N431 CARE PLAN # 2

Tracy Donaldson

Lakeview College of Nursing

N321: Adult Health II

Dean Lawson

10/24/2024

Demographics

Date of Admission 10/15/24	**Client Initials** F.R.	**Age** 81	**Biological Gender** **Male**
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Married	**Allergies** Actone Sulfa Trelegy Ellipta
Code Status Full Code	**Height** 5'7.5"	**Weight** 187	

Medical History

Past Medical History: Bilateral Cataracts, FUCH's Corneal Dystrophy, GERD, Hypertension, Hyperlipidemia, Osteopenia, Pain of Right Joint, Primary Osteoarthritis of Right Hip, Pulmonary Fibrosis, Systematic Vasculitis, Cell Arteritis on Tocilizumab, Bilateral Carotid Artery Stenosis, Paroxysmal Atrial Fibrillation on Apixaban, History of Gastrointestinal Bleed, Chronic Anemia, Granulomatosis with Polyangiitis, Chronic Kidney Disease Stage 4, Glomerulonephritis, Benign Prostate Hyperplasia, Vitamin B12 Deficiency, Vitamin D Deficiency

Past Surgical History:

Cataract Removal, Colonoscopy 12/30/16 and 1/25/22, Corneal Transplant 6/18/18 and 2/25/19, Cytoscopic Calculus Removal 5/29/21, EGD Colonoscopy 9/18/24, Eye Surgery 2/25/29, Inguinal Hernia Repair 3/22/16, Temporary Artery Biopsy/Ligation 7/11/22, Total Hip Arthroplasty 3/25/19, Ureteroscopy 7/1/21

Family History:

Father-Heart, Brother-Heart, Sister- Heart Sister- Obesity

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):

The patient is a former smoker of 20 years from the years 1961 through 1981 at 1 pack a day. He denies any current or former alcohol and drug use and has never used smokeless tobacco.

Education: The patient has an associate degree from Parkland College.

Living Situation: The patient lives at home with his wife and son in Rantoul, Illinois.

Assistive devices: None

Admission History

Chief Complaint: Shortness of Breath and Hemoptysis

History of Present Illness (HPI)– OLD CARTS

On or around 10/8/24, the patient was displaying low oxygen on his home pulse oximeter and was not feeling well. He stated that feeling unwell "started after his previous hospitalization," so he decided to go to his primary care physician on 10/15/24. The location of the illness was described as "all over and feeling tired and depleted" and the duration was constant. The characteristics used by the patient were "shortness of breath, sweating, and oxygen level going from 85%-89%." The aggravating factors were anytime he moved, and the only relieving factors were lying down and mouth breathing. The timing was always, and the patient stated he had "no pain, but was just tired."

Admission Diagnosis

Primary Diagnosis: Acute Hypoxic Respiratory Failure

Secondary Diagnosis (if applicable): Pulmonary Fibrosis

Pathophysiology

Acute Hypoxic Respiratory Failure

The respiratory system is in charge of breathing and supplying oxygen to the blood, which is necessary for all bodily cells to generate energy and maintain life (Capriotti, 2023). Air enters the body through the nose, down the trachea, splits into two bronchi, and then travels to the lungs (Capriotti, 2023). Each lung's bronchi are separated into smaller tubes called bronchioles, which end in microscopic air sacs known as alveoli (Capriotti, 2023). Alveoli are surrounded by tiny capillaries, where oxygen enters the bloodstream, and carbon dioxide leaves to be eliminated (Capriotti, 2023). When someone exhales, the body releases carbon dioxide, and the cycle repeats when inhaled again (Hinkle & Cheever, 2022). Hypoxia occurs when there is not enough oxygen in the blood to meet the tissues' needs (Capriotti, 2023). The inability of the pulmonary system to adequately remove carbon dioxide results in respiratory failure (Capriotti, 2023). The body needs proper oxygenation for the proper functioning of all the vital organs.

The patient had shortness of breath, low oxygen levels ranging from 85% to 89%, and a fatigued, exhausted feeling, all of which were indicators of acute hypoxic respiratory failure. He said that his symptoms happened anytime he moved, and the only relieving factor was lying down and mouth breathing. The patient also mentioned that he was sweating during any activity.

The primary diagnosis was established in this patient by performing laboratory work, including LDH, which was elevated to 494, showing high lactate. A chest x-ray showed possible atelectasis. The x-ray of the chest also showed fluid at the posterior base of the right lung. The patient's oxygen level was also monitored continuously to show his low oxygen saturation in the blood.

Treatment of his hypoxic acute respiratory failure was continuous oxygen via nasal cannula, lasix to diuresis the fluid from his body, prednisone to help the inflammation, and an antibiotic for the treatment of pneumonia, which was not included in his hospital medications on the care plan due to the treatment being complete.

Pathophysiology References (2) (APA):

Capriotti, T. (2023). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.). F.A. Davis Company.

Hinkle, J. L., & Cheever, K. H. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	242 mg/dL	111 mg/dL	74-100 mg/dL	The patient's glucose is high due to an acute stress response or possibly his prednisone home prescription (Pagana, 2021).
Sodium	126 mmol/L	133 mmol/L	136-145 mmol/L	The patient's sodium is low because of his renal issues (Pagana, 2021).
CO2	18 mmol/L	22 mmol/L	22-29 mmol/L	The patient's CO2 is low because of his renal failure diagnosis (Pagana, 2021).
BUN	85 mg/dL	85 mg/dL	8-26 mg/dL	The patient's BUN is high because of his diagnosis of Glomerulonephritis (Pagana, 2021).
Creatinine	3.08 mg/dL	3.29 mg/dL	0.70-1.30 mg/dL	The patient's creatinine is high because of his diagnosis of Glomerulonephritis (Pagana, 2021).
Calcium	7.1 mg/dL	N/A	8.9-10.6 mg/dL	The patient's calcium is low because of his renal failure (Pagana, 2021).
LDH	494 u/L	N/A	117-278 u/L	The patient's lactate level indicates pulmonary disease (Pagana, 2021).
Total Protein	4.5 g/dL	N/A	6-8 g/dL	The total protein could be low due to an acute infection (Pagana, 2021).
Albumin	2.4 g/dL	N/A	3.4-4.8 g/dL	The albumin could be low due to an acute infection (Pagana, 2021).
INR	1.2 ratio	N/A	0.9-1.1 ratio	The patient's INR is high because of his blood thinner medication (Pagana, 2021).
Prothrombin Time	15.3 sec	N/A	12.1-14.9 sec	The patient's prothrombin time is high because of his blood thinner medication (Pagana, 2021).

RBC	2.0 10^6/uL	2.67 10^6/uL	4.10-5.70 10^6/uL	The patient's RBC is low because of his anemia (Pagana, 2021).
HGB	6.4 g/dL	8.3 g/dL	12-18 g/dL	The patient's HGB is low because of his anemia (Pagana, 2021).
HCT	19.4%	24.5%	37%-51%	The patient's HCT is low because of his anemia (Pagana, 2021).
RDW-SD	18.4%	17.5%	12%-15%	The patient's RDW-SD is high because of his chronic anemia (Pagana, 2021).
Platelet	73 10^3/uL	106 10^3/uL	140-400 10^3/uL	The patient's platelet is low because of his anemia (Pagana, 2021).
Absolute Lymph	N/A	0.85 10^3/uL	1.00-4.90 10^3/uL	The patient's absolute lymph is low because of his immunodeficiency disease of vasculitis (Pagana, 2021).
Absolute Baso	N/A	0.00 10^3/uL	0.01-0.20 10^3/uL	The patient's absolute baso is low due to a stress reaction (Pagana, 2021).
Troponin	359 ng/mL	N/A	<0.1 ng/mL	The patient's troponin level was high upon admittance due to a possible myocardial injury or heart attack (Pagana, 2021). Upon review of further testing, it does not appear that the patient had a heart attack.

Diagnostic Test & Purpose	**Clients Signs and Symptoms**	**Results**
Chest x-ray 10/15/24 The purpose of this test is to get a clear picture of the patient's heart and lungs (Pagana, 2021).	The client had shortness of breath and crackles were heard upon auscultation. He also had low oxygen saturation levels.	The results showed that there could be possible Atelectasis or fluid at the right posterior base of the lung.

ECG 12 Lead 10/16/24 The purpose of this test is to check the electrical signals in the heart (Pagana, 2021).	The client has an abnormal rate and rhythm of his heart upon auscultation due to atrial fibrillation. He also has a history of high blood pressure.	Atrial Fibrillation was shown on the ECG with rapid ventricular response. The S and T waves were also abnormal.
Echocardiogram 10/16 The purpose of this test is to look for any heart problems or disorders (Pagana, 2021).	The patient had an elevated troponin level upon admission to the hospital and abnormal heart activity on the ECG which could signify heart failure.	According to the patient's echocardiography, the left ventricle had grade 1 diastolic dysfunction, low to normal filling pressure, and an ejection fraction of 55–60% with mild tricuspid regurgitation.
CT Chest 10/21/24 The purpose of this test is to see a more detailed picture of the organs and structures inside the chest (Pagana, 2021).	The patient was showing signs of lung and heart problems. The purpose of this test was to provide a comprehensive picture of the situation.	The chest CT scan revealed stable chronic underlying changes and increased lung function.

Diagnostic Test Reference (1) (APA):

Pagana, K., Pagana, T., & Pagana, T. (2021). *Mosby's® diagnostic and laboratory test reference* (15th ed.). Elsevier Inc.

Active Orders

Active Orders	Rationale
Hospital Basic Care Upon Admittance	This order is necessary for the patient to be safe. It includes checking the skin for pressure injuries and other safety precautions.
Cardiac Monitoring x48 hours	This order is due to the patient's heart health history and the elevated troponin level upon admission.
Incentive Spirometer	This order is necessary to keep the patient's lungs clear and to strengthen them.
Weight Daily	This order is necessary to see if the patient is retaining fluid.
Intake/Output Q Shift	This will show if the patient has fluid balance within the body.
Vital Signs Q4 Hours	This order is necessary for the general health of the patient. If the vital signs are showing abnormal it will prompt health professionals to react.
Notify the Physician if oxygen drops <92, B/P <90 or >180, HR <50 or >120, Temp <97 or >100.4, RR <10 or >30	This order is due to the patient's condition of low oxygen.
Pneumatic Compression Stockings	This order will help to prevent Deep Vein Thrombosis.
IV Access- Start Peripheral IV	This order is necessary for quick administration of medications.
Oxygen via nasal cannula- keep O2 sat > 92%	This order is necessary to keep the patient's oxygen level within normal range for his body's health.
Increase activity as tolerated	This order is for the patient to move around as he feels better, which will help with recovery.
Diet Regular	This order is noted because the patient is not on a specific diet; he can have regular food.

Medications

Home Medications (Must List ALL)

Brand/Generic	**Tylenol/ Acetaminophen**	**ProAir HFA/albuterol**	**Eliquis/apixaban**	**aspirin – (acetylsalicylic acid)**	**Lipitor/atorvastatin**
Classification	Pharmacologic: Nonsalicylate para-aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic (NDH, 2023)	Pharmacologic: Adrenergic Therapeutic: Bronchodilator (NDH, 2023)	Pharmacologic: Factor Xa inhibitor Therapeutic: Anticoagulant (NDH, 2023)	Pharmacologic: Salicylate Therapeutic: NSAID (NDH, 2023)	Pharmacologic: HMG-CoA reductase Therapeutic: Antihyperlipidemic (NDH, 2023)
Reason Client Taking	The patient is taking this for mild pain (NDH, 2023).	The patient is taking this to prevent bronchospasms (NDH, 2023).	The patient is taking this to reduce the risk of stroke and blood clots (NDH, 2023).	The patient is taking this to prevent a myocardial infarction (NDH, 2023).	The patient is taking this for his hyperlipidemia (NDH, 2023).
List two teaching needs for the medication pertinent to the client	The patient should know that they may experience abdominal pain (NDH, 2023). The patient should be aware that shortness of breath can occur (NDH, 2023).	The patient should know that they may experience dry mouth (NDH, 2023). The patient should be aware that he needs to shake the canister before use (NDH, 2023).	The patient should know they can crush and mix this medication with juice or water (NDH, 2023). The patient should be aware that it can cause easy bruising (NDH, 2023).	The patient should know they should take this medication with food (NDH, 2023). The patient should be aware that they should not take this medication with ibuprofen or naproxen (NDH, 2023).	The patient should know they may experience indigestion (NDH, 2023). The patient should be aware that urinary frequency is a side effect (NDH, 2023).
Key nursing assessment(s) prior to administration	The nurse should monitor this patient's renal function (NDH, 2023).	The nurse should know that this medication should be used with caution since the patient has a cardiac disorder (NDH, 2023).	Discontinue this medication 48 hours before any patient procedure (NDH, 2023).	The nurse should stop this medication 5 to 7 days before any elective surgery (NDH, 2023).	The nurse should hold this medication if the patient experiences any acute condition of myopathy (NDH, 2023).
Brand/Generic	**Tums/calcium carbonate**	**Coreg/carvedilol**	**Vitamin D3/cholecalciferol**	**Vitamin B-12/cyanocobalamin**	**FML Liquifilm/fluorometholone**
Classification	Pharmacologic: Calcium salts Therapeutic: Antacid Antipyretic, non-opioid analgesic (NDH, 2023)	Pharmacologic: Nonselective beta blocker and alpha-1 blocker Therapeutic: Antihypertensive, heart failure treatment adjunct (NDH, 2023)	Vitamin/Nutritional Supplement (NDH, 2023)	Vitamin/Nutritional Supplement (NDH, 2023)	Pharmacologic: Corticosteroid Therapeutic: Ophthalmic Corticosteroid (NDH, 2023)

Reason Client Taking	The patient is taking this for reflux symptoms (NDH, 2023).	The patient is taking this for his blood pressure (NDH, 2023).	The patient has vitamin D3 deficiency (NDH, 2023).	The patient has vitamin B-12 deficiency (NDH, 2023).	The patient is taking this eye drop for his conditions (NDH, 2023).
List two teaching needs for the medication pertinent to the client	The patient should know that they should take this medication with food (NDH, 2023). The patient should be aware that they should chew the tablet completely (NDH, 2023).	The patient should know that they may experience dizziness (NDH, 2023). The patient should be aware to take this medication with food (NDH, 2023).	The patient should take this daily. The patient should take this with food to avoid nausea. The patient should take this daily for full effect.	The patient should take this daily. The patient should take this with food to avoid nausea.	The patient should know that they should drop this in their eyes (NDH, 2023). The patient should be aware that may need to use this up to 4 times a day (NDH, 2023).
Key nursing assessment(s) prior to administration	Make sure the patient's condition allows him to chew the tablet before administration.	If the patient is going into surgery, this medication is not withheld (NDH, 2023).	The nurse should make sure the patient is not nauseous before giving this vitamin.	The nurse should make sure the patient is not nauseous before giving this vitamin.	Make sure the patient is exposing the conjunctiva of the eyes for proper placement (NDH, 2023).
Brand/Generic	**Lasix/furosemide**	**Xyzal/levocetirizine**	**Melatonin**	**Protonix/ pantoprazole**	**Deltasone/prednisone**
Classification	Pharmacologic: Loop diuretic Therapeutic: Antihypertensive, diuretic (NDH, 2023)	Pharmacologic: H1 receptor antagonist Therapeutic: Antihistamine (NDH, 2023)	Pharmacologic: Sedative/hypnotic Therapeutic: Hormone (NDH, 2023)	Pharmacologic: Proton pump inhibitor Therapeutic: Antiulcer (NDH, 2023)	Pharmacologic: Glucocorticoid Therapeutic: Immunosuppressant (NDH, 2023)
Reason Client Taking	The patient is taking this medication for his edema (NDH, 2023).	The patient is taking this for seasonal allergies (NDH, 2023).	The patient is taking this to help sleep (NDH, 2023).	The patient is taking this for his GERD (NDH, 2023).	The patient is taking this for his lungs and/or his autoimmune condition (NDH, 2023).
List two teaching needs for the medication pertinent to the client	The patient should know that they may experience blurred vision (NDH, 2023). The patient should be aware that dry mouth may occur (NDH, 2023).	The patient should know that they may experience abnormal thinking (NDH, 2023). The patient should be aware this medication may cause palpitations (NDH, 2023).	The patient should know that they may experience headaches (NDH, 2023). The patient should be aware that difficulty concentrating is a side effect (NDH, 2023).	The patient should know to not crush this medication (NDH, 2023). The patient should be aware that he should not take this longer than prescribed (NDH, 2023).	The patient should know that they should take this medication exactly as prescribed (NDH, 2023). The patient should be aware that this medication should be taken with food (NDH, 2023).
Key nursing assessment(s) prior to administration	Monitor the patient's weight while on this medication (NDH, 2023).	Monitor the patient's intake and output (NDH, 2023).	Notify the provider of any changes in sleeping habits.	Monitor the patient for a rash which signifies hypersensitivity (NDH, 2023).	Monitor the patient's intake and output while on this medication (NDH, 2023).

Brand/Generic	Senokot/ sennosides-docusate sodium	Flomax/tamsulosin	Vitamin E-1000/Vitamin E (alpha-tocopherol)	Mepron/atovaquone	Folic acid
Classification	Stool softener	Pharmacologic: Alpha-adrenergic antagonist Therapeutic: Benign prostatic hyperplasia agent (NDH, 2023)	Vitamin/Nutritional Supplement (NDH, 2023)	Pharmacologic: Ubiquinone analogue Therapeutic: Antiprotozoal (NDH, 2023)	Vitamin/Nutritional Supplement (NDH, 2023)
Reason Client Taking	The patient is taking this for constipation (NDH, 2023).	The client is taking this for his Benign prostatic hyperplasia condition (NDH, 2023).	The patient is taking this for his vitamin E deficiency (NDH, 2023).	The patient is taking this to prevent pneumonia (NDH, 2023).	The patient is taking this for his anemia condition (NDH, 2023).
List two teaching needs for the medication pertinent to the client	The patient should not take this if he has rectal bleeding. The patient should not take this if they are nauseous.	The patient should know that they should take this after the same meal every day (NDH, 2023). The patient should not crush the pill (NDH, 2023).	The patient should take this daily. The patient should take this with food to avoid nausea. The patient should take this daily for full effect.	The patient should know that they should take this with food (NDH, 2023). The patient should shake the suspension before taking it (NDH, 2023).	The patient can find folic acid in orange juice. The patient should take this daily for full effect.
Key nursing assessment(s) prior to administration	This medication should not be given if the patient already has loose stools.	If this medication is taken on an empty stomach, it may cause orthostatic hypotension (NDH, 2023).	The nurse should make sure the patient is not nauseous before giving this vitamin.	Monitor serum sodium, hemoglobin, and neutrophil count (NDH, 2023).	Make sure the patient can swallow correctly before administering.

Hospital Medications (Must List ALL)

Brand/Generic	Tylenol/acetaminophen	Eliquis/apixaban	Aspirin	Lipitor/ atorvastatin	Tums/Calcium carbonate	Coreg/carvedilol
Classification	Pharmacologic: Nonsalicylate para-aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic (NDH, 2023)	Pharmacologic: Factor Xa inhibitor Therapeutic: Anticoagulant (NDH, 2023)	Pharmacologic: Salicylate Therapeutic: NSAID (NDH, 2023)	Pharmacologic: HMG-CoA reductase Therapeutic: Antihyperlipidemic (NDH, 2023)	Pharmacologic: Calcium salts Therapeutic: Antacid Antipyretic, non-opioid analgesic (NDH, 2023)	Pharmacologic: Nonselective beta blocker and alpha-1 blocker Therapeutic: Antihypertensive, heart failure treatment adjunct (NDH, 2023)
Reason Client Taking	The patient is taking this for mild pain (NDH, 2023).	The patient is taking this to reduce the risk of stroke and blood clots (NDH, 2023).	The patient is taking this to prevent a myocardial infarction (NDH, 2023).	The patient is taking this for his hyperlipidemia (NDH, 2023).	The patient is taking this for reflux symptoms (NDH, 2023).	The patient is taking this for his blood pressure (NDH, 2023).

List two teaching needs for the medication pertinent to the client	The patient should know that they may experience abdominal pain (NDH, 2023). The patient should be aware that shortness of breath can occur (NDH, 2023).	The patient should know they can crush and mix this medication with juice or water (NDH, 2023). The patient should be aware that it can cause easy bruising (NDH, 2023).	The patient should know they should take this medication with food (NDH, 2023). The patient should be aware that they should not take this medication with ibuprofen or naproxen (NDH, 2023).	The patient should know they may experience indigestion (NDH, 2023). The patient should be aware that urinary frequency is a side effect (NDH, 2023).	The patient should know they should take this medication with food (NDH, 2023). The patient should be aware that they should chew the tablet completely (NDH, 2023).	The patient should know that they may experience dizziness (NDH, 2023). The patient should be aware to take this medication with food (NDH, 2023).
Key nursing assessment(s) prior to administration	The nurse should monitor this patient's renal function (NDH, 2023).	Discontinue this medication 48 hours before any patient procedure (NDH, 2023).	The nurse should stop this medication 5 to 7 days before any elective surgery (NDH, 2023).	The nurse should hold this medication if the patient experiences any acute condition of myopathy (NDH, 2023).	Make sure the patient's condition allows him to chew the tablet before administration.	If the patient is going into surgery, this medication is not withheld (NDH, 2023).
Brand/Generic	**Vitamin D3/cholecalciferol**	**Vitamin B-12/cyanocobalamin**	**FML Liquifilm/fluorometholone**	**Lasix/furosemide**	**Xyzal/ levocetirizine**	**Melatonin**
Classification	Vitamin/Nutritional Supplement (NDH, 2023)	Vitamin/Nutritional Supplement (NDH, 2023)	Pharmacologic: Corticosteroid Therapeutic: Ophthalmic Corticosteroid (NDH, 2023)	Pharmacologic: Loop diuretic Therapeutic: Antihypertensive, diuretic (NDH, 2023)	Pharmacologic: H1 receptor antagonist Therapeutic: Antihistamine (NDH, 2023)	Pharmacologic: Sedative/hypnotic Therapeutic: Hormone (NDH, 2023)
Reason Client Taking	The patient has vitamin D3 deficiency (NDH, 2023).	The patient has vitamin B-12 deficiency (NDH, 2023).	The patient is taking this eye drop for his eye conditions (NDH, 2023).	The patient is taking this medication for his edema (NDH, 2023).	The patient is taking this for seasonal allergies (NDH, 2023).	The patient is taking this to help sleep (NDH, 2023).
List two teaching needs for the medication pertinent to the client	The patient should take this daily. The patient should take this with food to avoid nausea.	The patient should take this daily. The patient should take this with food to avoid nausea.	The patient should know that they should drop this in their eyes (NDH, 2023). The patient should be aware that may need to use this up to 4 times a day (NDH, 2023).	The patient should know that they may experience blurred vision (NDH, 2023). The patient should be aware that dry mouth may occur (NDH, 2023).	The patient should know that they may experience abnormal thinking (NDH, 2023). The patient should be aware this medication may cause palpitations (NDH, 2023).	The patient should know they may experience headaches (NDH, 2023). The patient should be aware that difficulty concentrating is a side effect (NDH, 2023).
Key nursing assessment(s) prior to administration	The nurse should make sure the patient is not nauseous before giving this vitamin.	The nurse should make sure the patient is not nauseous before giving this vitamin.	Make sure the patient is exposing the conjunctiva of the eyes for proper	Monitor the patient's weight while on this medication (NDH, 2023).	Monitor the patient's intake and output (NDH, 2023).	Notify the provider of any changes in sleeping habits.

			placement (NDH, 2023).			
Brand/Generic	**Protonix/pantoprazole**	**Prednisone**	**Senokot/ sennosides-docusate sodium**	**Flomax/tamsulosin**	**Vitamin E-1000/Vitamin E**	**Mepron/atovaquone**
Classification	Pharmacologic: Proton pump inhibitor Therapeutic: Antiulcer (NDH, 2023)	Pharmacologic: Glucocorticoid Therapeutic: Immunosuppressant (NDH, 2023)	Stool softener	Pharmacologic: Alpha-adrenergic antagonist Therapeutic: Benign prostatic hyperplasia agent (NDH, 2023)	Pharmacologic: Therapeutic: (NDH, 2023)	Pharmacologic: Ubiquinone analogue Therapeutic: Antiprotozoal (NDH, 2023)
Reason Client Taking	The patient is taking this for his GERD (NDH, 2023).	The patient is taking this for his lungs (NDH, 2023).	The patient is taking this for constipation.	The client is taking this for his Benign prostatic hyperplasia condition (NDH, 2023).	The patient is taking this for his vitamin E deficiency (NDH, 2023).	The patient is taking this to prevent pneumonia (NDH, 2023).
List two teaching needs for the medication pertinent to the client	The patient should know to not crush this medication (NDH, 2023). The patient should be aware that he should not take this longer than prescribed (NDH, 2023).	The patient should know that they should take this medication exactly as prescribed (NDH, 2023). The patient should be aware that this medication should be taken with food (NDH, 2023).	The patient should not take this if he has rectal bleeding (NDH, 2023). The patient should not take this if they are nauseous (NDH, 2023).	The patient should know that they should take this after the same meal every day (NDH, 2023). The patient should not crush the pill (NDH, 2023).	The patient should take this with food to avoid nausea. The patient should take this daily for full effect.	The patient should know that they should take this with food (NDH, 2023). The patient should shake the suspension before taking it (NDH, 2023).
Key nursing assessment(s) prior to administration	Monitor the patient for a rash which signifies hypersensitivity (NDH, 2023).	Monitor the patient's intake and output while on this medication (NDH, 2023).	This medication should not be given if the patient already has loose stools.	If this medication is taken on an empty stomach, it may cause orthostatic hypotension (NDH, 2023).	The nurse should make sure the patient is not nauseous before giving this vitamin.	Monitor serum sodium, hemoglobin, and neutrophil count (NDH, 2023).
Brand/Generic	**Folic acid**	**Guaifenesin**	**Compazine/ prochlorperazine**	**Metoprolol injection**	**Zofran/ Ondansetron**	**MiraLAX/ polyethylene glycol oral powder**
Classification	Vitamin/Nutritional Supplement	Expectorant	Pharmacologic: Piperazine phenothiazine Therapeutic: Antiemetic (NDH, 2023)	Pharmacologic: Beta-adrenergic blocker Therapeutic: Antianginal antihypertensive (NDH, 2023).	Pharmacologic: Selective serotonin Therapeutic: Antiemetic (NDH, 2023).	Stool softener
Reason Client Taking	The patient is taking this for his anemia (NDH, 2023).	The patient is taking this for chest congestion (NDH, 2023).	The client is taking this to control nausea and vomiting (NDH, 2023).	The patient needs this if his heart rate stays elevated and for his blood pressure (NDH, 2023).	The patient is taking this for nausea (NDH, 2023).	The patient is taking this for constipation (NDH, 2023).

List two teaching needs for the medication pertinent to the client	The patient can find folic acid in orange juice. The patient should take this daily for full effect.	Take this drug only when needed. Contact the provider if symptoms persist.	The patient should know they can take this with or without food (NDH, 2023). The patient should know to avoid excessive sun exposure (NDH, 2023).	The medication can cause dry eyes (NDH, 2023). This medication may cause dry mouth (NDH, 2023).	This medication may cause agitation. (NDH, 2023). This medication has a side effect of dry mouth (NDH, 2023).	The patient should not take this if he has rectal bleeding. The patient should not take this if they are nauseous.
Key nursing assessment(s) prior to administration	Make sure the patient can swallow correctly before administering.	Make sure the patient's chest is still congested before administering.	The nurse should make sure the patient is not in a dementia-related psychosis before administration (NDH, 2023).	Administer medication undiluted over 1 to 2 minutes (NDH, 2023).	Monitor the patient closely for serotonin syndrome (NDH, 2023).	This medication should not be given if the patient already has loose stools.

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Coreg/carvedilol	This is the patient's blood pressure medication. If he stops taking it serious consequences may happen including heart attack or stroke.	**1.** Since the patient already has a cough, this medication is known to increase the cough (NDH, 2023). **2.** Given the patient's eye conditions he should know this medication can cause blurred vision or dry eyes (NDH, 2023).
2. Eliquis/apixaban	This is the patient's blood thinner. It is important to keep his blood thin to prevent clots.	**1.** The patient should know this medication causes easy bruising of the skin (NDH, 2023).. **2.** This medication can cause hemoptysis (NDH, 2023).
3. Prednisone	This is a glucocorticoid to help improve the patient's lung and autoimmune condition. The patient's lungs could worsen without it.	**1.** This medication can raise blood glucose levels (NDH, 2023). **2.** This medication can cause bruising of the skin (NDH, 2023)..

Medications Reference (1) (APA)

2023 nurse's drug handbook (22nd ed.). (2023). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** N/A **Client Complaints or Concerns:**	The patient is a pleasant 81-year-old, A/O x4, and in no acute distress. He was sitting in the hospital chair and welcomed me as a visitor. His overall appearance is well-groomed, and his chief complaint is he "wants the doctors to figure out what is going on because he is ready to go home." His only complaint was still feeling slightly tired, with a cough." Upon listening to the cough, it was loose but not constant.
VITAL SIGNS: **Temp:** 97.8 **Resp rate:** 20 **Pulse:** 93 **B/P:** 149/84 **Oxygen:** 95% **Delivery Method:** Room air	Vital signs are within range except for elevated blood pressure.
PAIN ASSESSMENT: **Time:** 4 pm **Scale:** 0-10 **Location:** N/A **Severity:** 0 **Characteristics:** N/A **Interventions:** N/A	The patient stated that he “is not in any pain and he has not been in any pain since this health issue started.”
IV ASSESSMENT: **Size of IV:** 20 gauge **Location of IV:** Right peripheral forearm **Date on IV:** 10/21/24 **Patency of IV:** Flushed without difficulty **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Transparent, clean, dry, and intact **Fluid Type/Rate or Saline Lock:** Saline lock	There were no indications of erythema, drainage, or anything concerning during the IV evaluation.
INTEGUMENTARY: **Skin color:**	There are no wounds, rashes, jaundice, or cyanosis, and the patient's skin color is typical for

Character: **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 20 **Drains present: Y☐ N ☒** **Type:** N/A	their ethnicity. There is a cardiac monitor on the patient's left upper chest. Bilateral ecchymosis was observed on both arms. The distribution of hair on the body is normal. The turgor shows some tenting, and the skin is slightly cool but dry, and intact. Bilateral edema +1 on both legs.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	There is symmetry between the head and neck. There are no visible lumps, the thyroid cannot be felt, and the trachea is midline. Bilateral carotid pulses are palpable and 2+. The head and neck showed no signs of lymphadenopathy. The patient's ears appeared normal with no drainage present. Both corneas are clear, both sclera are white, the bilateral conjunctiva is pink, and there is no ocular leakage. Both lids are pink, wet, and discharge-free. Both EOMs and PERRLA are intact. The septum is in the center, the nostrils are pink with no obvious deformities. There is no tenderness to the frontal sinuses when palpated. The throat is pink, and there are no signs of issues with the mouth and dentition. .
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:** Both legs bilaterally	Auscultation revealed an irregular tempo and rhythm. There are no gallops, rubs, or murmurs coming from S1 or S2. PMI is evident at the sixth intercostal gap at the MCL. Capillary filling takes less than three seconds, and peripheral pulses can be felt.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Slight crackles are heard in the lungs across the right posterior region. No wheezes or rhonchi were noticed. The respiration rate and pattern are within normal range with equal rise and fall

	of the chest.
GASTROINTESTINAL: **Diet at home:** Regular **Current Diet:** Regular **Is Client Tolerating Diet?** Yes **Height:** 5'7.5" **Weight:** 187 **Auscultation Bowel sounds:** **Last BM:** 10/21/24 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	There are no masses or distention when the abdomen is palpated; it is soft and non-tender. Bowel sounds are normal in all four quadrants. No wounds, drains, incisions, or scars are present.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The patient has no signs of blood or pain when peeing, and the patient's urine is clear and yellow with a normal volume.
Intake (in mLs) 640 mL **Output (in mLs)** 1900 mL	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** Full **Supportive devices:** N/A **Strength:** Normal **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐**	

Fall Score: 9 **Activity/Mobility Status:** **Activity Tolerance:** Normal **Independent (up ad lib)** Independent **Needs assistance with equipment** N/A **Needs support to stand and walk** N/A	All extremities have a complete range of motion. The pushes and pulls on the pedals and hand grips exhibit normal and equal strength. The patient walked with ease and balance.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient is alert and oriented x4 with all questions being answered appropriately. Level of consciousness is alert, mental status is of great cognition, speech was clear, sensory is normal.
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):**	When the patient feels depleted his usual coping method is lying down, being still, and mouth breathing. The developmental level of the patient is normal. When asked about what religion means to him, his response was “It means nothing to me.” The patient spoke openly and freely with me about his family. He is married to a woman who is 47 years old, and he has a 14-year-old son. He expressed some regret for being unable to keep up with his son the way he wanted to because of his age. He also mentioned that people want to judge him and his wife on their marriage because of their age gap. He got emotional a time or two, especially when speaking of his two grown sons, who he has been estranged from since 2008. He said that his wife is very supportive of him and helps him tremendously.

Discharge Planning

Discharge location: The patient will be discharged to his home in Rantoul with his wife and son.

Home health needs: The patient is now receiving room air, but additional oxygen at home is advised due to the patient's history of low oxygen levels.

Equipment needs: An oxygen tank is recommended for the home.

Follow-up plan: The patient is scheduled for a bronchoscopy on 10/22/24. He should also be increasing activity to see if his oxygen is still dropping. When the patient is discharged, he should follow up with his primary physician within a week. He should also continue seeing his specialists regularly.

Education needs: The patient and family should be educated on how to operate and maintain the oxygen delivery equipment, how to spot and report hypoxia or hypercarbia symptoms, how to avoid consequences, and when to get help from a doctor. Everyone in the home should also be educated on keeping the oxygen tank away from heat sources.

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

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	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Ineffective breathing pattern related to the	The patient was admitted for respiratory issues, was still	The patient will achieve maximum	**1.** Assist patient into comfortable position,	The patient will be provided with sufficient

patient's pulmonary congestion as evidenced by the loose cough (Phelps, 2023).	showing signs of a cough, and admitted being tired. The patient needs to be able to breathe deeper and expel.	lung expansion with adequate ventilation (Phelps, 2023). *This will be proven by using an incentive spirometer 10 times per day with no issues to achieve lung expansion by the 3rd day.*	such as elevating the head of the bed to allow for chest expansion (Phelps, 2023).	ventilation and will exhibit maximum lung expansion. (Phelps, 2023). *He currently was sitting in his chair during my assessment allowing for chest expansion. This should be evaluated every 2 hours and documented that he is in the correct position.*
			2. Observe for signs of respiratory distress such as nasal flaring or use of accessory muscles for breathing (Phelps, 2023).	The patient will verbalize, or through actions, feel comfortable when breathing (Phelps, 2023). *The patient was not in respiratory distress during my assessment. This should be checked every 4 hours and be documented and reported to the physician.*
2. Excess fluid volume related to the patient's pulmonary congestion as evidenced by the +1 edema in both legs (Phelps, 2023).	The patient is still retaining fluid, as evidenced by the leg edema. Fluid balance in his body is necessary for homeostasis.	The patient will return to baseline weight (Phelps, 2023). *The patient will lose 1 pound per day over the next 10 days by taking his diuretic intake to achieve the goal weight.*	**1.** Monitor vital signs and breath sounds every 4 hours (Phelps, 2023).	The patient's vital signs will be checked every 4 hours and remain within normal limits (Phelps, 2023). *The patient's vital signs were checked and showed a slightly elevated blood pressure. This should be continuous and report to the physician*

				of any changes.
			2. Monitor strict intake, output, and specific gravity every 4 hours (Phelps, 2023).	The patient will have his fluid intake and output monitored and remain within established limits (Phelps, 2023). *This was not accomplished during my shift due to time constraints. However, his intake and outputs were being measured and should be documented at the time he urinates and the time of drinking or eating.*
3. Impaired skin integrity related to the patient's fluctuation in fluid retention as evidenced by the patient's skin turgor, ecchymosis, and edema (Phelps, 2023).	The patient's skin is thin and can easily have impaired skin integrity, leading to other complications.	The patient will not have any skin breakdown (Phelps, 2023). *The patient will not have any signs of redness or breakdown, and the skin will be intact over the next week.*	**1.** Inspect the patient's skin every 8 hours and document findings (Phelps, 2023).	The patient's skin will be inspected, and it will not have any skin breakdown (Phelps, 2023). *The patient's skin was free from breakdown during my assessment time with him, but this should be checked every 8 hours, and the findings should be documented.*
			2. Change the position of the patient every 2 hours (Phelps, 2023).	The patient will be turned or moved every 2 hours to reduce pressure and improve circulation

				(Phelps, 2023). *The patient did not need to turn during my shift because he was sitting in a chair through my assessment. However, this should be documented every 2 hours on what position he was turned to.*
4. Impaired gas exchange related to the patient's low oxygen level as evidenced by past readings on the pulse oximetry at 85% upon admission (Phelps, 2023).	The patient exhibited deficient oxygen levels upon arrival at the Emergency Department. Although he is currently on room air, it should be monitored because his oxygen level could drop upon exertion.	Without suffering dyspnea or extreme exhaustion, the patient will exercise and carry out ADLs (Phelps, 2023). *The patient will be able to carry out ADLs without difficulty within 3 days.*	**1.** Administer and monitor oxygen therapy as prescribed (Phelps, 2023). **2.** Have the patient turn, cough, and breathe every 4 hours to prevent fluid buildup and enhance blood oxygen level (Phelps, 2023).	The patient will not show any signs of dyspnea (Phelps, 2023). *During my time with the patient, there were no signs of shortness of breath. However, this should be checked consistently throughout the shift and his oxygen levels reported to the physician,* The patient will have normal breath sounds upon auscultation (Phelps, 2023). *This was not accomplished during my shift due to time constraints. His lungs will need to be auscultated to see if his breath sounds are normal and document the findings every 4 hours.*

Other References (APA):

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