

N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 09/17/2024	Client Initials QJ	Age 63	Gender Female
Race/Ethnicity African-American	Occupation Administrative	Marital Status Single	Allergies NKA
Code Status FULL (has ACP docs)	Height 5'5	Weight 296 lbs	

Medical History (5 Points)

Past Medical History: Acute systolic heart failure. 09/17/2024: Hypertension, morbid obesity with BMI of 45.0-49.9. Sleep apnea. Stage 4 is very severe. Chronic obstructive pulmonary disease by GOLD classification.

Past Surgical History: Abdominoplasty, breast reduction surgery. exploratory of abdomen. Gastric bypass obese hysterectomy. Laparoscopic inguinal hernia.

Family History: Maternal Grandfather (cancer) Mother (heart attack) maternal grandmother, parental grandmother (stroke)

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):
Smokes 2 packs a day for about 43.7 years. Since 1981.

Admission Assessment

Chief Complaint (2 points): Acute respiratory failure with hypoxia and hypercapnia.

History of Present Illness – OLD CARTS (10 points): 63 years old female, active with past medical history, asthma/severe Chronic obstructive pulmonary disease gold grade 4. Arthritis recently wheelchair bound. Gluteal fold sore. Anxiety. Had a cerebrovascular accident in 2021. Gastroesophageal reflux disease. Hypertension. Morbid obesity. Suspected obstructive sleep apnea. Seizure disorder. Gastric bypass 2022. Presented to St. Mary Hospital with complaints of

dyspnea. She was found to have acute hypoxic hypercapnic respiratory failure 2/2 CHF. She failed bipap and had to intubate. She was transferred to HMMC for further care.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute Respiratory Failure with Hypoxia and Hypercapnia

Secondary Diagnosis (if applicable): Hypertension and Morbid Obesity

Pathophysiology

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

Pathophysiology of Acute Respiratory Failure with Hypoxia and Hypercapnia

According to Medscape (2023) “Respiratory failure can arise from an abnormality in any of the components of the respiratory system, including the airways, alveoli, central nervous system (CNS), peripheral nervous system, respiratory muscles, and chest wall. Patients who have hypoperfusion secondary to cardiogenic, hypovolemic, or septic shock often present with respiratory failure.” Acute Respiratory Failure with Hypoxia and Hypercapnia is when the lungs does not receive oxygen to the body and isn't able to get rid of the carbon dioxide waste because of conditions such as pneumonia, bronchitis, asthma, chronic obstructive pulmonary disease from smoking. The brain responds to a falling oxygen (hypoxia) level directly through the central sensing of ventilation, called chemosensitivity, or indirectly by driving metabolic changes that cause an acidic pH called acidosis. An excessive breathing effort driving high ventilation reflects respiratory acidosis with a rise in blood carbon dioxide (hypercapnia) from a progressive inability to blow off carbon dioxide. Carbon dioxide is an independent driver of what's called the Bohr Effect, whereby the blood in the capillaries becomes more acidic in lung tissue due to carbon dioxide exchange. Continued acidity inhibits oxygen release from the red

blood cells, slowing the system down. High carbon dioxide acidifies the cerebrospinal fluid and central nervous system, where its toxic, muscle-relaxing effects depress brain function: a potentially fatal vegetative state if its rapid and effective reversal isn't secured, which is the ultimate goal. National Library of medicine (2023) states "Treatment of respiratory failure should be directed towards the underlying cause while providing support with oxygenation and ventilation, if necessary. The treatment includes supportive measures and treatment of the underlying cause. However, the initial steps in managing patients with acute respiratory failure should start by assessing the airway, breathing, and circulation (ABC)."

Pathophysiology References (2) (APA):

Ata Murat Kaynar, M. (2024, September 24). *Respiratory failure*. Practice Essentials, Pathophysiology, Etiology. <https://emedicine.medscape.com/article/167981-overview?form=fpf>

Mirabile, V. S. (2023, June 11). *Respiratory failure in adults*. StatPearls [Internet]. <https://www.ncbi.nlm.nih.gov/books/NBK526127/>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:15am	70	122/72 Supine	18	Temporal 97.1	94 Bipap

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
07:15	0-10 Word	lower back	1 wake and alert	intermittent aching	took tylenol 2 tabs of 325 mg at 0741

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1060 mL	stool: small formed light brown. void x1

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<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 	<ul style="list-style-type: none"> ● Explain why the nursing diagnosis was chosen 			<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. Shortness of breath related to Acute		1. Educate clients on Bpap. 2. Educate on	1. Patient goal is to not have to use their Bpap after ambulation.	1. Patient did have to use the Bpap after ambulating

<p>respiratory failure with hypoxia and hypercapnia as evidence by her using a Bpap machine for oxygen and the fatigue on excretion.</p>		<p>how important exercising and a good diet is.</p>		
<p>2. Risk of fall related to morbid obesity evidence by unsteady gait.</p>		<p>1. Keep the bed in low position.. 2. Keep wheels on bed locked. .</p>	<p>1. Client will be able to ambulate to the bathroom and to the chair with minor help.</p>	<p>1. Client started to ambulate to the chair by the end of the morning routine.</p>

Other References (APA):

Concept Map (23 Points):

Subjective Data

Feels pain in her back.
Patient states she having shortness
of breath.

Nursing Diagnosis/Outcomes

Risk of fall related to morbid
obesity evidence by unsteady gait.

Outcome: Client started to
ambulate to the chair by the end of
the morning routine.

Objective Data

Clients on a Bipap
Pulse: 70
B/P: 122/76 Supine
RR-18
Temporal Temp: 97.1
O- 94 on Bipap

Client Information

Quianna John, 63 years old
Female, African American
Not married. Administrative
Code Status; FULL (has ACP docs)
NO allergies
Acute Respiratory failure with hypoxia
and hypercapnia

Nursing Interventions

1. Keep bed in low position.
2. Keep wheels on bed lock.

