N431 CARE PLAN # 1

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Lakeview College of Nursing

N441: Adult Health 3

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09/22/2024

Demographics

Date of Admission	**Client Initials**	**Age**	**Biological Gender**
9/13/2024	R. L. J.	79-year-old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Retired	Married	NKDA
Code Status	**Height**	**Weight**	
Full Code	6’ 2”	182.6 lb (83 kg)	

Medical History

Past Medical History: Hypertension, Hyperlipidemia, Diverticulosis, Deep Vein Thrombosis, Parkinson’s Disease, Arthritis.

Past Surgical History: Colonoscopy (2019), Tonsillectomy, Phacoemulsification of cataract-Left & Right (2022).

Family History: Father (Stomach Cancer), Mother (Atrial fibrillation, Rheumatic heart disease)

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient denies any use of tobacco, alcohol, or drugs.

Education: High School Graduate

Living Situation: The patient resides at home with his wife. They have a home aid that comes to assist them with daily living tasks.

Assistive devices: The patient uses a walker at home.

Admission History

Chief Complaint: Shortness of Breath, Cough, and generalized weakness

History of Present Illness (HPI)– OLD CARTS

The patient reported to the emergency room on 9/13/2024 due to shortness of breath, cough, and generalized weakness. There were further symptoms including nausea, and a fever of 102.6 during emergency service transportation. The patient was accompanied by his wife who

states his symptoms started two days prior on 9/11/24, but he had a positive COVID test on 9/13/24 at home. The patient has been using cough drops, and cough medicine (patient was unsure of what kind). The cough drops and cough medicine were not sufficient to assist in the symptoms. The patient's wife states that she was concerned because he did not seem to "have any energy" and was "too weak" to walk at home. The patient was not having a sufficient appetite. The patient reported symptoms feel worse with exertion and rest being a relieving factor. Due to the wife's concern she recommended the patient to call emergency services. The patient being unable to ambulate safely and experiencing shortness of breath results in a severity of high.

Admission Diagnosis

Primary Diagnosis: COVID-19 Infection

Secondary Diagnosis (if applicable): Acute Respiratory Insufficiency due to COVID-19

Pathophysiology

Coronavirus, also known as COVID-19, is a worldwide communicable respiratory virus. This virus has been involved in the deaths of nearly 6 million individuals (Cascella et al., 2023). Covid-19 became a pandemic for the world in 2019. Individuals required routine screenings and testing to monitor cases and reduce exposure and transmission. Once the virus enters the body via airborne/droplet transmission, it will replicate and have local reproduction with a low response from the immune system (Parasher, 2020). The virus will then begin to affect the airways and the upper respiratory tract and eventually spread to the lower respiratory tract. The infection will reach the pulmonary alveolar epithelial cells, causing cell destruction/death

(Parasher, 2020). The loss of alveolar epithelial cells results in the infection's continuous spread and replication, causing respiratory complications. The healthy alveolar epithelial cells will continue to be impacted (Parasher, 2020). This can cause damage to the respiratory system, putting the patient at risk for poor gas exchange and resulting in respiratory distress or failure (Parasher, 2020).

The patient had shortness of breath, cough, fever, and generalized weakness. These symptoms are common with a Covid-19 diagnosis. Covid-19 may also cause signs or symptoms of headache, muscle pain, diarrhea, malaise, and abdominal pain (Cascella et al., 2023). The virus can progress, resulting in a worsening of diagnosis, including progressing to pneumonia and hypoxemia (Parasher, 2020).

The primary diagnosis of Covid-19 was determined based on a positive Covid test. Other diagnostic options include a Chest X-ray and computed tomography scan, also known as a CT scan, which is used to view the lungs to determine the extent of infection or infiltrates (Parasher, 2020). The patient was ordered a chest x-ray as a part of their diagnosis.

The treatment for Covid-19 is dependent on the level of severity. The patient's treatment was continuous pulse oximetry monitoring to ensure proper oxygen levels. The patient was also started on an antiviral medication via IV. The medication was remdesivir, which is an antiviral used in adults/children for COVID-19. Suppose the virus results in further respiratory damage. In that case, the patient will be consulted with respiratory therapy and potentially need further oxygenation assistance using more extensive machines to improve gas exchange.

Pathophysiology References (2) (APA):

Cascella, M., Rajnik, M., Aleem, A., Dulebohn, S. C., & Di Napoli, R. (2023). *Features, Evaluation, and Treatment of Coronavirus.* PubMed; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK554776/#:~:text=According%20to%20the%20National%20Institutes

Parasher, A. (2020). COVID-19: Current understanding of its pathophysiology, clinical presentation and treatment. *Postgraduate Medical Journal*, *97*(1147), 312-320. https://doi.org/10.1136/postgradmedj-2020-138577

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
RBC (Red Blood Cells)	3.65 x 10(2)/L	4.00 x 10(2)/L	4.7-6.2 x 10(2)/L (Martin, 2019)	The patient may experience low red blood cell levels related to aging (Brunner&Suddarth, 2022).
Mean corpuscular hemoglobin (MCH)	33.2 fmol/cell	32.8 fmol/cell	0.40-0.53 fmol/cell (Martin, 2019).	The patient may experience low mean corpuscular hemoglobin levels aging (Brunner&Suddarth, 2022).
Calcium	8.7 mg/dL	8.8 mg/dL	9.0-10.5 mg/dL (Martin, 2019).	The patient is experiencing low calcium in relation to his Vitamin D deficiency which is being treated with oral vitamin D (Martin, 2019).
RDW-SD (Red Cell Distribution Width-Standard Deviation)	47.5 fL	47.8 fL	36.7-46.1 fL (Epic, 2024).	An elevated level of RDW-SD can be related to anemia, which the patient may experience related to aging (Brunner&Suddarth, 2022).
Total Protein	5.9 g/dL	6.3 g/dL	6.0-8.0 g/dL (Epic, 2024)	The patient's protein may be slightly low related to poor nutritional intake related to illness (Martin, 2019).
Absolute Lymphocytes	0.42%	0.45%	20-40% (Martin, 2019).	Decreased levels of lymphocytes may be in relation to infection/inflammation. The levels may be in relation to the patient having an active COVID-19 infection (Martin,

				2019).
Absolute Immature granulocyte	0.02 10^3uL	0.13 10^3uL	0-0.09 10^3uL (Epic, 2024).	Elevated levels of glucose may be related to stress of illness.
HCT	36.1 %	39.2 %	37-51% (Martin, 2019).	The patient may experience low hematocrit levels related to aging (Brunner&Suddarth, 2022).
Glucose	136 mg/dL	106 mg/dL	74-100 mg/dL (Epic, 2024).	Elevated levels of glucose may be related to stress of illness.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
XR Chest AP or PA- The purpose of this exam is to get an image that will view the chest cavity. This includes blood vessels, lungs, heart and airways (Mayo Clinic, 2022).	The patient was experiencing shortness of breath and a cough. Due to the patient's symptoms and positive COVID-19 test, this causes the need for further testing to determine the extension of the infection and damage to the lungs. The patient may also be experiencing fluid in or near the lungs causing these symptoms.	The patient's chest x-ray report indicates that there are no concerning abnormal findings. No fluids noted in or around the lungs. No air noted in the space around the lungs and chest wall.

Diagnostic Test Reference (1) (APA):

-Some normal lab values and lab findings were retrieved from Carle Hospitals Medical Records and are stated per their report.

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. J. (2022). "Hematologic Function: Assessment of Hematologic Function and Treatment Modalities" *Brunner & Suddarth's textbook of medical-surgical nursing.* (15th ed.). Lippincott Williams & Wilkins

Martin, Paul, BSN. (2019). Normal Laboratory Values Guise and Cheat Sheet for Nurses. Nurselabs.com. https://nurseslabs.com/normal-lab-values-nclex-nursing/#h-serum-creatinine-cr-creatinine-urine-and-creatinine-clearance-crcl

Mayo Clinic. (2022). Chest X-rays- mayo clinic. Mayoclinic.org.

https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

Active Orders

Active Orders	Rationale
Occupational Therapy Referral	Occupational therapy referral is needed to assist and encourage the patient in performing daily tasks. This can be related to the patients generalized weakness.
Physical Therapy Referral	Physical therapy referral is needed to assist the patient in returning to their baseline level of activity. This will also assist the patient in building their strength and ambulation abilities.
Contact Isolation	Contact isolation is necessary to reduce transmission of COVID-19.
Increase activity as tolerated	The patient reported generalized weakness. It is crucial to assist the patient in returning to their baseline of activity and to encourage ambulation to reduce risk of returning/worsening deep vein thrombosis.
Regular Diet	The patient is able to remain on a regular diet due to no noted complications related to diet.
Advanced Directive	All patients should be offered and educated on advanced directives to ensure their wishes are respected.
Vitals every 4 hours & PRN	Vitals were scheduled to be completed once every 4 hours or as needed. This is crucial to ensure the patient is remaining in stable condition.
Continuous pulse oximetry	The patient needs continuous pulse oximetry monitoring due to the patient experiencing shortness of breath and cough. This is to ensure the patient is maintain continuous stable oxygen levels.
Private Room	A private room is necessary to reduce transmission of COVID-19.
Monitor bowel and bladder output	Monitoring the patient's bowel and bladder output can be related to ensuring the patient is not retaining fluid and ensure there is proper kidney function. Bowel output should be

	monitored to ensure the patient is having healthy bowel movements, as elderly patients are more susceptible to constipation.

Medications

Home Medications (Must List ALL)

Brand/ Generic	Lisinopril/ Qbrelis	Sinemet/ carbidopa levodopa	Xarelto/ Rivaroxaban	Zocor/ Simvastatin	Vit D3/ Cholecalciferol	
Classification	Pharmacological: Angiotensin-converting enzyme inhibitor (Jones & Bartlett, 2022). Therapeutic: Antihypertensive (Jones & Bartlett, 2022).	Pharmacological: decarboxylase inhibitors (Jones & Bartlett, 2022). Therapeutic: dopamine agonists (Jones & Bartlett, 2022).	Pharmacological: Factor Xa inhibitor (Jones & Bartlett, 2022). Therapeutic: Anticoagulant (Jones & Bartlett, 2022).	Pharmacological: HMG-CoA reductase inhibitor (Jones & Bartlett, 2022). Therapeutic: Antilipemic (Jones & Bartlett, 2022).	Pharmacological: fat-soluble vitamin (Mayo Clinic, 2021). Therapeutic: Vitamin D analogs (Mayo Clinic, 2021).	
Reason Client Taking	To assist in the treatment of Hypertension.	To assist in the treatment of Parkinson's Disease.	To assist in the treatment of DVT.	To assist in the treatment of hyperlipidemia.	To assist in the treatment of Vitamin D deficiency	
List two teaching needs for the medication pertinent to the client	1.Educate the patient to move slowly as this medication can cause dizziness, and the patient is already experiencing generalized	1. This medication treatment may increase nausea/ vomiting (Multum, 2024). 2.This medication may impact liver function	1.Educate the patient to not stop taking this medication abruptly without first consulting their provider (Jones & Bartlett, 2022). 2.Educate the patient to the	1.Educate the patient to decrease their intake of grapefruit to decrease their risk for potential toxicity of medication (Jones & Bartlett,	1.Educate the patient to the side effects of Vitamin D toxicity including hypercalcemia (Mayo Clinic, 2021). 2.Educate	

	weakness (Jones & Bartlett, 2022). 2.Educate the patient to maintain adequate fluid intake, and the patient has had poor nutrition due to illness with poor oral intake (Jones & Bartlett, 2022).	(Multum, 2024).	medication increasing their risk for bleeding, and the need to be cautious regarding potential injury (Jones & Bartlett, 2022).	2022). 2.Educate the patient/family to inform their provider if they experience confusion or memory loss (Jones & Bartlett, 2022).	the patient that this medication may cause nausea/vomiting, poor appetite, or constipation (Mayo Clinic, 2021).	
Key nursing assessment (s) prior to administration	1.The nurse should assess the patients' blood pressure prior and following administration (Jones & Bartlett, 2022). 2.Monitor/ assess the patients kidney function prior to admission (Jones & Bartlett, 2022).	1.Monitor the patients liver function prior to and during treatment (Multum, 2024). 2. Monitor the patients' blood pressure during and prior to treatment (Multum, 2024).	1.Monitor the patient for bleeding (Jones & Bartlett, 2022). 2. Monitor the patients current medication list to determine any contraindications (Jones & Bartlett, 2022).	1.Monitor the patients liver function prior to administration (Jones & Bartlett, 2022). 2.Monitor the patients vital signs, such as blood pressure (Jones & Bartlett, 2022).	1.Monitor the patients vitamin D levels (Mayo Clinic, 2021). 2.Monitor the patients calcium levels (Mayo Clinic, 2021).	

Brand / Generic	Tylenol/ Acetaminophen	Tums/ Calcium Carbonate	Dexamethasone/ Decadron	Guaifenesin/ Mucinex	Norco/ Hydrocodone-acetaminophen	Melato
Classification	Pharmacological: Nonsalicylate para-aminophenol derivative (Jones & Bartlett, 2022). Therapeutic: Antipyretic nonopioid analgesic (Jones & Bartlett, 2022).	Pharmacological: Calcium Salts (Jones & Bartlett, 2022). Therapeutic: Antiacid (Jones & Bartlett, 2022).	Pharmacological: Glucocorticoid (Jones & Bartlett, 2022). Therapeutic: Anti-inflammatory Diagnostic Aid immunosuppressant (Jones & Bartlett, 2022).	Pharmacological: Expectorants (Puckey, 2024). Therapeutic: Decongestant (Puckey, 2024).	Pharmacological: Opioid (Jones & Bartlett, 2022). Therapeutic: Opioid analgesic (Jones & Bartlett, 2022).	Pharma gical: Nutrace al prod (Drugs. 2019). Therap Minera Electro (Drugs. 2019).
Reason Client Taking	Pain PRN	Indigestion	Arthritis	Chest congestion	Pain PRN	Insomn
List two teaching needs for the medication pertinent to the client	1.Educate the patient on hepatotoxicity (Jones & Bartlett, 2022). 2.Educate the patient to not take more than recommended dose (Jones & Bartlett, 2022).	1.Educate patient to fully chew medication (Jones & Bartlett, 2022). 2.Educate the patient to take the medication 1-2 hours following meals (Jones & Bartlett, 2022).	1.Educate the patient to take the medication with food to decrease the risk of GI complications (Jones & Bartlett, 2022). 2.Educate the patient to not stop taking this medication without consulting with his provider (Jones & Bartlett, 2022).	1.Educate the patient to increase their fluid intake with medication use to assist in loosening mucus (Puckey, 2024). 2.Educate the patient that this medication may alter their thinking/reactions. (Puckey, 2024).	1.Educate the patient to not take the medication more than prescribed and risk of addiction (Jones & Bartlett, 2022). 2.Educate patient on the importance of high fiber food and fluid intake to reduce the risk of constipation with treatment (Jones & Bartlett, 2022).	1.Edua patient the use caffein during treatme may counter melato (Drugs. 2019). 2.Educ the pati to take medica 30 min to an h prior to (Drugs. 2019).
Key nursin	1.Assess the patients kidney	1.Monitor the patients serum	1. Monitor the patients' blood	1.Monitor the patients breath	1.Monitor the patient's	1.Moni the pati

g assessment(s) prior to administration	function prior to administration (Jones & Bartlett, 2022). 2. Monitor the patient's intake to decrease the risk of acetaminophen toxicity (Jones & Bartlett, 2022).	calcium levels to decrease the risk of hypercalcemia (Jones & Bartlett, 2022). 2.Monitor the patients vitals due to the potential reaction of hypotension (Jones & Bartlett, 2022).	glucose due to the risk of hyperglycemia in dexamethasone use (Jones & Bartlett, 2022). 2.Monitor the patients weight daily to monitor weight gain (Jones & Bartlett, 2022).	sounds prior to administration (Puckey, 2024). 2.Monitor the patients mucus production (Puckey, 2024).	respiratory rate during and prior to treatment (Jones & Bartlett, 2022). 2.Assess pain scale prior to administration (Jones & Bartlett, 2022).	blood pressur to the r increas hyperte n (Drugs. 2019). 2.Moni the pati blood s during treatme (Drugs. 2019).
Brand / Generic	Ondansetron/ Zofran	Compazine/ Prochlorperazine	Remdesivir/ Veklury			
Classification	Pharmacological: Selective serotonin receptor antagonist (Jones & Bartlett, 2022). Therapeutic: Antiemetic (Jones & Bartlett, 2022).	Pharmacological: piperaze phenothiazine (Jones & Bartlett, 2022). Therapeutic: antiemetic (Jones & Bartlett, 2022).	Pharmacological: Purine Nucleosides (Drugs.com) Therapeutic: antiviral (Drugs.com, 2024).			
Reason Client Taking	Nausea PRN	Nausea/ Vomiting PRN	Covid-19 Infection			
List two teaching needs for the	1.Educate the patient to not chew the film and allow it to dissolve (Jones & Bartlett, 2022).	1.Educate the patient to not stop taking this medication without consulting their provider	1.Educate the patient to not take any over the counter medications or herbal remedies until consulting			

medication pertinent to the client	2.Educate the patient to inform provider if treatment has produced a decline in their bowel activity (Jones & Bartlett, 2022).	due to side effects (Jones & Bartlett, 2022). 2.Educate the patient to change positions carefully due to increased risk of orthostatic hypotension (Jones & Bartlett, 2022).	with your provider due to interactions (Drugs.com, 2024). 2.Educate the patient that this medication may cause or increase nausea (Drugs.com, 2024).			
Key nursing assessment(s) prior to administration	1.Monitor the patient's heart rate prior to and during treatment (Jones & Bartlett, 2022). 2.Monitor the patients bowel sounds prior to administration (Jones & Bartlett, 2022).	1.Assess for fall risk prior to administration (Drugs.com, 2024). 2.Asses patients' blood pressure & Nausea/vomiting prior to administration (Drugs.com, 2024).	1.Monitor the patients liver function prior to administration (Drugs.com, 2024). 2.Monitor the patient for nausea/vomiting prior and during treatment (Drugs.com, 2024).			

Hospital Medications (Must List ALL)

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Lisinopril/Qbrelis	This is an essential medication to stabilize the blood pressure and cardiac circulation.	1. Dry cough 2. Anemia
2. Rivaroxaban/ Xarelto	This medication is essential in the treatment of the patients DVT.	1.Synecope 2.Shortness of breath
3. Remdesivir/ Veklury	This medication is necessary	1.Nausea

	for the treatment of Covid-19 which the patient is currently admitted for due to shortness of breath and generalized weakness related to diagnosis.	2.Vomiting

Medications Reference (1) (APA)

Drugs.com. (2024). *Compazine (Prochlorperazine Oral) Advanced Patient Information*. Drugs.com. https://www.drugs.com/cons/compazine-prochlorperazine-oral.html

Drugs.com. (2019). Melatonin. Drugs.com. https://www.drugs.com/melatonin.html

Drugs.com. (2024). *Remdesivir Uses, Side Effects & Warnings.* Drugs.com. https://www.drugs.com/mtm/remdesivir.html

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.).

Mayo Clinic. (2021). Vitamin D. Mayo Clinic. https://www.mayoclinic.org/drugs-supplements-vitamin-d/art-20363792

Multum, Cerner. (2024). Carbidopa Uses, Side Effects & Warnings. Drugs.com. https://www.drugs.com/mtm/carbidopa.html

Puckey, M. (2024). *Guaifenesin Uses, Dosage & Side Effects.* 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:**	Patient is alert and oriented x 3. Patient becomes disoriented to situation. The patient does not appear to be in distress. The patient is well groomed and is in appropriate overall appearance. The patient is in droplet isolation. The patient does not have any complaints or concerns during the time of assessment.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	Temp: 99.1 F- Oral Resp Rate: 16 bpm Pulse: 59 bpm B/P: 143/74 Oxygen: 94% on room air.
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	Time: 11:47am Scale: 1-10 Location: N/A Severity: N/A Characteristics: N/A Interventions: None needed at this time. The patient denies any pain.
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 patient has a 20G IV located in the right anterior lower arm. The IV was placed on 9/13/24. The IV is patent and flushes without complications. No signs of erythema, draining, or any concerning findings. IV is secured with tegaderm. IV is secured with a saline lock at this time.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin color is usual for ethnicity. Skin is dry and intact. Skin is warm upon palpation with a skin turgor less than 3 seconds. No rashes, bruises, or wounds noted upon visualization. There are sunspots located on the arms and legs. Braden score: 19 No drains present.
HEENT: **Head/Neck:** **Ears:**	Head and neck are symmetrical. Trachea is midline without deviation. Full range of movement with head/neck. No swelling or

Eyes: **Nose:** **Teeth:**	abnormal findings of lymph nodes upon palpation. Ears: external ear appears without lump or lesion. Auricles are without abnormalities. Eyes: Patient reports no changes in vision. PERRLA and EOMS bilaterally. Sclera is white and cornea clear bilaterally. Nose: Septum is midline without deviation. No drainage, lumps, or lesions noted. Patient still has original teeth but does have poor dentition. Oral mucosa is pink and moist. .
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:**	S1 S2 present. Capillary refill is <3 on upper and lower extremities. Peripheral pulses are 2+ bilaterally. Neck vein distention is not noted. Pitting Edema is palpated in both lower extremities. Edema is 3+ bilaterally.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Regular unlabored respiratory rate and pattern. No accessory muscle use. Breath sounds appear diminished in both lungs upon auscultation.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating 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:**	Regular diet at home. Patient remains in regular diet and appears to tolerate the diet well. Height: 6’ 2” Weight: 182.6 lb (83 kg) Last BM: 9/15/2024 (Small) Normoactive bowel sounds in all four quadrants No pain or mass noted upon palpation. Upon inspection distention was noted. No incisions, scars, drains, or wounds noted. No ostomy, nasogastric, or feeding tube in place.

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine appears yellow, dark, and cloudy. The patient voided 300 mL of urine. Patient denies any difficulty or pain with urination. Patient has an external catheter.
Intake (in mLs) **Output (in mLs)**	Oral intake: 860 mL Output: 300 mL
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**	Nail beds appear without clubbing or concern. Extremities are expected color for ethnicity. No swelling in upper extremities. Pitting edema in lower extremities. Warm and dry. Strength is equal in all extremities. Hand grips/pedal pushes are equal in strength in all extremities. Full range of motion with a strength of 3 with generalized weakness. Patient is a fall risk. Fall score of 9. Patient requires some assistance for ADL and ambulates with a walker.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW and PERLA present. Strength is equal in all extremities. Patient is oriented to person, place, and time. Patient is disoriented to situation. Patient appears with impaired cognition. Patient has the ability to follow directions but appears confused to situation. Speech is clear and understandable. Patients LOC is alert and able to answer questions.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:**	Patient does not report a direct coping method but does talk to a family member about concerns. The patient is not religious. The

Religion & what it means to pt.: **Personal/Family Data (Think about home environment, family structure, and available family support):**	patient can read and write and speak in proper sentences. The patient reports good family support. The patient is accompanied by his wife whom states they have an aid that comes to their house to assist them as well.

Discharge Planning

Discharge location: The patient will be discharged home with his wife.

Home health needs: The patient will continue to need occupational and physical therapy to regain his strength back to his baseline activity/strength. The patient will continue to need the assistance of his home health caretaker.

Equipment needs: The patient will continue to use his walker at home as an assistive device.

Follow up plan: When discharged the patient will be instructed to follow up with his primary doctor and continue to pursue occupational/physical therapy as needed.

Education needs: The patient should be educated to the common signs and symptoms of respiratory distress or failure in relation to his COVID-19 diagnosis. The patient should be educated to the effects of COVID-19, and the importance of compliance to medication as prescribed. The patient should be provided education on the importance of occupational and physical therapy following his discharge due to his generalized weakness.

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

Nursing Diagnosis • Include full	Rationale • Explain	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions

nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	why the nursing diagnosis was chosen			
1. Ineffective breathing pattern related to medical diagnosis of Covid-19 infection as evidenced by dyspnea and shortness of breath with decreased oxygen saturation.	The patient experiences dyspnea and a decrease in oxygen saturation on exertion causing an ineffective breathing pattern.	The patient will have lack of dyspnea and increase in oxygen saturation during exertion prior to discharge. This is measurable by monitoring the patient's respiratory rate and pulse oximetry.	1.Monitor patients' respiratory rate every 4 hours 2.Monitor patients oxygen saturation levels	The patient's respiratory rate and oxygen saturation was monitored. The patient showed slight improvement with his respiratory rate while immobile but remained 92-94% oxygen saturation.
2. Excessive fluid volume related to inflammatory process of a medical diagnosis of Covid-19 as evidenced by 3+ pitting peripheral edema in both lower extremities.	The patient has 3+ pitting edema in both lower extremities which is evidence of fluid retention causing excessive fluid volume inside the body.	The patient will have a decrease in pitting edema and will not have any additional fluid retention/weight gain. This is measured by monitoring the patient's extremities routinely and weight daily.	1. Monitor the patient's intake and output. 2.Perform a daily weight to monitor the patient's weight.	A daily weight was performed with no noted weight gain since previous weight. The patient's intake and output were monitored. No increase in fluid retention was noted.
3. Imbalanced nutrition related to inadequate	The patient was experiencing nausea and	The patient will have a decrease in nausea and an increase in desire to	1. Provide the patient with antinausea medication as	The patient was prescribed ondansetron to assist with

interest in food as evidenced by nausea and lack of desire to eat.	lack of appetite upon arrival to the hospital. The patient's wife was assisting the patient in eating his meal tray and encouraging him due to his lack of desire to eat on his own. The patient's unwillingness to eat independently results in a nutritional imbalance.	eat. This is measurable by monitoring the patient's intake. The patient should meet these outcomes goals prior to discharge.	prescribed and attempt to correct the underlying cause. 2.Encourage the patient to eat small frequent meals to meet nutritional needs.	nausea and was receiving treatment for Covid-19 with antiviral medications. The patient was encouraged to eat meals by staff and his wife. The patient did attempt to eat his lunch with the encouragement.
4. Activity intolerance related to decreased oxygen as evidenced by dyspnea during activity and generalized weakness.	The patient reports with generalized weakness and dyspnea. This is related to a decrease in oxygen related to respiratory impairment (Covid-19) resulting in a poor activity tolerance.	The patient should have an improvement in activity tolerance with a decrease of weakness and dyspnea. This is measurable by monitoring the patient's respiratory rate and monitoring the patient's activity/ambulation. This goal is set to be met during the hospital stay prior to discharge.	1.Ambulate with the patient at all times and use assistive devices. 2.Monitor the patients vitals during activity.	Staff accompanies patient during any ambulation or transportation. The patient's vitals are continuously monitored and remained stable with continued dyspnea. There was no evidence of improvement regarding the patients generalized weakness at this time.
5. Deficient knowledge related to medical	The patient was unaware of expected treatment or	The patient/wife should feel educated and sufficiently	1.Educate the patient regarding treatment	The patient was educated on treatment and transmission of

	diagnosis of COVID-19 treatment and transmission as evidenced by the patient asking questions regarding treatment.	routes of transmission. When administering the patients first dose of antiviral medication the patient/wife had questions regarding the course of antivirals and expectations due to their lack of knowledge regarding treatment and transmission.	informed regarding treatment and transmission following education provided. This should be completed prior to discharge. Ask the patient and wife questions or use a teach back method to ensure they have understood the education provided.	and transmission factors. 2.Provide the patient with information and resources regarding recovery of Covid-19.	Covid-19. The patient and wife were both able to verbalize understanding of the education provided with no further questions at this time.

Other References (APA):