

N311 Care Plan 1

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N311: Foundations of Professional Practice

Professor Henry

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Demographics (5 points)

Date of Admission 9/21/24	Client Initials ET	Age 37	Gender female
Race/Ethnicity White	Occupation unemployed	Marital Status single	Allergies Wound dressing adhesive
Code Status Full	Height 5' 3"(160cm)	Weight 264 lbs 8 oz(120kg)	

Medical History (5 Points)

Past Medical History: Asthma, diabetes, hypertension, depression, and anxiety

Past Surgical History: Caesarean section, right sided mastectomy, and HC DMH ENDO CARPEL TUNNEL KIT DYONICS(bilateral)

Family History: No family history

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): alcohol not currently using, tobacco use formally smoked cigarettes, drugs not currently using.

Admission Assessment

Chief Complaint (2 points): cough, shortness of breath, and chills

History of Present Illness – OLD CARTS (10 points):

The patient presented to the ED with shortness of breath, wheezing, and a cough. The patient says she had chest pain and tightness in her chest. Her symptoms had been going on for about two weeks when she was first seen. Patient says she has had trouble breathing, wheezing, coughing, and chest pains. When walking symptoms get worse. Nothing that she has tried so far gives her any relief. She tried an at home

nebulizer treatment. When that did not seem to help, she went to the walk-in clinic and the doctor there gave her an antibiotic. She took the antibiotic and symptoms kept getting worse, so she came into the ED.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Pleural Effusion

Secondary Diagnosis (if applicable): Pneumonia, breast cancer, elevated d-dimer, and shortness of breath.

Pathophysiology

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

What is pleural effusion? Pleural effusion is when fluid collects in the pleural cavity which pushes on the lung tissues and stops the lung from being able to inflate. Your pleural cavity naturally has fluid in it to help lubricate the lungs and helps them move easily when inflating and deflating with every breath you take. The cavity should be free of all other fluids or air. When pleural effusion happens it is because your body is making too much fluid, or it is not absorbing enough fluid that is being made. So, the fluid leaks out of the capillaries and the cells into the pleural space which, causes pleural effusion.

It is estimated that there are around 1.5 million cases of pleural effusion that occur each year. The most common causes of pleural effusion can be heart failure, malignancy, infections, and pulmonary embolism. There are other causes of pleural effusion these are just the more common reasons it occurs.

The most common signs and symptoms of pleural effusion are shortness of breath, rapid and shallow breathing, sharp chest pain, dull sounds when percussing, and diminished breath

sounds on the side that is affected. When percussing over the affected area you'll hear a flat, dull sound that shows that there is fluid blocking the lung tissue. The vibration known as tactile fremitus (when a patient sings or speaks) is decreased as well.

To diagnose pleural effusion, you can run CT scan, do a chest x-ray, or an ultrasound. You must do a thoracentesis to relieve the pressure off the lungs and to obtain fluid to be tested. The fluid is then tested for blood, blood sugar (glucose), infection, white blood cells, tumor markers, and other things that are consistent with pleural effusion.

Treatment of pleural effusion is directed at the cause of the pleural effusion. You also need to drain the excess fluid out of the pleural cavity. To do this you use a small-bore catheter or a needle. If neither of those options work surgery maybe the only option to drain the fluid.

Pathophysiology References (2) (APA):

A fancy name for fluid around your lungs. Cleveland Clinic. (2024, May 1).
<https://my.clevelandclinic.org/health/diseases/17373-pleural-effusion#overview>

Theresa Capriotti, 2020, *Chapter 21: Restrictive and Obstructive Pulmonary Disorders*, In Ed., Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives, pp. 510, 511, 512.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	112 bpm	119/89 _{mmHg}	26 bpm	96.4 °F	93%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1500	1-10	N/A	0	N/A	N/A