N311 Care Plan 2

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N311: Foundations of Professional Practice

Kristal Henry

10/10/2024

Demographics (5 points)

Date of Admission 10/04/2024	Client Initials MA	Age 51	Gender Female
Race/Ethnicity African American	Occupation Disability	Marital Status Single	Allergies N/A
Code Status Full	Height 5'7"	Weight 421lb 1.3oz	

Medical History (5 Points)

Past Medical History: Arthritis, Bipolar 1 disorder, heart palpitations, hypertension, and meningitis.

Past Surgical History: Encephalocele repair (right), hysterectomy, mastoid obliteration (with pericranal flap and cartilage chips), nephrectomy, typanomastoidectomy (right ear canal down tympanomastoidectomy with ossicular chair reconstruction).

Family History: Thyroid cancer on mothers' side, Colon cancer on fathers' side, and cousins have breast cancer.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Former cigarette smoker, patient smoked one pack a day and quit smoking when first signs of pneumonia started. Patient also used to smoke marijuana. She has never vaped or drank.

Admission Assessment

Chief Complaint (2 points): Vaginal Bleeding

History of Present Illness – OLD CARTS (10 points): "Beginning of April is when a bad cough started" the patient stated. Patients' chest back and sides were in pain. The symptoms have been constant since April. While in the hospital symptoms have gotten

better. Chest felt tight, and she was coughing up white foamy stuff before coming into the hospital. Moving around makes the symptoms worse, and resting has helped the symptoms. While patient was at home she stated, "I took Tylenol sometimes and it seemed to help my chest pain some". Patient stated her pain was a 10-10 when her symptoms started before, she came to the hospital.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Pneumonia

Secondary Diagnosis (if applicable): Lung mass, E coli bacteremia, morbid obesity, anxiety, bipolar disorder, history of pulmonary embolism, chronic congestive heart failure, type 1 DM with CKD stage 4 and hypertension.

Pathophysiology

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

Pneumonia

Pneumonia is an infection in the lungs. This infection inflames the air sacs in one or both lungs. Within the air sacs there can be a buildup of fluid or pus. This disease is more serious in infants and adults sixty-five or older. Also, people with weakened immune systems have a harder time with Pneumonia. The disease can range from mild cases to life-threatening. (2020)

Effects on the body

There are two types of Pneumonia bacterial and viral. Both types are caused by an infection in the lungs. Bacterial pneumonia is usually worse than viral. Bacterial is treated with antibiotics, while viral pneumonia must run its course. This disease can happen when your immune system is fighting off an infection in the small sac of your lung. When this happens, it

causes the lungs to swell and leak fluids out causing pneumonia. (Clinic, 2024) Abnormally high white blood count is usually a sign of infection. Someone with pneumonia will most likely have a high white blood count.

Signs and Symptoms of pneumonia

Pneumonia symptoms vary from person to person. Some people experience harsh symptoms while others might not notice anything wrong. Age, health, and diseases all play a role in how pneumonia will affect your body. Most people experience some sort of cough. The cough can range from mild to extreme. Another symptom is running a fever, chest pain, shortness of breath, stabbing pain when breathing deeply, and in older adults they can become confused. (Association, 2024)

Diagnostic testing

When diagnosing pneumonia your provider will go over your health history and do a physical assessment. If they are seeing signs of this disease, they will order a chest X-ray or a blood test. They might also order both to get a better look to diagnosis the disease. (2022) A chest X-ray will show fluid and inflammation on your lungs. A blood test will show if your blood count levels are elevated, which will show signs of infection.

Conclusion

Pneumonia is a common, but critical respiratory disease that can affect all ages and groups of people. People who are older or have weakened immune systems are affected by this disease more so than others. The sooner the disease is caught and treated the better off the results from the disease will be. Overall, being aware of how critical pneumonia can be will lessen the risk of waiting too long to get diagnosed.

Pathophysiology References (2) (APA):

References

Association, A. L. (2024, August 12). *Pneumonia symptoms and diagnosis*. American Lung Association. https://www.lung.org/lung-health-diseases/lung-disease-lookup/pneumonia/symptoms-and-diagnosis

clevelandclinic. (2024, October 2). *Pneumonia: Causes, symptoms, diagnosis & treatment*. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/4471-pneumonia

Mayo Foundation for Medical Education and Research. (2020, June 13). *Pneumonia*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204

U.S. Department of Health and Human Services. (2022, March 24). *Diagnosis*. National Heart Lung and Blood Institute. https://www.nhlbi.nih.gov/health/pneumonia/diagnosis

Vital Signs, 1 set (5 points) – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
15:00	94BPM	121/85	18	96.7 F	92%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
15:00	0-10	N/A	0	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480ML	X4 occurrence

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. Ineffective breathing pattern related to shortness of breath as evidence by being inactive.	This nursing diagnosis was chosen because the patient stated they do not move around like they should.	1.Give oxygen to patient as ordered. 2.Refer patent to be evaluated for an exercise program.	1. Patient will not need any oxygen, and they will start the exercise program as soon as they can.	The patient thought the goals were doable. She hopes she can be off oxygen soon. The patient is also hopeful to lose weight in a weight loss program so this problem is less likely to happen again.
2. Impaired physical mobility related to activity intolerance as evidence by shortness of breath on exertion.	This nursing diagnosis was chosen because patient is morbidly obese so therefore, they are not able exercise like they should.	1. Refer patient to go to physical therapy to help patient become more independent and able to move around more. 2.Refer patient to see a dietitian to help them	1. Patient will lose weight and be able to move around better on their own.	

		lose weight to become more mobile.		

Other References (APA):

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis reference manual*. Wolters Kluwer.

Concept Map (23 Points):

Subjective Data

Blood pressure- 121/85
Respirations- 18
Pulse- 94BPM
Temperature- 96.7F
Oxygen- 92%
WBC- 25.10
Hemoglobin- 10.6
Hematocrit- 34.4
Platelet- 829
Glucose- 102
Creatinine- 1.81

Vaginal Bleeding

Objective Data

Client Information

DOB- 10/04/2024
Client initials- AM
Age- 51
Gender- Female
Race- African American
Occupation- Disability
Marital status- Single
Allergies- N/A
Code- Full
Height- 5'7"
Weight- 421LB 1.3oz

Nursing Diagnosis/Outcomes

1. Ineffective Breathing pattern
2. Impaired Physical Mobility
1. Outcome goal- Patient will not need any oxygen, and will start the exercise program as soon as they
2. Outcome goal- Patient will lose weight, and be able to move around better independently

Ineffective Breathing Pattern
Intervention 1- Give oxygen to patient as ordered.
Intervention 2- Refer patient to be evaluated for an exercise program

Impaired Physical Mobility
Intervention 1- Refer patient to go to physical therapy to help patient become more independent and able to move around more.
Intervention 2- Refer patient to see a dietitian to help them lose weight to become more mobile.

Nursing Interventions