N321 CARE PLAN

Ginaveve Jessup

Lakeview College of Nursing

N321: Adult Health I

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Demographics

Date of Admission 8/25/2024	**Client Initials** S.P.	**Age** 41 years old	**Biological Gender** Female
Race/Ethnicity African American	**Occupation** Autozone	**Marital Status** Single	**Allergies** NA
Code Status Full Code	**Height** 5’4” (162.6 cm)	**Weight** 223 lbs (101.2 kg)	

Medical History

Past Medical History: Asthma, Carpel tunnel syndrome of the right wrist (4/1/2021), cigarette nicotine dependence with the nicotine-induced disorder (3/6/2020), COVID-19 (11/2020), Hashimoto's thyroiditis, Hypertension, and preseptal cellulitis of the right eye (4/7/2019).

Past Surgical History: No surgical history. NA.

Family History: The patient's mother has a history of asthma and hypertension.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): The patient has a social history of smoking cigarettes for 22 years and quit three years ago. The patient smoked approximately 19 packs a year. The patient has no history of alcohol use, drugs, or smokeless tobacco.

Education: The patient’s highest education level is 12th grade.

Living Situation: The patient lives in an apartment in Danville with her boyfriend.

Assistive devices: The patient uses no assistive devices.

Admission History

Chief Complaint: Shortness of breath

History of Present Illness (HPI)– OLD CARTS

The patient presented to the emergency department via ambulance complaining of shortness of breath (SOB) and a cough from an asthma exacerbation. The location of this patient's SOB is in her lungs and chest. The patient has a known history of asthma, and this exacerbation has lasted for two days. The patient described the pain as "someone was sitting on my chest; something heavy.". There was no relief from the nebulizer treatment the patient had at home. Sleeping allowed the patient some relief. The patient stated walking, exercising, and coughing made her SOB worse. The severity was rated a 10/10 on a numerical scale by the patient.

Admission Diagnosis

Primary Diagnosis: Asthma Exacerbation

Secondary Diagnosis (if applicable):

Pathophysiology

One prevalent illness is asthma (Capriotti, 2020). With an annual death rate of two per 100,000 people, adults in the US are diagnosed with asthma at a rate of 106 per 1,000 (Capriotti, 2020). The death rate is about three times higher for African American men and two and a half times higher for African American females compared to Caucasian individuals (Capriotti, 2020). Asthma is a chronic inflammatory condition that causes the airways to narrow and become more sensitive (Capriotti, 2020). It can lead to sudden episodes and long-term changes in the airways (Capriotti, 2020). The main goal of treatment is to prevent these sudden asthma episodes (Capriotti, 2020). Asthma is a long-term condition characterized by recurring episodes of spastic breathing in the small airways. During each asthma attack, the airways undergo harmful changes. It is essential to prevent asthma attacks to avoid long-term damage to the airways (Capriotti,

2020). Allergies are a common trigger for asthma. Allergens can activate the immune system, narrowing the airways, causing inflammation, and increasing mucus production from goblet cells (Capriotti, 2020). This results in narrowed airways, swelling, thick mucus, and thickening of the airway walls. T cells, including Th1 and Th2, significantly impact asthma (Capriotti, 2020). Allergens trigger Th1 cells to produce IgE, and Th2 cells attract inflammatory cells. IgE attaches to mast cells, prompting the release of histamine and leukotrienes, which result in bronchoconstriction, inflammation, and various asthma symptoms (Capriotti, 2020). Cytokines and eosinophils also play a part in airway damage and swelling (Capriotti, 2020). Asthma has a strong familial link, but the genes responsible for its inheritance are yet to be identified (Sinyor & Perez, 2023). The inheritance of asthma is complex, with multiple genes likely playing a role, along with variations in locus heterogeneity and polygenic inheritance, resulting in diverse manifestations of the condition (Sinyor & Perez, 2023). Asthma can be triggered by viral respiratory infections, exercise-induced loss of heat and water from the tracheobronchial tree, and inhaled chemicals such as exhaust fumes containing irritants (Capriotti, 2020). There are also many different levels of asthma. There are four categories of asthma severity: moderate persistent, mild intermittent, moderate, and severe (Capriotti, 2020). The severity is determined by the frequency and intensity of symptoms and how they affect daily activities and sleep at night (Capriotti, 2020). The client had a history of asthma. The client has symptoms of shortness of breath, a persistent cough, inspiratory and expiratory wheezing, and diminished breath sounds. Common symptoms seen in healthcare settings include wheezing, coughing, dyspnea, and tightness in the chest (Capriotti, 2020). The degree of reversibility of the bronchial blockage and its hyperresponsiveness determine how severe the symptoms are (Capriotti, 2020). This client was diagnosed with an exacerbation of asthma due to her history of asthma and physical exam

and state. The client had a chest x-ray performed on them to rule out any further respiratory issues such as pneumonia. Doctors use medical history, physical exams, and pulmonary function tests (PFTs) to diagnose asthma to measure lung function (Capriotti, 2020). During an asthma attack, specific measurements decrease, providing indicators of the severity of the condition (Capriotti, 2020). Administering a bronchodilator and retesting lung function can confirm the diagnosis if there is a significant increase in specific measurements (Capriotti, 2020). Treatment given to the patient has been nebulizer treatments, which help get the medication into your lungs by inhaling it to loosen up the secretions. The client also takes medications to help relieve the symptoms and calm the inflammation in her lungs. The medicines include an antibiotic for potential community-acquired pneumonia, a bronchodilator, a drug to help thin mucus and a medication to help with inflammation. The aim of treating asthma is to control it and prevent the sudden worsening of symptoms (Capriotti, 2020). Treatment follows a step-by-step approach based on symptom severity, frequency, and lung function (Capriotti, 2020). It includes educating patients, controlling environmental triggers, managing other health conditions, and using medication (Capriotti, 2020). More aggressive therapy is considered if the current treatment plan is impractical (Capriotti, 2020). Asthma meds fall into two main categories: ones you use daily for maintenance and ones for sudden attacks (Capriotti, 2020). The maintenance meds can include an inhaler with an LABA and an IC, like salmeterol and fluticasone (Capriotti, 2020). You can also consider using an anticholinergic inhaler. If you need extra control, you might need an oral leukotriene antagonist, and to open up the airways, you can use a phosphodiesterase inhibitor, theophylline, or aminophylline (Capriotti, 2020). Short-acting bronchodilators are used for acute asthma attacks and oral corticosteroids and epinephrine are used for severe exacerbations (Capriotti, 2020). Cromolyn sodium can be used as a preventive before exposure

to allergens, and immunomodulators like omalizumab can help allergic individuals (Capriotti, 2020). Bronchial thermoplasty, a procedure that decreases the need for rescue medications, is also an option. Limiting allergen exposure is crucial, and allergen immunotherapy can be considered if there is a definite association between asthma and allergen triggers (Capriotti, 2020). This therapy involves desensitizing patients to allergens using incremental amounts (Capriotti, 2020).

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Preservations* (2nd ed.) F.A. Davis. https://fadavisreader.vitalsource.com/books/9781719641470

Sinyor, B. & Peres, L. (2023, June 24). *Pathophysiology of asthma*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK551579/

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Chloride	106 mmol/L	111 mmol/L	98-107 mmol/L	The client has an elevated chloride related to the hyperventilation this patient is experiencing due to their medical diagnosis of asthma (Pagana et al., 2023).
CO2 Venous	22 mmol/L	20 mmol/L	22-30 mmol/L	A low CO2 is common in patients who have been medically diagnosed with asthma due to the hyperventilation (Pagana et al., 2023).
Creatinine (blood)	1.16 mg/dL	0.89 mg/dL	0.6- 1 mg/dL	An elevated creatinine on admission day can be due to dehydration resulting in decreased renal flow

				(Pagana et al., 2023). This is not related to the clients admission reason.
Glucose	131 mg/dL	123 mg/dL	70-99 mg/dL	This client is obese, which can put this patient at risk for being diagnosed with type 2 diabetes (Uppal et al., 2023). Asthma is associated with type 2 diabetes mellitus. The possible explanations of this connection include pulmonary microangiopathy, mild inflammation, obesity, and insulin resistance (Uppal et al., 2023). This could be a potential explanation for the reason the clients glucose levels are elevated.
Total Protein	8.3 g/dL	N/A	6.3-8.2 g/dL	An elevated protein can be seen in patients who are dehydrated and experiencing inflammation, which this patient is experiencing with the asthma exacerbation (Pagana et al., 2023).
GFR	51	>60	>= 60	GFR can be a sign that the kidneys are not doing what they are supposed to be doing, this decrease can be an underlying condition not associated with the clients admission diagnosis (Pagana et al., 2023).
TSH	5.359 mlu/L	N/A	0.3-5 mlu/L	This client has a medical diagnosis of Hashimoto's, which is hypothyroidism, leading to an elevation in the TSH hormone (Pagana et al., 2023). This is not related to the clients

				admission reason.
WBC	16.5 10^3/mcL	23.5 10^3/mcL	4-12 10^3/mL	The elevation in the white blood cells can be due to inflammation occurring in the clients lungs due to their admitting problem of an exacerbation of asthma (Pagana et al., 2023). Also, use of a steroid, which the client is on, can cause an elevation of WBC.
RBC	5.38 10^6/mcL	4.7 10^6/mcL	3.8-5.3 10^6/mcL	Red blood cells can be elevated due to the fact her body is needing more oxygen. Red blood cells carry oxygen so it leads to an increase in the red blood cells on admission.
MPV	8.1 fl	8.7 fl	9.7-12.4 fl	There is no explanation for decreased MPV related to the clients admitting diagnosis. MPV is normally decreased in clients where their platelets are smaller than normal when bone marrow production is inadequate (Pagana et al., 2023). This finding/lab is unrelated to the clients conditions and admission reason.
Neutrophils	86.9 %	91.6 %	47-73 %	Elevated WBC is a correlation to elevated neutrophils (Pagana et al., 2023). This is an elevated lab due to inflammation and possible infection due to the admission of asthma exacerbation. The patient is on an antibiotic to treat possible pneumonia. Also, use of a steroid, which the client is on, can cause an elevation

				of WBC. Lymphocytes and neutrophils are mostly opposite in labs. 2
Lymphocytes	10.4 %	4.3 %	18.0-42.0 %	Decreased lymphocytes is a sign of possible infection, which this client is getting treated for a lung infection (Pagana et al., 2023). Lymphocytes and neutrophils are mostly opposite in labs.
Monocytes	1.7%	4.0%	4.0-12.0 %	A decrease in monocytes is not related to the clients admission reason. Reasons for decreased monocytes include aplastic anemia and certain drugs (Pagana et al., 2023).
Absolute neutrophils	14.3 10^3/mcL	21.6 10^3/mcL	1.6-7.7 10^3/mL	An increase in absolute neutrophils is elevated due to the presence of an infection, which the client is getting treated for (Pagana et al., 2023). Lymphocytes and neutrophils are mostly opposite in labs.
Absolute lymphocytes	1.7 10^3/mcL	1.00 10^3/mcL	1.3-3.2 10^3/mcL	A drop in absolute lymphocytes can indicate an infection is present, and the client is on an antibiotic (Pagana et al., 2023). Lymphocytes and neutrophils are mostly opposite in labs. Current medications can also have an effect on this patients labs.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
XR Chest Single View Portable: The purpose of this test was to determine pneumonia and further respiratory	The client presented to the emergency department with shortness of breath due to asthma exacerbation. The client has a history in asthma.	The impression of the X-ray includes the viewing of a 1.4 cm abnormal growth in

complications. A single chest x-ray is used in the evaluation in pulmonary and cardiac system (Pagana et al., 2023). It can show us such things as inflammation, fluid, the size of the heart, and fractures. This certain X-ray was done bedside, which is convenient. There are able to be many different views of the body cavity seen on x-rays, which makes it helpful for diagnosing and explanation for the patient and healthcare team (Pagana et al., 2023).		left lower lung. This viewing corresponds to the partially calcified nodules that contain calcium on the scan from 12/19/2023, a CT of pelvis and abdomen. The right lung was clear and the heart and lung vascularity are within normal limits.

Diagnostic Test Reference (1) (APA):

Pagana, K., Pagana, T., & Pagana, T. (2023). *Mosby's diagnostic & laboratory test reference* (16th ed.). Elsevier.

Uppal, P., Mohammed, S. A., Rajashekar, S., Ravindran, S. G., Kakarla, M., Gambo, M. A., Salama, M. Y., Ismail, N. H., Tavalla, P., & Hamid, P. (2023). Type 2 diabetes mellitus and asthma: Pathomechanisms of their association and clinical implications. *Cureus, 15*(3). https://doi.org/10.7759/cureus.36047

Active Orders

Active Orders	Rationale
Diet: Cardiac Restrictions	A cardiac diet is a heart healthy diet. Since this patient has a history of hypertension and is obese, a cardiac diet is important to keep her healthy.
Consult to case management	Case management is a resource in the hospital to help the patient through their stay at the hospital. The client is recommended to speak

	with the case manager regarding their stay and the planning for afterwards. This is important for the client because their goal is to go home.
Aerosol nebulizer	An aerosol nebulizer is good treatment for the patients asthma. This is pertinent to this client to help loosen up the mucus in the patients airway and lungs and help the wheezing.
MD 1 Treatment Respiratory Therapy	This is a treatment for the patient. Metered dose inhaler is used to help dilate the bronchioles in the lungs to help for better breathing and free airways. This is a good treatment for the patients asthma and admitting diagnosis.
O2 Therapy	O2 therapy is necessary in the moment for this patient. The patient is hyperventilating from the shortness of breath, which caused the clients O2 to drop and be below the normal range. O2 therapy is in place to keep the patient above and at the normal range and to keep them safe.
Pulse oximetry spot	This is a treatment where the pulse oximetry sensor is placed on the clients finger to take their O2. This is important for this client to monitor their O2 while on oxygen NS and being in respiratory distress.
Admission weight	Admission weight is needed for medication doses and to monitor the clients intake and output. It is also normal during admission to the hospital.
Elevate head of bed	This is an important intervention when someone is short of breath. When the clients head is elevated, this allows for better expansion of the diaphragm, making it easier to breath. Also elevating the head allows for the secretions to not sit in the lungs and have the potential to be coughed up.
Insert/ Maintain peripheral IV	An IV insertion is important in the client receiving fluids. This client also appeared to be dehydrated on admission.

I&O every 8 hours	Obtaining I&Os, allows us to keep good track of the clients nutritional status during their stay. It can also give the health care team any indications to potential complications.
Notify physician	Notifying the physician is normal. The physician can come assess the client and let the healthcare team know the next steps in the clients care as well as inform the client o interventions and potential medications.
Up in chair 2 times	Allowing the client to move is important. The client has visible mucus coming up with her productive cough. Having the client move and sit up in a chair allows for the mucous to get coughed up, giving some relief to the patient.
Up as tolerated	Up as tolerated refers to the patient not overdoing it. During physical activity, it seems to make the patients asthma and coughing worse, so allowing the patient to be up as tolerated gives the patient time to rest and drink fluids to loosen the secretions.
Vital signs per unit routine	Vital signs are important to assure the stability of your client. Taking vitals for this patient is important to make sure her O2 sat doesn't drop below the normal range and her heart rate is stable.

Medications

Home Medications (Must List ALL)

Brand/Generic	albuterol (ProAir) HFA) 108 (90 base) mcg/act Aerosol Solution. 1-2 puffs, inhalation, every four hours, PRN, dispense 8.5 grams.					
Classification	Therapeutic class: bronchodilator Pharmacological class: adrenergic (Jones & Bartlett, 2023).					
Reason Client	The patient has a medical diagnosis of Asthma, and this					

Taking	medication is an Antiasthmatic. This is a bronchodilator to prevent bronchospasm (Jones & Bartlett, 2023).					
Key nursing assessment(s) prior to administration	Ensure patient knows how to use inhaler properly (Jones & Bartlett, 2023). Check vitals and lung sounds.					
Brand/Generic	lisinopril (PRINIVIL, ZESTRIL). 5 mg tablet and oral route daily.					
Classification	Therapeutic class: antihypertensive Pharmacological class: angiotensin-converting enzyme (ACE) inhibitor (Jones & Bartlett, 2023).					
Reason Client Taking	The patient is medically diagnosed with hypertension and this medication is antihypertensive (Jones & Bartlett, 2023).					
Key nursing assessment(s) prior to administration	Asses the clients fluid volume and make sure they are not in a deficit (Jones & Bartlett, 2023). Assess the clients kidney function before administering this medication because it can decrease renal function (Jones & Bartlett, 2023).					
Brand/Generic	levothyroxine (SYNTHORIOD). 75 mg tablet taken an oral route daily.					
Classification	Therapeutic class: thyroid hormone replacement Pharmacological class: synthetic thyroxine (T4) (Jones & Bartlett, 2023).					
Reason Client Taking	The patient is medically diagnosed with Hashimoto's thyroiditis and this medication treats hypothyroidism (Jones & Bartlett, 2023).					
Key nursing assessment(s) prior to administration	Good nursing assessment before administration of this medication includes confirming hypothyroidism and make sure of the dose given to patients with cardiovascular disease (Jones & Bartlett, 2023).					

Hospital Medications (Must List ALL)

Brand/Generic	azithromycin (ZITHROMAX). 250 mg tablet, taken orally daily.	guaiFENesin (MUCINEX). 600 mg tablet taken two times daily.
Classification	Therapeutic class: antibiotic Pharmacological class: macrolide (Jones & Bartlett, 2023).	Therapeutic &Pharmacological class: expectorants (Puckey, 2024).
Reason Client	The patient is having an	The client is taking this medication

Taking	exacerbation of asthma, causing wheezing in the lungs. The patient may also have some signs of community acquired pneumonia per their physical assessment.	because it is used to clear mucus from the passageways.
Key nursing assessment(s) prior to administration	Vital signs and check for hepatic dysfunction (Jones & Bartlett, 2023).	Vitals and a physical assessment.
Brand/Generic	budesonide- formoterol fumarate (SYMBICORIT). 80-4.5 mcg/act inhaler AERO puff. Two times a day.	ipratropium- albuterol (DUO-NEB). 0.5-2.5 (3) mg/mL nebulizer solution. 3 mL every four hours.
Classification	Therapeutic class: antiasthmatic, anti-inflammatory Pharmacological class: corticosteroid (Jones & Bartlett, 2023).	Therapeutic class: bronchodilator Pharmacological class: anticholinergic (Jones & Bartlett, 2023).
Reason Client Taking	The patient has a medical diagnosis of asthma, and this medication is to help prevent an asthma attack. This medication is a combination that helps with inflammation and inflation of the bronchial.	The patient is taking this medication to help with the respiratory distress and to help thin the mucous in the airways.
Key nursing assessment(s) prior to administration	Vital signs and physical assessment.	Check vitals. Check for any previous hypersensitivity to this medication (Jones & Bartlett, 2023).
Brand/Generic	enoxaparin (LOVENOX). 40 mg subcutaneous injection daily.	presniSONE (DELTASONE). 3 doses of 20 mg tablet daily orally.
Classification	Therapeutic class: anticoagulant Pharmacological class: low-molecular-weight heparin (Jones & Bartlett, 2023).	Therapeutic class: immunosuppressant Pharmacological class: glucocorticoid (Jones & Bartlett, 2023).
Reason Client Taking	This medication is to prevent blood clots and deep vein thrombosis. This is given to this patient because they are in the hospital and lying in bed for a long amount of time, resting.	The patient is having and asthma exacerbation so there is inflammation present in the patients lungs, so this medication is to help the inflammation.

Key nursing assessment(s) prior to administration	Interactions with other drugs and check to see if there is a history of immune mediated heparin-induced thrombocytopenia recently (Jones & Bartlett, 2023).	Physical exam. Medical and social history.

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. azithromycin (ZITHROMAX). 250 mg tablet, taken orally daily.	I chose this medication because of the potential for community acquired pneumonia seen on the clients x-ray. This is drug to treat bacterial infections.	1. Fatigue (Jones & Bartlett, 2023). 2. Chest pain (Jones & Bartlett, 2023).
2. ipratropium-albuterol (DUO-NEB). 0.5-2.5 (3) mg/mL nebulizer solution. 3 mL every four hours.	This medication was chosen because of his relief if gives to the patient. This medication allows for control of the clients breathing and wheezing. This treatment also helps loosen up secretions in the clients lungs to relief them.	1. Hypertension (Jones & Bartlett, 2023). 2. Oropharyngeal edema (Jones & Bartlett, 2023).
3. presniSONE (DELTASONE). 3 doses of 20 mg tablet daily orally.	I chose prednisone because it is a medication to help with inflammation. This is important for this patient because they are experiencing a exacerbation of asthma which this medication can decrease the effects of.	1. Hypertension (Jones & Bartlett, 2023). 2. Heart Failure (Jones & Bartlett, 2023).

Medications Reference (1) (APA)

Nurse's drug handbook. (2023). Jones & Bartlett Learning.

Puckey, M. (2024, May 6). *Guaifenesin.* Drugs.com. https://www.drugs.com/guaifenesin.html

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	The client is alert and oriented to person, place, time, and situation. The client appears to be in respiratory distress with coughing and shortness of breath visible with accessory muscle use. The client appears to be well kept and appropriate for age. There is no infection control precautions for this client. The client complains of being tired.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	At 0804: Temp: 97.5 F Resp Rate: 19 breaths per minute Pulse: 77 bpm B/P: 121/85 mmHg Oxygen: 98% on 2L per nasal canula At 1106: Temp: 97.9 F Resp Rate: 20 breaths per minute Pulse: 104 beats per minute B/P: 153/108 mmHg Oxygen: 96% on 2L per nasal canula
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	At 1108: Scale used was numeric. The location of the pain was in her chest and lungs. The severity was 2/10. The characteristics was "someone pushing on her chest". Interventions included elevating the head of the bed and a nebulizer treatment given by the respiratory therapist.
IV ASSESSMENT: **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	The size of the IV was a 20 gauge. The location of the IV was on the left proximal anterior forearm. The IV was placed on 8/25 on admission. The IV was patent and free of redness, swelling, irritation, and drainage. The assessment of the dressing was secure and non-restricting to the patient. The patient was on 0.9% sodium chloride solution 75 mL/hour continuous.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:**	The clients skin color is dark brown and usual for ethnicity. The character of their skin is dry all over and warm on the upper extremities and a cool touch on the lower extremities. The clients skin turgor is normal with no tenting. The client had no rashes, bruises, or wounds present on skin. The clients Braden Score is a 22. There are no drains present on the patient.

Drains present: Y☐ N ☒ **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The clients head is symmetrical and normocephalic. There is no lesions or abnormalities on the head and face. The clients neck has good movement and is free of any abnormalities. The trachea is midline and there is no jugular vein distension. There is no lesions or drainage from the ears and my patient can hear me. My client is also able to see and speak with no abnormalities or drainage from eyes or mouth. Sclera is white and conjunctiva is clear. The clients teeth are intact. The clients mouth is moist, and the patient has been coughing.
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:**	The patients heart sounds were normal. S1 and S2 were clear with no murmurs heard. I was able to palpate the patients apical pulse which was of normal rhythm. The clients radial pulse was also palpable and present +2. The clients capillary refill is less than 3 seconds. There was no neck vein distension as well as no edema present when palpating.
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	This client was admitted for an exacerbation of asthma. There were inspiratory and expiratory wheezing during the physical exam bilaterally and throughout. It was visible the use of accessory muscles when the client breathed. The patient was lying in bed with the head elevated. The client would cough up sputum that was visibly yellow and thick. There were labored respirations counted at 19-20. The client was on 2L of O2 NC. The client was doing a nebulizer treatment during my lung assessment as well.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:**	The clients diet at home is normal. The clients diet in the hospital is a cardiac diet which they are responding well to. The client is 5'4" weighing 223 pounds. The clients last bowel movement was the day before 8/25. The clients bowel sounds were active during the auscultation. There was no pain during my palpation to the clients abdomen or organomegaly. There are no lesions, scares, wounds, incisions, distension, drains or wounds on the clients abdomen. The client does not have an ostomy, nasogastric tube,

Incisions: **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	or a feeding tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	I was not able to visualize the clients urine due to them being independent. The client described their urine as normal yellow color, normal amount, and clear. There is no pain with urination, no dialysis. I did not perform an inspection of the genitals. The client did not have a catheter since they are independent.
Intake (in mLs) **Output (in mLs)**	Intake 50% of breakfast, 480 mL fluid intake, and 375 mL of IV fluid intake Output is described as up 1 time. (patient was independent)
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	The clients nailbed was normal and well kept. The clients range of motion is active (client is independent). The client does not use any supportive devices, and their strength was not tested by walking. The client was able to pull themselves up in bed and do hand pushes and pulls and feet pushes and pulls 5/5. There is no ADL assistance needed. The clients fall score is a 5. The client does have an IV which can make them a potential fall risk. The client is active and mobile. The client is independent.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐**	PERLA and MAEW is intact and normal. The client is of equal strength. The client is oriented to person, place, time, and situation. The clients mental status is good and the client it eager to ger better and responds well to medical advice. The

Orientation: **Mental Status:** **Speech:** **Sensory:** **LOC:**	client has clear speech and normal cognition and sensory awareness. The clients LOC is alert.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	This client is fully capable of making their own clear decision regarding their medical care. When the client is upset, they stated they go for a walk. The client is not religious, so it does not mean anything for them. The client has a good support system and good family structure. The client has had family members calling to check in on them. The client lives in an apartment with their boyfriend, and they have no children.

Discharge Planning

Discharge location: home

Home health needs: no home health is needed for this patient

Equipment needs: there are no needs for equipment

Follow up plan: the patient should follow up with their primary care provider as well as respiratory therapy.

Education needs: the patient would benefit on being educated on the importance of taking their medication regularly to help their asthma. The patient may also benefit from learning what to avoid that can trigger their asthma. The patient may also benefit from regular use of an incentive spirometer. The patient can also be educated on ways to relieve their asthma if they are feeling short of breath.

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

Nursing Diagnosis • Include full nursing	Rationale • Explain why	Outcome Goal	Interventions (2 per goal)	Evaluation of interventions

diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	the nursing diagnosis was chosen	**(1 per dx)**		
1. Infective airway clearance related to excessive mucus related to asthma exacerbation (Phelps, 2023).	This nursing diagnosis was chosen based on the ABC's. The client needs a clear airway to breath. She has a history of asthma that can make her short of breath. A physical assessment of the clients lungs confirmed the mucus in the clients lungs, making it hard to breathe and lowering the clients O2 saturation. The client presented to the ED with shortness of breath.	The clients airway will remain patent and free of mucus and absence of wheezing by the end of the clients stay (Phelps, 2023).	1. Elevate the clients head of bed to assure lung expansion and ventilation (Phelps, 2023). 2. Evaluate the clients O2 saturation, breath sounds, and pain level (Phelps, 2023).	The client was receptive to the interventions. The clients head of bed was elevated resulting the clients ability to cough up some mucus, allowing for better airway clearance. An evaluation of the clients O2 was performed every 4 hours with it being in the normal range. The clients breath sounds were auscultated and were found to have less wheezing with the interventions, but it is still present. The clients pain level was assessed, and it was decreased. These interventions were important in the clients safety and health and helped them

				towards their goal.
2. Impaired gas exchange related to ineffective airway clearance as evidence by asthma (Phelps, 2023).	I chose this nursing diagnosis because it is pertinent to my client. The client has a history of asthma, and this patients admission reason was shortness of breath due to an exacerbation of asthma. Inflammation occurs in patients with asthma and once this asthma reaction is triggered, it can make it hard to breath from the client being low on oxygen and impaired gas exchange.	The client will maintain and O2 saturation above 90% by the end of the shift (Phelps, 2023).	1. Apply O2 medication therapy to improve oxygenation (Phelps, 2023). 2. Monitor the clients vitals every 4 hours, specifically O2 saturation and respirations to assure the client is getting enough oxygen (Phelps, 2023).	The client was receptive to the interventions. The O2 was placed on the patient, and it significantly increased her O2 levels back into normal range. The client allowed us to take her vitals every 4 hours to check her respirations and O2, to assure good oxygenation.
3. Ineffective breathing pattern related to decreased lung expansion as evidence by wheezing (Phelps, 2023).	I chose this diagnosis because of the physical assessment of the patient confirmed wheezing, asthma exacerbation, lung sounds, and oxygen saturation decrease.	The client will be free of wheezing and an oxygen saturation within the normal limits by the end of the day (Phelps, 2023).	1.Ausculate breath sounds every 4 hours to detect any adventitious breath sounds (Phelps, 2023). 2.Observe the client for any signs of respiratory distress to help the client appropriately (Phelps, 2023).	The client was receptive to the interventions. The auscultation of breath sounds confirmed wheezing is still present in the client. The clients oxygen was in normal range. The client was observed using accessory muscles when breathing and having difficulty breathing. The client was on O2

				to help breathing as well as taking medications to help their breathing such as an inhaler and nebulizer treatment.

Other References (APA):

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