

N431 Care Plan #3

Lakeview College of Nursing

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N431 CARE PLAN

Demographics (3 points)

Date of Admission 3/27/24	Client Initials RAB	Age 86	Gender Female
Race/Ethnicity White	Occupation Not Employed	Marital Status Married	Allergies Augmentin (Amoxicillin-pot Clavulanate) - Dizzy
Code Status DNR No CPR/Do not intubate	Height 5'6"	Weight 94 lb	

Medical History (5 Points)

Past Medical History: Acute chronic respiratory failure with hypoxia 1/19, Allergic rhinitis 2/19, branch retinal vein occlusion with no neovascularization of right eye 1/18, COPD exacerbation 11/15, Lung nodule 1/17, noncompliance 11/15, Osteoporosis 9/14, Penetrating ulcer of descending thoracic aorta 1/19, Pseudophakia of left and right eye 4/17 & 3/17, RSV infection 1/19, Vitamin D deficiency 2/19

Past Surgical History: Phacoemulsion of cataract right 3/17, phacoemulsion of cataract left 4/17, PR appendectomy 2016, pr ora; surgery, tonsillectomy

Family History: N/A

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):
pt denies smoking or drinking in the past and currently.

Assistive Devices: Walker

Living Situation: Living at home with Daughter

Education Level: College level

Admission Assessment

Chief Complaint (2 points): Shortness of breath, dizziness

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History of Present Illness – OLD CARTS (10 points): An 86-year-old female presented to the ED with chronic respiratory failure with s/s of SOB lasting 2-3 weeks at home, dyspnea, and dizziness while walking associated with nausea. Pt has a history of hypertension, COPD, and a poor appetite. Aggravating factors include walking long distances and having long conversations. Currently, the only alleviating factors include just resting and lying down/sitting up. The patient had a chest X-ray and they showed pulmonary emphysema, with scarring seen in the bilateral pulmonary apices. Treatment included 3L oxygen to keep O₂ in range, as well as bronchodilators/steroids to help with inflammation, and lastly, encouragement to eat smaller, more frequent meals.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Chronic respiratory failure

Secondary Diagnosis (if applicable): COPD exacerbation

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

Chronic respiratory failure is a disease in which the respiratory system fails with either oxygenation or carbon dioxide elimination. Mirabile et al. (2023) suggest that without this exchange system, the body is not able to oxygenate and will end up causing death. Components that are included in the respiratory system include the upper and lower respiratory tracts, the central and peripheral nervous systems, and chest wall muscles. Respiration is a fundamental process of life that happens without the person/client knowing it. According to Manickacel (2021), respirations involve using oxygen to oxidize macromolecules, producing carbon dioxide and water as byproducts. Adenosine triphosphate's high-energy bonds consistently trap the energy generated during this redox reaction. Which is exchanging gases between the blood and the environment across the alveolar capillary membrane. Patients who commonly have chronic

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respiratory failure have either hypoemic or hypercapnic failure, as hypoemic is an arterial oxygen tension, while hypercapnia is characterized by a PaCO₂ lower than 60 mmHg (Manickacel, 2021).

Symptoms and indicators that match the symptoms that my patient experienced include shortness of breath, cyanosis, increased heart rate, and dyspnea. Manickacel (2021) states that there could also be blurred vision, headaches, tachypnea, coughing, and pulmonary hypertension. A chest x-ray, arterial blood gases, and sputum culture are among the diagnostic procedures used to identify respiratory failure. The latter is done to determine whether an infection may be the cause of the failure. Vital signs include tachycardia and tachypnea as the body searches for oxygen but is not able to evacuate the CO₂ from the body quickly enough, which will cause a hypertension episode, and the blood pressure of the patient was controlled with a 122//64.

Treatment for respiratory failure includes oxygen therapy, steroids, and hypertension medications. The oxygen therapy is to help with getting oxygen in the body, the steroids are to help with reducing inflammation from emphysema, and lastly, hypertension medications are to control her blood pressure. Which will help give the body time to exchange the CO₂ with fresh, new oxygen. Lastly, patients will be doing physical therapy to help with activity intolerance and keep their oxygen saturation levels within normal levels.

Pathophysiology References (2) (APA):

Mirabile, V. S., Shebl, E., Sankari, A., & Burns, B. (2023, June 11). Respiratory failure in adults.

National Center for Biotechnology Information.

<https://pubmed.ncbi.nlm.nih.gov/30252383/>

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Manickavel, S. (2021, April). Pathophysiology of respiratory failure and physiology of gas exchange during ECMO. Indian journal of thoracic and cardiovascular surgery.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8062645/>

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	3.98	N/A	
Hgb	11-16 g/dL	12.6	11.8	
Hct	35-45 %	38.9	36.7	
Platelets	140-440 /mm ³	201	215	
WBC	4,000-10,500 /mm ³	6.59	10.5	
Neutrophils	38-75 %	N/A	N/A	
Lymphocytes	10-50%	16.3	11.1	
Monocytes	1-13%	10.9	10.3	
Eosinophils	0-6%	1.8	0.1	
Bands	0-2%	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	140	143	
K+	3.5-5.3 mmol/L	4.0	3.5	
Cl-	98-109 mmol/L	104	108	

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CO2	22.0-29.0 mmol/L	28.0	28.0	
Glucose	74-109 mg/dL	99	92	
BUN	7-25 mg/ dl	15	31	Possible renal failure or dehydration, which could be due to the exacerbation (M. & Bladh, 2023).
Creatinine	0.7-1.3 mg/dL	0.84	0.77	
Albumin	3.4-5.4 g/dL	4.1	N/A	
Calcium	8.6-10.2 mg/dl	10.2	9.8	
Mag	1.9-2.7 mg/dL	N/A	N/A	
Phosphate	2.8-4.5 mg/dL	N/A	N/A	
Bilirubin	0.3–1.0 mg/dL	1.1	N/A	This may indicate your liver isn't clearing bilirubin properly (M. & Bladh, 2023).
Alk Phos	44-150 IU/L	60	N/A	
AST	15-39 U/L	23	18	
ALT	7-52 U/L	15	12	
Amylase	25-115 U/L	N/A	N/A	
Lipase	0-160 U/L	16	13	
Lactic Acid	0-2.0 mmol/L	1.1	N/A	
Troponin	<0.04 ng/mL	N/A	N/A	
CK-MB	0-4.0	N/A	N/A	
Total CK	22-269 iU/L	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.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	0.8-1.1	N/A	N/A	
PT	9.8-12.3	N/A	N/A	
PTT	27-39 seconds	N/A	N/A	
D-Dimer	0-241 ng/mL	N/A	N/A	
BNP	<100 pg/ml	84	N/A	
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	N/A	N/A	
Hgb A1c	4-6%	N/A	N/A	
TSH	0.45-5.33 uIU/mL	N/A	N/A	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Clear, Yellow straw	Orange	N/A	Possible UTI, and sign of dehydration (M. & Bladh, 2023).
pH	5.0-8.0	6.5	N/A	
Specific Gravity	1.001-1.035	1.008	N/A	
Glucose	Negative	negative	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	0-25/ uL	125	N/A	Possible UTI, and kidney stones (M. & Bladh, 2023).

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RBC	0-20/uL	5	N/A	
Leukoesterase	Negative	Moderate	N/A	Possible UTI (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	7.382	N/A	
PaO2	80-100 mmHg	133.2	N/A	
PaCO2	41-51 mmHg	48.3	N/A	
HCO3	22-26mEq/L	28.1	N/A	Due to COPD exacerbations, as the body is having trouble expelling HCO3 (M. & Bladh, 2023).
SaO2	95-100%	98.5	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	Positive	N/A	Bacteria were found in the urine, which is a UTI indication (M. & Bladh, 2023).
Blood Culture	Negative	Negative	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

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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): XR CHEST PA / LAT 3/27/24

Diagnostic Test Correlation (5 points): Heart is normal in size, pt has pulmonary emphysema, with scarring seen in the bilateral pulmonary apices, and lastly thoracic levoscoliosis was present (Çallı et al., 2022).

Diagnostic Test Reference (1) (APA):

Çallı, E., Murphy, K., Scholten, E. T., Schalekamp, S., & van Ginneken, B. (2022, July 28).

Explainable emphysema detection on chest radiographs with Deep Learning. PloS one.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9333227/>

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

Home Medications (5 required)

Brand/Generic	Lorazepam /Ativan	Lisinopril/ Zstril	Albuterol/ Proventil	Acetaminophen/ Tylenol	Guaifenesin/ Mucinex
Dose	0.5 mg	10 mg	90 mcg	500 mg	600 mg
Frequency	BID	BID	1-2 puffs QID	PRN	BID
Route	oral	oral	Inhaler	PO	Oral
Classification	Sedative-hypnotic	Angiotensin-converting enzyme	Beta-adrenergic agents	Analgesic/antipyretics	Expectorants
Mechanism of Action	Binds to the benzodiazepine	Produces a plasma angiotensin	Acts upon B2-adrenergic	By blocking prostaglandin synthesis	Breaks up on loosen mucus

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	receptors on the postsynaptic GABA ligand-gated chloride 2023 <i>Nurse's Drug Handbook.</i> (2023).	II and aldosterone with increasing plasma renin activity 2023 <i>Nurse's Drug Handbook.</i> (2023).	receptors, inhibiting smooth muscle relaxation 2023 <i>Nurse's Drug Handbook.</i> (2023).	from arachidonic acid by inhibiting enzymes. 2023 <i>Nurse's Drug Handbook.</i> (2023).	within the airways 2023 <i>Nurse's Drug Handbook.</i> (2023).
Reason Client Taking	To treat anxiety, and also to prevent seizures and spasms	To treat hypertension.	To dilate patients bronchiales as possible constriction	To help with moderate pain/ decrease the temperature	To help with mucus production
Contraindications (2)	Acute angle-closure glaucoma and severe respiratory insufficiency 2023 <i>Nurse's Drug Handbook.</i> (2023).	Concurrent alishiren use in pts with diabetes and any hx of hereditary or idiopathic angioedema 2023 <i>Nurse's Drug Handbook.</i> (2023).	Possible heart or blood vessel disease, also any hypertension	Severe hepatic impairment/ liver disease pancreatitis or bile issues	Any hx of emphysema, chronic bronchitis, and asthma. Lastly, any blood tinge sputum
Side Effects/Adverse Reactions (2)	Anxiety, ataxia, coma, and confusion	Ataxia, confusion, CVA, fatigue, arrhythmias	Chest pain, headache, dizziness, and drowsiness	Headache, dark urine, and nausea	Nasuea, headache, dyspnea, and diarrhea
Nursing Considerations (2)	Use cautiously in pts with a hx of alcohol or drug abuse. Use cautiously in elderly	Don't give to pt not hemodynaic ally stable, use cautiously in pt with severe aortic	Assess lung sounds and oxygen saturation as needed lungs to be clear 2023 <i>Nurse's Drug</i>	Routinely check AST and ALT, and also check BUN and creatinine for kidney funtion	Watching for any sort of anaphylax is also watching for the color sputum

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	pts for respiratory depression 2023 Nurse's Drug Handbook. (2023).	stenosis	Handbook. (2023).	2023 Nurse's Drug Handbook. (2023).	that is produced 2023 Nurse's Drug Handbook. (2023).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	ABG's, lung assessment	Monitor BP and any signs of anaphylaxis	ABGs, HGB, and allergies	ALT, AST, BUN, AND creatinine	ABG's and respiratory assessment
Client Teaching Needs (2)	Avoid hazardous activities also report excessive drowsiness and nausea 2023 Nurse's Drug Handbook. (2023).	Teach of angioedema s/s of swelling of face. Also take at the same time every day 2023 Nurse's Drug Handbook. (2023).	Don't administer if BP is high, also don't take if blood sugar is high or low	Instruct patient to not take more than 4,000 mg in 24 hours, don't take if in hepatic failure	Increase fluid intake, also encourage cough and deep breathing 2023 Nurse's Drug Handbook. (2023).

Hospital Medications (5 required)

Brand/Generic	Amlodipine /Norvasc	Cyanocobal amin/ Vitamin B-12	Prednisone/ Orapred	Fluticasone furoate-vilanterol/ Breo Ellipta	Folic acid/Folvite
Dose	10 mg	1000 mcg	20 mg	100-25 mcg/dose	1 mg
Frequency	q.d.	q.d.	q.d	q.d.	q.d

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Route	Oral	Oral	Oral	Inhalation	Oral
Classification	Calcium channel blockers	Corrinoid	Glucocorticoid	Beta-adrenergic and glucocorticoid combo	Vitamin
Mechanism of Action	Binds to dihydropyridine and nondihydropyridine. 2023 Nurse's Drug Handbook. (2023).	absorption occurs through the small intestine as it binds to intrinsic factors and other cobalmin-binding proteins	Binds to receptors and suppresses inflammatory response 2023 Nurse's Drug Handbook. (2023).	Inhibits inflammatory cells 2023 Nurse's Drug Handbook. (2023).	stimulates production of RBC, WBC, and platelets 2023 Nurse's Drug Handbook. (2023).
Reason Client Taking	Control hypertension	Treat Vitamin b12 deficiency anemia	Reduce lung inflammation	To decrease inflammation of the lungs	Anemia
Contraindications (2)	Pts with a history of renal impairment and liver issues	Leber optic neuropathy, polycythemia, gout	Fungal infection and uncontrollable hyperglycemia	Primary treatment of asthma, pts with COPD	Cancer and vitamin B12 deficiency
Side Effects/Adverse Reactions (2)	Arrhythmias, chest pain, hypotension, and pancreatitis	Shortness of breath, pulmonary edema, and fever	Seizures, heart failure, and adrenal insufficiency	Nosebleeds, dizziness, and fever	Nausea, diarrhea, confusion, and seizures
Nursing Considerations (2)	Monitors pt with impaired hepatic function closely because it is metabolized by the liver 2023	Assess pt for B12 deficiency, and administer with meals	monitor glucose levels and monitor intake and output	Assess for swelling of the neck and shortness of breath. 2023 Nurse's Drug Handbook. (2023).	Administer orally maximum recommended is 100 mcg for >18 years 2023 Nurse's Drug

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	<i>Nurse's Drug Handbook. (2023).</i>				<i>Handbook. (2023).</i>
Key Nursing Assessment(s)/Lab(s) Prior to Administration	HR/BP assessment	Respiratory and GI assessment, as well as H/H	Renal function and liver enzymes also CBC	Renal function panel and CBC	Folate blood test and CBC
Client Teaching Needs (2)	Don't take if HR is below 50	Take with meals and start eating fortified breakfast with B12 2023 <i>Nurse's Drug Handbook. (2023).</i>	Take with food and don't stop drug abruptly 2023 <i>Nurse's Drug Handbook. (2023).</i>	1 spray for each nostril. Twice a day, and don't forget to hold your breath	Take as prescribed and add rich leafy vegetables for diet

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: None Noted Braden Score: 19	

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Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema: None present Location of Edema:	
RESPIRATORY: Accessory muscle use: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character Posterior/anterior bilateral wheezes on expiration in all quadrants	
GASTROINTESTINAL: Diet at home: General Current Diet: NPO Height: 5'6" Weight: 94 lb Auscultation Bowel sounds: Present in all four quadrants Last BM: 4/1/24 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	

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<p>Wounds: No wounds noted Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>GENITOURINARY: Color: clear, Yellow Character: Clear Quantity of urine: 300 ml Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Not performed Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	
<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 16 Activity/Mobility Status: Pt is a two-man assist. Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Oriented to person and place Mental Status: Friendly, agreeable, and alert Speech: Good Sensory: No obvious deficits LOC: Alert</p>	
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Spending time with</p>	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0832	86	125/68	18	98.3	97
1133	84	122/64	20	97.9	100

Vital Sign Trends: Throughout the day, the patient's vital signs were stable until PT got her up for therapy; they declined for a little but rose with a rest period.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0832	0-10	none stated	none stated	none stated	N/A
1133	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: 22 G Location of IV: Left AC Date on IV: 0856 Patency of IV: Clear, dry, and intact	Infusing to two of the 20 G, one is saline locked

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Signs of erythema, drainage, etc.: None present IV dressing assessment: Clean; Intact; Dry	
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Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120 ml Juice	300 ml urine
480 ml Water/Coffee/Tea	
Complete 75% of her breakfast	

Nursing Care**Summary of Care (2 points)**

Overview of care: Pt was awake at the beginning of the shift complaining of a little abdominal pain, as her steroid treatment was completed over the weekend. She had just one steroid to take to help with therapy over time. The pt was able to tolerate therapy, but her stats declined a little but rose with the rest period. The pt was able to tolerate taking all medications, once lab levels are within normal, discharge can be planned.

Procedures/testing done: Chest X-ray

Complaints/Issues: The patient verbalized some abdominal pain that could be from the possible UTI

Vital signs (stable/unstable): Stable until PT but stable after rest

Tolerating diet, activity, etc.: Pt is on a regular diet and was able to tolerate eating 75% of the meal, also was able to tolerate PT throughout the day.

Physician notifications: Notifications on possible getting another U/A and also letting them know of pain in the abdomen

Future plans for client: PT/OT

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Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): PT education on steroid and nebulizer treatment

Equipment needs (if applicable): Walker

Follow up plan: Follow up with PCP and OT for mobility.

Education needs: Education on Nebulizer treatment and teaching when to go to the hospital if they are exacerbating through walking or standing.

Nursing Diagnosis (15 points)

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

Nursing Diagnosis <ul style="list-style-type: none"> ● Include full nursing diagnosis with “related to” and “as evidenced by” components ● Listed in order by priority – highest priority to lowest priority pertinent to this client 	Rationale <ul style="list-style-type: none"> ● Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation <ul style="list-style-type: none"> ● How did the client/family respond to the nurse’s actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Impaired gas exchange r/t inflammation of lung and airways, as evidenced	The X-Ray showed pulmonary emphysema, with scarring seen in the bilateral pulmonary apices	1. Encourage the pt to deep breath and cough 2. Assisting pt with positioning to promote gas exchange	1. Pt able to oxygenate above 92% O2 well and not feel dizzy with exertion	Pt ABG and O2 status will stat in normal limits through activity and physical therapy.

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by SOB (Ackley et al., 2020)				
2. Ineffective airway clearance r/t fatigue, as evidenced by Dyspnea (Ackley et al., 2020)	COPD causes shortness of breath as there is an obstruction.	1. Auscultating breath sounds and vital signs 2. Assess ABGs/ applying oxygen	1. Patients maintain an effective respiratory pattern with no dyspnea, and unlabored RR and rhythm	PT O2 stat will be able 92% throughout the hospital stay.
3. Activity intolerance r/t COPD/Malnutrition as evidenced by fatigue upon physical activity (Ackley et al., 2020)	COPD worsens the lung, which causes physical activities to become more challenging.	1. Performing range of motion exercises whilst on bed rest. 2. Provide supplemental oxygen therapy.	1. Pt's vital signs will normalize with activity, with no dyspnea episodes	Evaluation pt current activity level, and monitoring pts cardiopulmonary response.
4. Deficient knowledge r/t lack of information as evidenced by the development of worsening conditions (Ackley et al., 2020)	Contributing factors like s/s or treatments can cause worsening outcomes. Teaching is done to prevent any future exacerbations	1. Instruct the pt on how to recognize and prevent exacerbations 2. Education on hygiene practices	1. Pt able to verbalize factors contributing to worsening COPD	Pt is will demonstrate the use of an inhaler and oxygen as well for verbalizing symptoms that could warrant an intervention.

Other References (APA):

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Ackley, B. J., Ladwig, G. B., & Flynn, M. M. B. (2020). *Nursing diagnosis handbook: An evidence-based guide to planning care*. Elsevier.

Concept Map (20 Points):

Objective Data

Pt is A&OX4 and able to follow commands with no signs of distress. Pt reports not chest pain during passive ROM. Pt stating feeling anxious for 2/24/97. RR states to have abdominal pain.

Subjective Data

Client information

Pt is a 86 year old female with history of HTN, COPD, and anxiety. She had came in due to SOB lasting 2-3 weeks.

Nursing Interventions

Nursing Diagnoses
 Impaired gas exchange r/t inflammation of lung and airways, as evidenced by SOB
 Activity intolerance r/t COPD
 Deficient knowledge r/t lack of information as evidenced by the development of worsening conditions
 Pt able to verbalize factors contributing to worsening COPD

Expected Outcomes
 Pt able to deep breath and cough
 Pt able to position to oxygenate well and not feel dizzy with exertion
 Auscultating breath sounds and vital signs r/t fatigue, as evidenced by Dyspnea
 Patients maintain an effective respiratory pattern, with unlabored RR and rhythmic breathing
 Administer medication
 Pt's vital signs will normalize with activity
 Pt able to verbalize factors contributing to worsening COPD

Interventions
 Assisting pt with positioning to oxygenate well
 Auscultating breath sounds and vital signs
 Administer medication
 Provide education on effective respiratory pattern, whilst on bed rest.
 Provide education on effective respiratory pattern, whilst on bed rest.
 Provide education on effective respiratory pattern, whilst on bed rest.

