N311 Care Plan 4

Cheyenne Walls

Lakeview College of Nursing

N311: Foundations of Professional Practice

Shelby Bosch

4/1/2024

Demographics (5 points)

Date of Admission 3/19/24	Client Initials VW	Age 89	Gender Female
Race/Ethnicity White	Occupation N/A	Marital Status Widowed	Allergies Gabapentin, Zyprexa, Tramadol, Donepezil, Codeine, Demerol
Code Status No CPR	Height 4'9"	Weight 110 (49.9 Kg)	

Medical History (5 Points)

Past Medical History: Angina pectoris (6/17/11), Covid-19, E. coli, Hypertension, Fall, Gout, High Cholesterol, Hyperthyroidism, Menopause, Pregnancy, Pure Hypercholesterolemia, Renal disorder, Rheumatoid arthritis

Past Surgical History: Endoscopy, Colon, Cholecystectomy, Carpal tunnel release, tonsillectomy

Family History: Sister- Arthritis; Daughter- Breast Cancer; Son- Cancer; Mother- kidney disease

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Patient was unable to provide this information to the hospital or to me.

Admission Assessment

Chief Complaint (2 points): Lethargy

History of Present Illness – OLD CARTS (10 points): The patient had this onset of lethargic worsening over the prior three days from admission on 3/19. There was no defined location for this chief complaint. I was unable to have the duration, characteristics, and aggravating factors due to the patient A+O being x2. It was stated in her HPi that she was not eating. I would define that has a relieving factor this patient. There was nothing

stated in her chart about being treated for this prior to this time. Severity was 0/10, no pain according to what I could get from the patient.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Pneumonia

Secondary Diagnosis (if applicable): N/A

Pathophysiology

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

Pneumonia is when lung tissue gets inflamed, and the air sacs get packed with lots of inflammatory cells and this sticky stuff called fibrin. (Capriotti, p. 483, 2020) Bacteria or viruses usually cause it**, but sometimes breathing in chemicals, stuff coming up from the stomach, or other germs can trigger it too.**

Pneumonia often happens when we breathe in tiny droplets with nasty germs. Capriotti, p. 484, 2020) **These droplets get into our upper airway and make their way into our lung tissue. The germs stick to our lung lining and kick off inflammation. This inflammation can spread down to the lower parts of our lungs. At the inflamed spots, blood vessels open wide, and white blood cells zoom out of the blood into the air sacs to fight off the germs by eating them up and using germ-killing substances.**

Meanwhile, our lung's mucus-making cells go into overdrive, and all this mucus and swelling fluid buildup between the air sacs and blood vessels. The air sacs try to open and close through this gunky mess, but some can't manage. When you listen with a stethoscope, the tiny pops of the air sacs struggling against this fluid are the crackling sounds heard.

There are several different signs and symptoms of pneumonia but the most common are having a cough, trouble breathing like shortness of breath, fever/ sweating/ chills, shallow breathing, nausea, vomiting, and possible confusion. (American Lung Association, 2023)

For spotting pneumonia, a chest x-ray is usually what doctors go for first. (Capriotti, p. 485, 2020) **A complete blood count with a breakdown of white blood cells can hint if it's a bacterial or viral thing. Pulse oximetry checks how much oxygen is in your blood. Sputum tests can show the exact bug causing trouble and which antibiotics will work. If there's a chance of fluid around the lungs, an ultrasound and pulling out fluid with a needle (thoracocentesis) can be super helpful. And there are special tests for sputum, blood, and pee that can find specific germs.**

Pathophysiology References (2) (APA):

American Lung Association. (2023, August 3). *Pneumonia symptoms and diagnosis*. Www.lung.org; American Lung Association. https://www.lung.org/lung-health-diseases/lung-disease-lookup/pneumonia/symptoms-and-diagnosis

Capriotti, T. M. (2020). *Pathophysiology: introductory concepts and clinical perspectives.* (2nd ed.). F A Davis.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	3.80-5.30	4.73	3.81	N/A
Hgb	12.0-15.8	14	11.2	This would be having trouble completing gas exchange in your body which is very possible for this patient due to having pneumonia and respiratory problems.
Hct	36.0-47.0	43.4	35	An infection can cause the hematocrit to be low in patients and since my patient had pneumonia this makes sense.
Platelets	140-440	118	219	Infections cause a low platelet count, and this would be low, an infection like pneumonia which this patient has.
WBC	4.00-12.00	17.60	12.30	Having a high white blood count happens with an infection like pneumonia which my patient was experiencing.
Neutrophils	47.0-73.0	78.9	72.8	Neutrophils migrate at sites of infections, and it controls the spread of infection like pneumonia.
Lymphocytes	18.0-42.0	7.5	15.5	Infections cause lymphopenia when lowers the lymphocyte count.
Monocytes	4.0-12.00	11.8	8.7	N/A
Eosinophils	0.0-5.0	0	2.4	N/A
Bands	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.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145	139	145	N/A

K+	**3.5-5.1**	**4.3**	**2.7**	**Antibiotics can cause low potassium and this patient is on antibiotics due to having an infection. (**Vanessa Caceres, 2023)
Cl-	**98-107**	**102**	**107**	**N/A**
CO2	**22-30**	**18**	**23**	**This patient having pneumonia causing fluids in the alveoli and that messes with the gas exchange.**
Glucose	**70-99**	**99**	**90**	**N/A**
BUN	**10-20**	**31**	**19**	**With pneumonia it increases the fluid absorption in the kidneys, and this causes an elevated BUN.**
Creatinine	**0.60-1.00**	**0.97**	**1.00**	**N/A**
Albumin	**3.5-5.0**	**3.7**	**N/A**	**N/A**
Calcium	**8.7-10.5**	**9,5**	**8.8**	**N/A**
Mag		**N/A**	**N/A**	**N/A**
Phosphate		**N/A**	**N/A**	**N/A**
Bilirubin		**N/A**	**N/A**	**N/A**
Alk Phos	**40-150**	**70**	**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**	**N/A**	**N/A**	**N/A**
pH	**5.0-9.0**	**N/A**	**N/A**	**N/A**
Specific Gravity	**1.003-1.030**	**N/A**	**N/A**	**N/A**
Glucose	**Negative**	**N/A**	**N/A**	**N/A**

Protein	**Negative**	**N/A**	**N/A**	**N/A**
Ketones	**Negative**	**N/A**	**N/A**	**N/A**
WBC	**Negative**	**N/A**	**N/A**	**N/A**
RBC	**Negative**	**N/A**	**N/A**	**N/A**
Leukoesterase	**N/A**	**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, with no growth**	**N/A**	**N/A**	**N/A**
Blood Culture	**Negative, with no growth**	**No Growth**	**N/A**	**N/A**
Sputum Culture	**Negative, with no growth**	**N/A**	**N/A**	**N/A**
Stool Culture	**Negative, with no growth**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Low Hemoglobin: Causes, Signs, Symptoms and Treatment. (n.d.). Verywell Health. https://www.verywellhealth.com/low-hemoglobin-5217077#:~:text=It%20means%20that%20your%20blood

Diagnostic Imaging

All Other Diagnostic Tests (10 points): The first diagnostic test is a chest x-ray single and 2 view. This is important for my patient because the chest x-ray will show if there is fluid or not on the lungs and they will use this to diagnose pneumonia. My patient also had a CT abdomen pelvis this identifies blockages, stones in the kidney, bulges in the muscle, growths, swellings, infections, and aneurysm. This is relevant to my patient to show that she had an infection in lungs, pneumonia.

Diagnostic Imaging Reference (1) (APA):

Abdomen and Pelvis CT scan with Contrast. (n.d.). Digestive Specialists. https://www.digestivespecialists.com/procedure/abdomen-and-pelvis-ct-scan-with-contrast#:~:text=An%20abdominal%20and%20pelvic%20CT

Current Medications (10 points, 2 points per completed med)

5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**Allopurinol**	**Albuterol**	**Levothyroxine**	**Lisinopril**	**Piperacillin-tazobactams**
Dose	**100 mg**	**2.5 mg**	**75 mcg**	**5 mg**	**3.375 g**
Frequency	**Daily**	**TID**	**Every morning before breakfast**	**BID**	**Every 8 Hours**
Route	**Oral**	**Nebulizer**	**Oral**	**Oral**	**IV**
Classification	**Xanthine oxidase inhibitors (MayoClinic, 2024)**	**Beta 2 adrenergic agonist (MayoClinic, 2024)**	**Hormones (MayoClinic, 2024)**	**Angiotensin converting enzyme inhibitors (MayoClinic, 2024)**	**Penicillin's and beta-lactamase inhibitors (MayoClinic, 2024)**

Mechanism of Action	**Lowers the amount of urate in the blood (MayoClinic, 2024)**	**Relaxes the airway muscles to open and make it easier to breath (MayoClinic, 2024)**	**Replaces thyroxine levels that are low and returns your metabolism (MayoClinic, 2024)**	**Prevents an enzyme from being made that narrows your blood vessels (MayoClinic, 2024)**	**Prevents piperacillin from being destroyed by a bacterium (MayoClinic, 2024)**
Reason Client Taking	**History of Gout**	**SOB**	**Hyperthyroidism**	**Hypotension**	**Pneumonia**
Contraindications (2)	**-previous allergic reaction -previous problems with liver/kidneys (MayoClinic, 2024)**	**- hypersensitivity -seizure history (MayoClinic, 2024)**	**-acute myocardial infarction -abnormal T levels (MayoClinic, 2024)**	**- hyperkaliemia - renal failure (MayoClinic, 2024)**	**-allergic to penicillin - allergic to cephalosporins (MayoClinic, 2024)**
Side Effects/Adverse Reactions (2)	**-blindness -body aches (MayoClinic, 2024)**	**-shakiness -headaches (MayoClinic, 2024)**	**-chest pain -decreased output (MayoClinic, 2024)**	**-dry cough -dizziness (MayoClinic, 2024)**	**-bladder pain -blurred vision (MayoClinic, 2024)**

Medications Reference (1) (APA):

Drugs - Drug and supplement information - MayoClinic.org. (n.d.). Www.mayoclinic.org. https://www.mayoclinic.org/drugs-supplements/drug-list

Assessment

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

General, Psychosocial/Cultural, and TWO focused assessments specific to the client.

GENERAL: **Alertness: AOx4** **Orientation: AOx4** **Distress: Slight Distress** **Overall appearance: Seemed Confused**	**My patient VW was alert and oriented to person and place. The patient knew her name but not birthdate. The patient knew she was at the hospital but not which one. The patient could not tell me the time nor the reason for being at the hospital. The patient at certain times seemed in distress and confused. The patient's overall appearance was that she was clean but confused on what we were doing.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 13** **Drains present: Y☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.
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:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **Bilateral base Crackles**	This patient was not using any assessor muscle did not have any retention with breathing. The patient was experiencing bilateral base crackles most likely due to her diagnosed pneumonia.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	.

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 98** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	.
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no - Legs ☐ Arms ☐ Both ☒** **Orientation: x2**	The patient could not move all extremities as well as hoped. Slight right weakness. The patient had PERLA with pupils at a 2. The strength for the patient was not equal. The patient had slight weakness on the right side with their hand grip and feet/legs. The patient orientation was still at a 2 with person and place. The patient was able to follow slight commands with slight confusion and slightly

Mental Status: Follows **Speech: Jumble** **Sensory: Intact** **LOC: Alert**	lethargic. The patient has jumbled speech most of the time. The patient was able to answer with closed ended questions, like answering yes or no. Patient did understand commands slightly slow. The patients sensory was intact for the most part. The patient's level of consciousness was alert.
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Read Books** **Developmental level: Confusion but developed to age** **Religion & what it means to pt.: N/A** **Personal/Family Data (Think about home environment, family structure, and available family support): N/A**	The patient was answer to yes to a coping method of reading books. The patient was developed to age but confused from diagnosis. The patient was unable to answer for religion and was unable to answer their family status. Also checking in the chart there was no mention of family.

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1128	**68**	**84/61**	**16**	**97.8F**	**98%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0905	**Face/ Numeric**	**No defined**	**0/10**	**N/A**	**An intervention I would have would be for the patient's conscious level more than pain since the patient said they had no pain.**

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
50% 100mL	**Stool-incontinence (unmeasurable)**

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

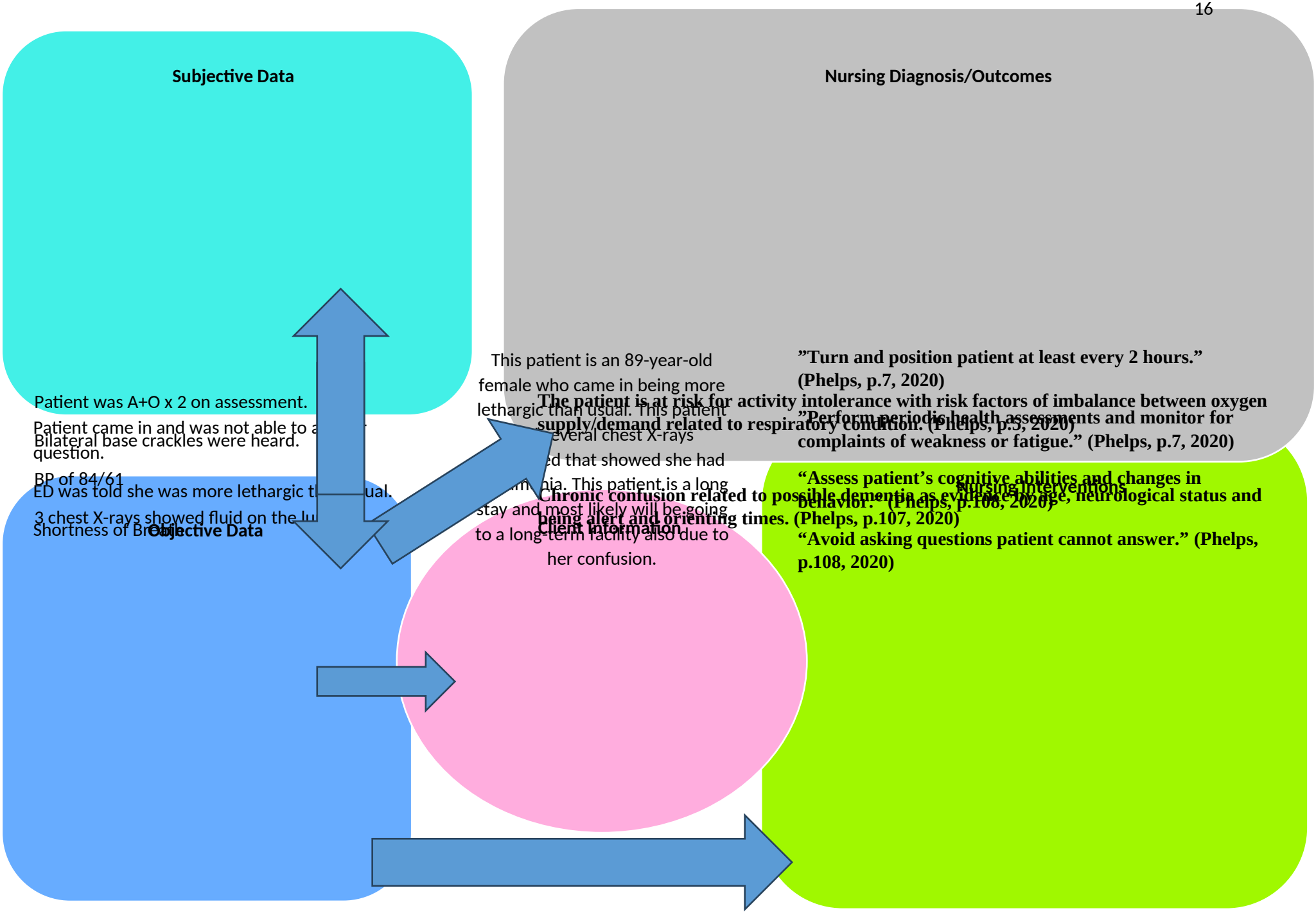
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. The patient is at risk for activity intolerance with risk factors of imbalance between oxygen supply/demand related to respiratory condition. (Phelps, p.5, 2020)	**I choose this because due to this patient's primary problem of pneumonia this can lead to not completing activities needed for everyday life.**	**1."Turn and position patient at least every 2 hours." (Phelps, p.7, 2020)** **2."Perform periodic health assessments and monitor for complaints of weakness or fatigue." (Phelps, p.7, 2020)**	**1. The goal for this patient is that they will be able to complete one activity on their own by the end of the day shift.**	**The patient is not the best with responding to being rotated. Possibly choosing a different movement for the patient may help their discomfort.**
2. Chronic confusion	**I choose this because I**	**1. "Assess patient's**	**1. The goal for this**	**The patient is not always**

related to possible dementia as evidence by age, neurological status and being alert and orienting times. (Phelps, p.107, 2020)	**believe that my patient is experiencing chronic confusion and that it could possibly be dementia. The whole time she was only alert and orientated times 2.**	**cognitive abilities and changes in behavior." (Phelps, p.108, 2020)** **2."Avoid asking questions patient cannot answer." (Phelps, p.108, 2020)**	**patient is to make sure that she stays at her baseline for this shift and does not go below alert and oriented times 2.**	**confused and has a much better time answer simple close ended questions. I think the questions for this patient need to be simple, so they understand and comprehend.**

Other References (APA):

Linda Lee Phelps. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual.* (11th ed.). Wolters Kluwer Medical.

Concept Map (23 Points):


Subjective Data
Patient was A+O x 2 on assessment.
Patient came in and was not able to a
Bilateral base crackles were heard.
question.
BP of 84/61
ED was told she was more lethargic th ual.
3 chest X-rays showed fluid on the lu
Shortness of Br
Objective Data
This patient is an 89-year-old female who came in being more lethargic than usual. This patient
everal chest X-rays
d that showed she had
nia. This patient is a long stay and most likely will be going to a long-term facility also due to her confusion.
Client Information
Nursing Diagnosis/Outcomes
The patient is at risk for activity intolerance with risk factors of imbalance between oxygen supply/demand related to respiratory condition. (Phelps, p.5, 2020)
Chronic confusion related to possible dementia as evidence by age, neurological status and being alert and orienting times. (Phelps, p.107, 2020)
Nursing Interventions
”Turn and position patient at least every 2 hours.” (Phelps, p.7, 2020)
”Perform periodic health assessments and monitor for complaints of weakness or fatigue.” (Phelps, p.7, 2020)
“Assess patient’s cognitive abilities and changes in behavior.” (Phelps, p.108, 2020)
“Avoid asking questions patient cannot answer.” (Phelps, p.108, 2020)