical on the face. PERRLA is fast to respond with no debris on the internal or external parts of the eyes.</p> <p>Nose: Nose is symmetrical while moist internally. No drainage, edema, or abrasions.</p> <p>Mouth: Mouth is pink and symmetrical on both sides. <b>Poor dentition (decay)</b>. Uvula raises and falls when patient says “ahhh.”</p> <p>Mucous Membranes: Membranes are pink and moist with no cracks.</p>
<p><b>CARDIOVASCULAR:</b></p> <p><b>Heart sounds:</b></p> <p><b>S1, S2, S3, S4, murmur etc.</b></p> <p><b>Cardiac rhythm (if applicable):</b></p> <p><b>Peripheral Pulses:</b></p> <p><b>Capillary refill:</b></p> <p><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Edema</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>Heart Rhythm: Normal. No gallops, murmurs, or rubs heard upon auscultation. Peripheral pulses 2+ bilaterally. PMI palpable at the 5th intercostal space at MCL.</p> <p>Heart Sounds: Normal (S1 and S2 sounds present).</p>

<p><b>Location of Edema:</b></p>	<p>Pulses: 3+ (Normal)</p> <p>Cap Refill Time: Less than 3 seconds in <b>all extremities except right and left feet.</b></p> <p>Neck Vein Distention: No signs of neck vein distention.</p> <p>Edema: Signs of edema present</p> <p>Edema location: Right foot, left foot, right leg, left leg</p>
<p><b>RESPIRATORY:</b></p> <p><b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Breath Sounds: Location, character</b></p>	<p>Accessory Muscle Use: Patient was not using any accessory muscle use.</p> <p>Respirations: Patient's respirations were normal.</p> <p>Respiration Pattern: Respirations were normal.</p> <p>Breath Sounds: <b>Diminished through all locations.</b></p> <p>Breath sounds are clear bilaterally. No wheezes, crackles or rhonchi noted.</p>

	Lung Aeration: Equal
<p><b>GASTROINTESTINAL:</b></p> <p><b>Diet at home:</b></p> <p><b>Current Diet</b></p> <p><b>Height:</b></p> <p><b>Weight:</b></p> <p><b>Auscultation Bowel sounds:</b></p> <p><b>Last BM:</b></p> <p><b>Palpation: Pain, Mass etc.:</b></p> <p><b>Inspection:</b></p> <p><b>Distention:</b></p> <p><b>Incisions:</b></p> <p><b>Scars:</b></p> <p><b>Drains:</b></p> <p><b>Wounds:</b></p> <p><b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Size:</b></p> <p><b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Type:</b></p>	<p><b>Diet at Home: High fat</b></p> <p><b>Current Diet: Soft food/liquid</b></p> <p>Height: 167.6 cm</p> <p>Weight: 180.6 kg</p> <p>Auscultation Bowel Sounds: Normoactive in all four quadrants</p> <p>Last BM: 3/18/2024</p> <p>Palpation: No pain upon palpation, no masses present. Abdomen is soft and nontender.</p> <p>Inspection:</p> <p><b>Distention: Obese, rounded</b></p> <p>Incisions: None</p>

	<p><b>Scars: Cesarean section</b></p> <p>Drains: None</p> <p>Wounds: None</p> <p>Ostomy: None</p> <p>Nasogastric: None</p> <p>Feeding tubes/PEG Tube: None</p>
<p><b>GENITOURINARY:</b></p> <p><b>Color:</b></p> <p><b>Character:</b></p> <p><b>Quantity of urine:</b></p> <p><b>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b></p> <p><b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b></p> <p><b>Inspection of genitals:</b></p> <p><b>Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b></p> <p><b>Type:</b></p> <p><b>Size:</b></p>	<p>No dysuria, no urgency, no frequency, no hematuria.</p> <p>Color: Yellow</p> <p><b>Character: Cloudy</b></p> <p>Quantity of Urine: N/A</p> <p>Pain with Urination: None</p> <p>Dialysis: None</p>

	<p>Inspection of Genitals: Normal</p> <p>Catheter: External catheter due to incontinence</p>
<p><b>MUSCULOSKELETAL:</b></p> <p><b>Neurovascular status:</b></p> <p><b>ROM:</b></p> <p><b>Supportive devices:</b></p> <p><b>Strength:</b></p> <p><b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>Fall Score:</b></p> <p><b>Activity/Mobility Status:</b></p> <p><b>Independent (up ad lib)</b> <input type="checkbox"/></p> <p><b>Needs assistance with equipment</b> <input type="checkbox"/></p> <p><b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>Neurovascular Status: Nail beds were normal and intact; extremities were normal with edema in legs. No rashes but had lesions on the lower back and right anterior greater trochanter. Skin was warm upon palpation.</p> <p>ROM: Decreased range of motion, patient couldn't get out of bed by themselves</p> <p>Supportive devices: Wheelchair and walker at home</p> <p>Strength: Weak.</p> <p>ADL Assistance: Assistance needed for everyday tasks.</p> <p>Fall Risk: 14 (High)</p>

	<p>Activity/Mobility Status: Limited to walker or wheelchair.</p> <p>Independent: No, needs assistance</p> <p>Needs Assistance with Equipment: Needs assistance with wheelchair and walker.</p> <p>Needs Support to Stand and Walk: Needs support to stand and walk.</p>
<p><b>NEUROLOGICAL:</b></p> <p><b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</p> <p><b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/></p> <p><b>Orientation:</b></p> <p><b>Mental Status:</b></p> <p><b>Speech:</b></p> <p><b>Sensory:</b></p> <p><b>LOC:</b></p>	<p>MAEW: No, has trouble moving legs.</p> <p>PERRLA: Normal</p> <p>Strength Equal: Yes</p> <p>Orientation: Person is alert and orientated x4 (person, place, time, and situation).</p> <p>Mental Status: Normal for age</p> <p>Speech: Normal</p>

	<p>Sensory: Normal</p> <p>LOC: Alert</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b></p> <p><b>Coping method(s):</b></p> <p><b>Developmental level:</b></p> <p><b>Religion &amp; what it means to pt.:</b></p> <p><b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Coping Methods: Praying</p> <p>Developmental level: Patient could read/write and can form a full structured sentence.</p> <p>Religion and What it Means to Patient: patient stated that “they are Christian.”</p> <p>Personal/Family Data: Patient states that their “daughters are their support system”</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1501	90 bpm	96/63 mmHg	20 rpm	97.5 F	96% on nasal cannula
1700	100 bpm	98/66 mmHg	19 rpm	97.5 F	97% on nasal cannula

**Vital Sign Trends:** Throughout the patient’s hospitalization, the vitals stay around the same trend. The blood pressure fluctuated throughout the hospitalization but overall stayed in the same range. The patient seems to run low when it comes to their blood pressure.

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
1501	0-10	Abdomen.  Knee	8/10	Aching	Tylenol
1700	0-10	N/A	0/10	N/A	N/A

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<p><b>Size of IV:</b> 22 gauge</p> <p><b>Location of IV:</b> Right upper breast</p> <p><b>Date on IV:</b> 3/14/2024</p> <p><b>Patency of IV:</b> Site is free of redness, swelling, coolness, or warmth to the touch.</p> <p>Infuses freely</p> <p><b>Signs of erythema, drainage, etc.:</b> None</p> <p><b>IV dressing assessment:</b> Clean, dry, and intact</p>	<p><b>Fluid Type:</b> N/A, patient has a saline lock</p>

### Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL	100%

### Nursing Care

#### Summary of Care (2 points)

**Overview of care:** I went and introduced myself to the patient at 1300. The patient had just woken up and was watching television. I proceeded to help take the patient's vital signs at 1501. I provided the patient with a new blanket upon request. I assisted my preceptor in administering medications to my patient and checking my patient's tracheostomy. I then assisted my preceptor in other duties, such as collecting supplies and assisting in giving medications to other patients. I took a second set of vital signs on my patient at 1700. I performed a physical assessment on my patient and charted my findings. I saw my patient before the end of my shift to ensure there was nothing I could do for the patient at this time. The patient declined any assistance at this time. I then reported back to my preceptor before leaving the unit.

**Procedures/testing done:** My patient had a chest X-ray and a brain CT.

**Complaints/Issues:** Patient complained of "aching abdomen and knee." Pain was an 8/10.

**Vital signs (stable/unstable):** Stable for patient

**Tolerating diet, activity, etc.:** Tolerated liquid/soft food diet, bowel movement on 3/18/2024

**Physician notifications:** None

**Future plans for client:** Complete medications as directed when patient gets home and consult with physical therapy and occupational therapy.

**Discharge Planning (2 points)**

**Discharge location:** Home

**Home health needs (if applicable):** Upon discharge home, the patient will need the health of physical therapy, occupational therapy, and wound care.

**Equipment needs (if applicable):** The patient would need tracheostomy supplies of cleaning as well as switching part, a wheelchair, a walker, and a hospital bed.

**Follow up plan:** Follow up with home health as needed/ordered.

**Education needs:** Some education needs would be range of motion exercises, self-care, dietary, and wound care.

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

Nursing Diagnosis	Rationale	Interventions	Outcome	Evaluation
<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p style="text-align: center;"><b>(2 per dx)</b></p>	<p style="text-align: center;"><b>Goal</b> <b>(1 per dx)</b></p>	<ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to</li> </ul>

<p>by priority – highest priority to lowest priority pertinent to this client</p>				<p>plan.</p>
<p><b>1.</b> Risk of aspiration related to diminished lung sounds as evidenced by lung assessment</p>	<p>Risk of fluid or infection in the lungs</p>	<p><b>1.</b>Keep an eye out for physiologic responses (vital signs, oxygen saturation, and LOC [behavior]) that continue to fall within predicted or typical ranges.</p> <p><b>2.</b>Assess lung sounds on a regular basis, along with oxygen levels.</p>	<p><b>1.</b> “Patient experiences improvement of breathing (Phelps, 2022).</p>	<p>The patient was very receptive and responded well to understanding the signs and symptoms of decreased breathing ability and understood the outcome was to experience improved breathing.</p>

<p><b>2.</b> Risk for impaired gas exchange related to the presents of diminished sounds in the lungs as evidenced by patient is short of breath and wheezing (Phelps, 2022).</p>	<p>Poor pulmonary status may result in hypoxemia (Phelps, 2022)</p>	<p><b>1.</b> Every four hours, or more frequently if the patient's state is unstable, ascertain and record the patient's pulmonary status (Phelps, 2022).</p> <p><b>2.</b>Suctioning, postural draining, percussion, coughing, and other bronchial hygiene techniques should all be carried out according to</p>	<p><b>1.</b> The patient maintains good bronchial hygiene (Phelps, 2022).</p>	<p>The patient understood that good bronchial hygiene can help with breathing and the patient repeated back to me the instructions of deep breathing and coughing.</p>
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		prescription (Phelps, 2022)		
3. Impaired spontaneous ventilations related to respiratory muscle fatigue as evidenced by restlessness and decreased cooperation	Risk of decreased breathing	1. Suction ventilation machine when needed (Phelps, 2022)  2. Assess changes in the patient's respiratory status (Phelps, 2022)	1. The ability of the patient to wean off the ventilator will be demonstrated (Phelps, 2022)	The patient responded well to the ventilation and there is improvement seen with the oxygen levels
4. Activity intolerance related to an imbalance	Risk for decreased activity	1. Assess activity intolerance (Phelps, 2022)  2. Plan	1. The patient's breathing rate and SpO2 will be within normal	The patient's rates returned to normal and the patient was more active

<p>between oxygen supply and demand as evidenced by generalized weakness</p>		<p>interventions with adequate rest periods (Phelps, 2022)</p>	<p>ranges, indicating an increased tolerance to activity (Phelps, 2022)</p>	
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**Other References (APA):**

Phelps, L.L. (2022). Nursing Diagnosis Reference Manual (12th ed.) Lippincott Williams & Wilkins.

**Concept Map (20 Points):**

### Subjective Data

- Patient reports to the Emergency Department on 3/13/24 with weakness and dyspnea beginning on 3/13/24.
- Pain in abdomen and knee of an 8 out of an 0-10 scale.

### Nursing Diagnosis/Outcomes

1. Risk of aspiration related to diminished lung sounds as evidenced by lung assessment
2. Risk for impaired gas exchange related to the presents of diminished sounds in the lungs as evidenced by patient is short of breath and wheezing (Phelps, 2022).
3. Impaired spontaneous ventilation related to respiratory muscle fatigue as evidenced by restlessness and decreased cooperation
4. Activity intolerance related to an imbalance between oxygen supply and demand as evidenced by generalized weakness

Outcomes:

- "Patient experiences improvement of breathing (Phelps, 2022).
- The patient maintains good bronchial hygiene (Phelps, 2022).
- The ability of the patient to wean off the ventilator will be demonstrated (Phelps, 2022)
- The patient's breathing rate and SpO2 will be within normal ranges, indicating an increased tolerance to activity (Phelps, 2022)

### Objective Data

BP: 96/63  
 Pulse: 90  
 Resp. Rate: 20  
 Temperature: 97.5F  
 O2: 96% on nasal cannula  
 Time: 1501

BP: 98/66  
 Pulse: 100  
 Resp. Rate: 19  
 Temperature: 97.5F  
 O2: 97% on nasal cannula  
 Time: 1700

- Chest X-Ray
- Brain CT

### Client Information

- 53 y/o female
- Height: 167.6 cm
- Weight: 180.6 kg
- Full Code
- No active allergies
- African American

### Nursing Interventions

1. Keep an eye out for physiologic responses (vital signs, oxygen saturation, and LOC [behavior]) that continue to fall within predicted or typical ranges.
  - a. Assess lung sounds on a regular basis, along with oxygen levels.
2. Every four hours, or more frequently if the patient's state is unstable, ascertain and record the patient's pulmonary status (Phelps, 2022)
  - a. Suctioning, postural draining, percussion, coughing, and other bronchial hygiene techniques should all be carried out according to prescription (Phelps, 2022)
3. Suction ventilation machine when needed (Phelps, 2022)
  - a. Assess changes in the patient's respiratory status (Phelps, 2022)
4. Assess activity intolerance (Phelps, 2022)
  - a. Plan interventions with adequate rest periods (Phelps, 2022)



