N321 CARE PLAN #2

Taylor Spelman

Lakeview College of Nursing

N321: Adult Health I

Kristal Henry

October 25, 2024

Demographics

Date of Admission 10/18/24	**Client Initials** N.S	**Age** 70	**Biological Gender** F
Race/Ethnicity White/Caucasian	**Occupation** Retired	**Marital Status** Widowed	**Allergies** Penicillin, Aspirin
Code Status Full Code	**Height** 5’2	**Weight** 176 lbs.	

Medical History

Past Medical History: arthritis, bipolar I disorder, cervical cancer, chronic kidney disease, GERD, hypothyroidism, macrocytic anemia

Past Surgical History: cardiac catheterization (8/5/20), colonoscopy (1/30/23), dilation and curettage of uterus, hip surgery (5/3/17), inguinal hernia

Family History: mother deceased (breast cancer), father deceased (skin cancer), sister alive (skin cancer), deceased brother

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): former cigarette user quit 4/22/13, alcohol use 4-5 beers a week.

Education: No education charted. Patient did not state their highest level of education.

Living Situation: Lives in apartment in Danville, IL with her son

Assistive devices: Uses cane at home

Admission History

Chief Complaint: lower back pain

History of Present Illness (HPI)– OLD CARTS:

Patient stated she came to the ER due to experiencing lower back pain. It started the morning she came into the ER which was admission date of 10/18/24. She stated that it was

continuous throughout the whole day of the admission date. Patient described the pain as a stabbing pain, and it stayed in the same spot the whole time which was mostly on the right side of her lower back. Lying on the opposite side made the pain feel a little better and laying on the right side made the pain worse. Standing and any other positions had the same amount of pain. She took pain meds to try and alleviate the pain and rated the pain a 6 on a numeric scale of 1-10.

Admission Diagnosis

Primary Diagnosis: Pneumonia

Secondary Diagnosis (if applicable): N/A

Pathophysiology

The infection of the lung tissue known as pneumonia causes purulent, inflammatory cells and fibrin to fill the alveolar air gaps. The most common cause is normally because of an infection of bacteria or any type of virus. According to Capriotti (2020), “Aspiration pneumonia is commonly caused by anaerobic bacteria swallowed from the oropharynx. Some pathogens, particularly *Staphylococcus* species, may be spread via the bloodstream to the lungs" (Capriotti & Frizell, 2020, p. 484).

Macrophages are the antigens cells that protect the lungs. The National Library of Medicine states, “once the macrophages are triggered, they engulf those pathogens but also alarm signal molecules or cytokines like TNF-a, IL-8, and IL-1, which then will recruit the neutrophils to the site of infection" (Jain et al., 2022).

There are a few symptoms that are sudden onsets of pneumonia. A cough, fever and chills, pleuritic chest pain, and dyspnea as a few of the onset symptoms of pneumonia (Capriotti & Frizzell, 2020). There are some other symptoms that are mentioned in the textbook that are

specified as nonspecific symptoms. If a patient comes in, on the physical exam itself, you will more than likely see the patient presenting a fever, tachycardia, tachypnea, use of accessory muscles when breathing, and in some cases possibly cyanosis (Capriotti & Frizzell, 2020, p. 485).

There are a few ways to determine if one may have pneumonia. The most common diagnostic test that is done is a chest X-ray, as it is the most important (Capriotti & Frizzell, 2020). Both a viral and bacterial illness may be suggested by CBC with differential. Oxygenation can be seen using pulse oximetry. Antibiotic susceptibility and the organism can be shown by sputum sensitivity and culture. To try to identify the origin of your pneumonia, your doctor may run tests that assess lung function, evaluate blood or other bodily fluids, and check your lungs for indications of infection (Cleveland Clinic, 2022). For Legionella and S. pneumoniae, testing for sputum, serum, and urine antigens are available (Capriotti & Frizzell, 2020).

This patient did not come in with any specific symptoms relating to pneumonia, instead she came in with lower back pain. On the other hand, some of the admission labs came back abnormal which could have been the reason a chest X-ray and CT scan was done. A chest X-ray and CT scan were done on this patient. These tests were the determinant of the diagnosis of pneumonia. The severity of your condition and whether your pneumonia is bacterial, viral, or fungal will determine how you are treated (Cleveland Clinic, 2022). Since the cause is frequently unknown, the goal of treatment is to control symptoms and prevent worsening of the condition. The patient has been prescribed antibiotics to treat the pneumonia that is present.

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concept and clinical perspectives.* (2nd ed.). F.A. Davis Company.

Cleveland Clinic. (2022, November 15). *Pneumonia*. Cleveland Clinic; Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/4471-pneumonia

Jain, V., & Bhardwaj, A. (2022). *Pneumonia pathology*. National Library of Medicine; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK526116/

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	136 mmol/L	135 mmol/L low	136-145 mmol/L	Sodium levels can decrease because of antidepressants (Pagana et al., 2021). This patient is taking multiple medications for depression which is why you may see a decrease in sodium levels.
CO2 venous	22 mmol/L	19 mmol/L low	22-30 mmol/L	Since the patient has pneumonia, the fluid buildup in the lungs make it difficult to remove the CO2 making the levels to be low (Pagana et al., 2021).
Creatinine	1.20 mg/dL high	1.06 mg/dL high	0.60-1.00 mg/dL	Creatinine measures the amount of creatinine in your blood and urine to assess renal function (Cleveland Clinic, 2023). Your kidneys normally filter the waste product creatinine out of your

				blood. Kidney disease may be indicated by abnormal creatinine levels. This patient has a past medical history of chronic kidney disease causing this lab to be abnormal.
GFR	49 low	57 low	>=60	Because the patient has chronic kidney illness, this lab is abnormal. Low values suggest that your kidneys are not functioning at their best (National Kidney Disease, 2024). Given that the patient does have chronic kidney illness, this would make sense for him.
BUN	8 low	9 low	12-20 ratio	Although the patient does not have directly related reasons of why this lab could be low there is still a rationale that can be made. A low BUN level could be low due to liver disease (Cleveland Clinic, 2022). This patient has a past medical history of hypothyroidism which can affect the liver enzymes. Since the thyroid and liver hormones interact, if the thyroid gland is not producing enough, it can cause abnormalities with the liver enzymes causing the BUN level to be decreased.
RBC	3.38 mcL low	2.63 mcL low	3.80-5.30 mcL	Being anemic can be a factor of why RBC levels are decreased (Pagana et al., 2021). This patient has a past medical history of macrocytic anemia which is why you will see a

				decreased count of RBC. She does not produce enough red blood cells with being anemic.
MPV	7.0 fL low	7.5 fL low	9.7-12.4 fL	One of the numerous acute-phase reactants that are set off in inflammatory diseases like pneumonia is reactive thrombocytosis, which causes a rise in platelets and a fall in mean platelet volume which is MPV (Elmeazawy et al., 2024). Since pneumonia is inflammation of the lungs, this rationale would make sense as to why the lab is low.
Neutrophils	90.4% high	57.2%	47.0-73.0%	Neutrophils, the cell type most frequently linked to the onset of severe illness, are essential to the progression of pneumonia (Grudzinska et al., 2020). Neutrophils travel straight to the infection site, where they gather in large quantities and release an outpouring of antimicrobial agents meant to contain and kill the infection. This patient was diagnosed with pneumonia which is inflammation of the lungs and a bacterial infection.
Lymphocytes	7.2% low	29.5%	18.0-42.0%	The admission value was low, making this an indication of the pneumonia diagnosis. Low lymphocytes, or lymphopenia, can occur in patients with pneumonia as a result of the infection's complicated

				immunological response (National Heart, Lung, and Blood Institute [NHLBI], n.d.). Lymphopenia can be a cause or symptom of infections like a cold or in this case pneumonia.
Monocytes	1.7% low	8.2%	4.0-12.0%	A low monocyte count may result from certain illnesses, therapies, or experiences that reduce your total white blood cell count (Brennan, 2021). They are a component of your immune system that keeps you healthy. The low monocyte count can be explained by the fact that pneumonia is the immune system's reaction to a lung infection.
Absolute lymphocytes	0.50 mcL low	1.80 mcL	1.30-3.20 mcL	Low absolute lymphocyte count can be due to the fact that the value of lymphocytes is low and has the same rationale as to why the count could be low.
Absolute monocytes	0.10 mcL low	0.50 mcL	0.20-1.00 mcL	The number of monocytes in your blood is indicated by an absolute monocyte count (Brennan, 2021). This makes sense as to why this count is low due to the admission value of monocytes was low as well.
GFR est. Nonafrican	44 low	51 low	>=60	A blood test called the Estimated Glomerular Filtration Rate (eGFR) gauges how effectively your kidneys are functioning (Cleveland Clinic, 2021). This lab value may be low because

				the patient has a history of kidney illness.
GFR est. African	54 low	>=60	>=60	One blood test that gauges how well your kidneys are functioning is the Estimated Glomerular Filtration Rate, or eGFR (Cleveland Clinic, 2021). Because of the patient's prior medical history of kidney illness, this lab value may be decreased.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
CT abdomen (10/18/24)	No signs and symptoms specific for this diagnostic. She has a past medical history of a hernia so this could have been done as a follow up.	Both the left lower lobe and the lingual region have extensive nodular infiltrations from infectious and inflammatory possibilities. Non-calcified nodules measuring 0.3–0.4 cm was observed in the middle and lower right lobes. A hiatal hernia was also present. The esophagus was somewhat dilated and filled with fluid. Bowel gas that is not obstructive. The abdominal and pelvic regions were clear of air and fluid. Sludge or tiny stones caused the gallbladder to become denser. The spleen and liver displayed calcified clusters of white blood cells.
Chest X-ray (10/18/24)	No specific signs and symptoms were	Chronic obstructive

	presented.	pulmonary disease was discovered to be associated with emphysema. Lung infiltrates the left lower lobe. Pneumonic process compatible.

Diagnostic Test Reference (1) (APA):

Brennan, D. (2021, April 14). *What to Know About High Monocyte Count*. WebMD. https://www.webmd.com/a-to-z-guides/what-to-know-about-high-monocyte-count

Cleveland Clinic. (2022, November 29). *Blood urea nitrogen (BUN) test | cleveland clinic*. Cleveland Clinic. https://my.clevelandclinic.org/health/diagnostics/17684-blood-urea-nitrogen-bun-test

Cleveland Clinic. (2023, November 27). *Creatinine Levels: Test, Range & Symptoms of High Creatinine*. Cleveland Clinic. https://my.clevelandclinic.org/health/diagnostics/16380-creatinine-clearance-test

Cleveland Clinic. (2021, June 17). *Estimated Glomerular Filtration Rate (eGFR): Definition & Results*. Cleveland Clinic. https://my.clevelandclinic.org/health/diagnostics/21593-estimated-glomerular-filtration-rate-egfr

Grudzinska, F. S., Brodlie, M., Scholefield, B. R., Jackson, T., Scott, A., Thickett, D. R., & Sapey, E. (2020). Neutrophils in community-acquired pneumonia: parallels in dysfunction at the extremes of age. *Thorax*, *75*(2), 164–171. https://doi.org/10.1136/thoraxjnl-2018-212826

(2024). Kidney.org. https://www.kidney.org/kidney-failure-risk-factor-estimated-glomerular-filtration-rate-egfr

Lymphopenia - Symptoms | NHLBI, NIH. (n.d.). Www.nhlbi.nih.gov. https://www.nhlbi.nih.gov/health/lymphopenia/symptoms

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

Rehab Elmeazawy, Osama Toema, & Mobarak, A. (2024). Mean platelet volume and D-dimer as predictors for complicated community-acquired pneumonia in hospitalized children. *Egyptian Pediatric Association Gazette*, *72*(1). https://doi.org/10.1186/s43054-024-00253-7

Active Orders

Active Orders	Rationale
OT evaluate and treat	Left lower lobe pneumonia, weakness, lower back pain
PT evaluate and treat	Weakness, lower back pain, left lower lobe pneumonia
Incentive spirometer	This was a one-time order on 10/18. This can help improve the lungs especially since the pt was diagnosed with pneumonia.
Insert/ maintain IV	Monitors patient, push medications. All patients must have an IV present.
Notify physician	Notify physician of any major changes in patient
Up in chair	2x daily to enhance lung expansion and inactivity.

Elevate HOB	This reduces the risk of aspiration but also to open up the diaphragm and improve oxygenation. This is as much as the patient is comfortable.
Intake/output	The patient could be at risk for dehydration. Also, some antibiotics can cause a low urine output, so monitoring the intake and output keeps track of what the patient is voiding. Antibiotics can also cause diarrhea so monitoring the output pf stool is important.

Medications

Home Medications (Must List ALL)

Brand/ Generic	omeprazole (Prilosec) 40mg capsule before breakfast	sumatriptan (Imitrex) 100mg tablet	duloxetine hydrochloride (Cymbalta) 30mg capsule every morning	sertraline (Zoloft) 50mg tablet daily	gabapentin (Neurontin) 100 mg capsule 2x daily	
Classification	Pharmacologic class: Proton pump inhibitor	Pharmacologic class: Serotonin 5-HT1-receptor	Pharmacological class: Selective serotonin and norepinephrin	Pharmacological class: Selective serotonin reuptake	Pharmacologic class: 1-amino-methyl cyclohexaneacetic acid	

	Therapeutic class: Antiulcer (Jones and Bartlett, 2023).	agonist Therapeutic class: Antimigraine (Jones and Bartlett, 2023).	e reuptake inhibitor Therapeutic class: Antidepressant, neuropathic and musculoskeletal pain reliever (Jones and Bartlett, 2023).	inhibitor (SSRI) Therapeutic class: Antianxiety, antidepressant, antiobessive-compulsant, antipanic, antiposttraumatic stress, antipremenstraual dysphoric (Jones and Bartlett, 2023).	Therapeutic class: Anticonvulsant (Jones and Bartlett, 2023).	
Reason Client Taking	Treat GERD (Jones and Bartlett, 2023).	To relieve acute migraine attacks (Jones and Bartlett, 2023).	To treat major depressive disorder (Jones and Bartlett, 2023).	To treat major depression (Jones and Bartlett, 2023).	Treat nerve pain (NHS, 2021).	
Key nursing assessment(s) prior to administration	Monitor pt renal function (Jones and Bartlett, 2023).	Assess pt for chest pain and arrythmias Don't give sumatriptan within 24 hours of another drug in this class (Jones and Bartlett, 2023).	Obtain blood pressure Watch for suicidal thinking or behavior (Jones and Bartlett, 2023).	Don't give if pt is bradycardic Watch for suicidal tendencies (Jones and Bartlett, 2023).	Check allergic reactions Monitor pt for behavioral changes (Mayo Clinic, 2019).	
Brand/ Generic	amitriptyline (Elavil)	levothyroxine sodium	quetiapine (Seroquel)	pantoprazole (Protonix)		

	50mg tablet nightly	(Synthroid) 75mcg tablet every morning before meals	200mg tablet nightly	40mg tablet daily		
Classification	Pharmacological class: Tricyclic antidepressant Therapeutic class: Antidepressant (Jones and Bartlett, 2023).	Pharmacological class: Synthetic thyroxine Therapeutic class: Thyroid hormone replacement (Jones and Bartlett, 2023).	Pharmacological class: Dibenzodiazepine Therapeutic class: Antipsychotic (Jones and Bartlett, 2023).	Pharmacological class: Proton pump inhibitor Therapeutic class: Antiulcer (Jones and Bartlett, 2023).		
Reason Client Taking	To relieve depression when accompanied by anxiety (Jones and Bartlett, 2023).	To treat hypothyroidism (Jones and Bartlett, 2023).	Treat bipolar I disorder (Jones and Bartlett, 2023).	Treat GERD (Jones and Bartlett, 2023).		
Key nursing assessment(s) prior to administration	Watch for suicidal tendencies Monitor blood pressure for hypertension or hypotension (Jones and Bartlett, 2023).	Assess thyroid hormone levels and function (NHS, 2021).	Monitor pt for suicidal tendencies Monitor for orthostatic hypotension (Jones and Bartlett, 2023).	Monitor PT and INR Monitor pt urine output (Jones and Bartlett, 2023).		
Brand/ Generic						

Classification						
Reason Client Taking						
Key nursing assessment(s) prior to administration						

Hospital Medications (Must List ALL)

Brand/Generic	amitriptyline (Elavil) 50mg tablet nightly	azithromycin (Zithromax) 500mg tablet daily	cefdinir (Omnicef) 300mg capsule 2x daily	cyclobenzaprine (Flexeril) 5mg tablet 3x daily	enoxaparin (Lovenox) injection 40mg daily	
Classification	Pharmacological class: Tricyclic antidepressant Therapeutic class: Antidepressant (Jones and Bartlett, 2023).	Pharmacological class: Macrolide Therapeutic class: Antibiotic (Jones and Bartlett, 2023).	Pharmacological class: Third-generation cephalosporin Therapeutic class: Antibiotic (Jones and Bartlett, 2023).	Pharmacological class: Tricyclic anti-depressant agent Therapeutic class: Skeletal muscle relaxant	Pharmacological class: Low-molecular-weight heparin Therapeutic class: Anticoagulant	
Reason Client Taking	To relieve depression when accompanied	To treat pneumonia (Jones and	Treat pneumonia (Jones and	As adjunct to rest and relief of muscle	Prevent DVT (Jones and	

	by anxiety (Jones and Bartlett, 2023).	Bartlett, 2023).	Bartlett, 2023).	spasm and pain. Muscle relaxer (Jones and Bartlett, 2023).	Bartlett, 2023).	
Key nursing assessment(s) prior to administration	Watch for suicidal tendencies Monitor blood pressure for hypertension or hypotension (Jones and Bartlett, 2023).	Obtain culture and sensitivity test results (Jones and Bartlett, 2023).	Monitor pt for allergic reaction to penicillin (Jones and Bartlett, 2023).	Take safety precautions to prevent falls Make sure pt has no history of seizures (Jones and Bartlett, 2023).	Check serum potassium levels Watch for bleeding (Jones and Bartlett, 2023).	
Brand/Generic	fluticasone (Flonase) nasal spray 2 sprays each nostril	gabapentin (Neurontin) 100mg capsule 2x daily	levothyroxine (Synthroid) 75mcg tablet every morning before meals	pantoprazole (Protonix) 40mg tablet daily	quetiapine (Seroquel) 200mg tablet nightly	
Classification	Pharmacological class: Corticosteroid Therapeutic class: Antihistaminic, anti-inflammatory (Jones and Bartlett, 2023	Pharmacologic class: 1-amino-methyl cyclohexane acetic acid Therapeutic class: Anticonvulsant (Jones and Bartlett, 2023	Pharmacological class: Synthetic thyroxine Therapeutic class: Thyroid hormone replacement (Jones and Bartlett, 2023).	Pharmacological class: Proton pump inhibitor Therapeutic class: Antiulcer (Jones and Bartlett, 2023).	Pharmacological class: Dibenzodiazepine Therapeutic class: Antipsychotic (Jones and Bartlett, 2023).	

Reason Client Taking	Treat allergies (Jones and Bartlett, 2023	Treat nerve pain (NHS, 2021).	To treat hypothyroidism (Jones and Bartlett, 2023).	Treat GERD (Jones and Bartlett, 2023).	Treat bipolar I disorder (Jones and Bartlett, 2023).	
Key nursing assessment(s) prior to administration	Assess respiratory status (Jones and Bartlett, 2023	Check allergic reactions Monitor pt for behavioral changes (Mayo Clinic, 2019).	Assess thyroid hormone levels and function (NHS, 2021).	Monitor PT and INR Monitor pt urine output (Jones and Bartlett, 2023).	Monitor pt for suicidal tendencies Monitor for orthostatic hypotension (Jones and Bartlett, 2023).	
Brand/Generic	acetaminophen (Tylenol) 650mg tablet PRN					
Classification	Pharmacological class: Nonsalicylate, para-aminophenol derivative Therapeutic class: Antipyretic, nonopioid analgesic (Jones and Bartlett, 2023).					
Reason Client Taking	Treat pain (Jones and Bartlett, 2023).					

Key nursing assessment(s) prior to administration	Monitor renal function Monitor liver function tests, AST, ALT, bilirubin and creatinine levels. (Jones and Bartlett, 2023).					

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Cefdinir	Antibiotic to treat community acquired pneumonia	1. dry mouth 2. drowsiness (Jones and Bartlett, 2022).
2. Azithromycin	Antibiotic to treat community acquired pneumonia	1. nausea 2. abdominal pain (Jones and Bartlett, 2022).
3. Acetaminophen	Patient is continuously experiencing pain. This helps alleviate the pain.	1. fatigue 2. hypotension (Jones and Bartlett, 2022).

Medications Reference (1) (APA)

Fluticasone nasal spray. (n.d.). Cleveland Clinic.

https://my.clevelandclinic.org/health/drugs/18853-fluticasone-nasal-spray

Gabapentin (Oral Route) Description and Brand Names - Mayo Clinic. (2019). Mayoclinic.org. https://www.mayoclinic.org/drugs-supplements/gabapentin-oral-route/description/drg-20064011

Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (22nd ed.).

NHS. (2021, December 9). *About gabapentin*. Nhs.uk. https://www.nhs.uk/medicines/gabapentin/about-gabapentin/

NHS. (2021, December 17). *Levothyroxine*. NHS. https://www.nhs.uk/medicines/levothyroxine/

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	Patient is A/O x4 with no distress. Patient is well groomed. No infection control precautions in place. Patient complains of pain in her right leg.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	0800: temp 97.5 F, resp rate 18, pulse 71, B/P 117/61, O2 sat 97%. Room air 1100: temp 97.3 F, resp rate 18, pulse 67, B/P 114/57, O2 sat 98%. Room air
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	0846: Patient complains of right leg pain that starts in her hip and goes throughout her leg. Rates pain an 8 on a numeric scale out of 10. She describes the pain as stabbing, and it hurts to move the leg. We administered pain medications to her.
IV ASSESSMENT: **Size of IV:**	Patient had an IV on her right wrist. Size was a 22G. No date was marked on the IV site, but on

Location of IV: **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	chart it had 10/20/24. IV was wrapped in coband and normal patency. IV was clean and intact. No signs of erythema or drainage. Saline lock.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin color was appropriate for patient. Skin was thin and had wrinkles. Warm to touch with no rashes, bruises, or wounds. Normal skin turgor. Braden score of 22. No drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is symmetrical and normocephalic. No tenderness or visible or palpable masses. Ear canal is skin colored with some earwax. Eardrum is translucent and light grey. Hair is of normal texture and evenly distributed. EOM are intact, PERRLA. 4mm size pupils. Nasal mucosa is pink and moist. Nasal septum is midline. Poor oral hygiene. Conjunctiva white. Oral cavity is pink and moist. Doesn't have any teeth.
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: N/A**	Heart sounds were hard to hear but S1 and S2 present. Normal cardiac rhythm. Peripheral pulses present and palpable. Capillary refill less than 3 seconds. No neck vein distention. No edema present.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Decreased breath sounds bilaterally in the lungs. No accessory muscle use. Some wheezing heard in the lungs.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height:**	Patient does not have a specific diet at home. She is not on any diet while at the hospital. Patient is 5'2 and weighs 176 pounds. Bowel sounds are hypoactive. Has some pain when palpating the RLQ. No masses present when

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:**	palpating. Last bowel movement was the morning of October 21st. No distention, incisions, scars, drains, or wounds present. Patient does not have an ostomy, nasogastric, or feeding tubes.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Normal urine color. Yellow and clear of particles or anything in urine. Patient is continent and uses the bathroom. Voided 240 mL was charted. Patient states no pain while urinating. Genitals are clean. No catheter and no dialysis**.**
Intake (in mLs) **Output (in mLs)**	Intake: 840 mL Output: 240 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**	Neurovascular status appropriate for patient. Normal ROM. Uses a cane, gait belt, and walker to ambulate. Patient is weaker in the lower extremities. Upper extremities equal strength. Patient uses assistance. Patient is a fall risk with a fall score of 78. Patient is waiting to be evaluated for activity/mobility status from physical therapy and OT. Walked well but a little unstable when first standing up with 1 assist when ambulating to the bathroom. Patient needs assistance to support herself when walking or standing. No help needed with

	equipment.
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient moves all extremities well when lower extremity is not in pain. PERRLA. Equal strength in upper extremities and sometimes in lower extremities when pain is not present. Patient is A/O x4. Speech is hard to understand due to patient having no teeth, she mumbles. Patient is normal LOC. Normal sensation. Mental status normal and appropriate for pt.
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):**	Patient likes to watch her shows at her own residence as a coping method. Developmental level is appropriate for pt. Patient is no specific religion. She lives with one of her sons in an apartment. She has a sister around the Chicago area who she doesn't see much but they talk on the phone. She doesn't see her brother much. Has grandkids.

Discharge Planning

Discharge location: Back home to her apartment

Home health needs: Outpatient physical therapy

Equipment needs: Supportive devices like a walker

Follow up plan: Follow up with progress of physical therapy if pt is attending therapy sessions. Also follow up with progress and may need another chest X-ray to check on progress of the pneumonia and ensure the infection is clearing.

Education needs: Fall risk safety. Preventive measures that can be done to reduce the risk of falling.

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. Impaired gas exchange related to medical diagnosis of pneumonia as evidence by positive infiltrate in chest X-ray (Phelps, 2023).	I chose this nursing diagnosis because it is important to keep in mind the ABC's and in this patient, it is important that the patient has an effective airway.	Patient will not experience dyspnea before being discharged (Phelps, 2023).	**1.** Elevate the head of the bed to place the patient in the best position to expand the chest to enhance gas exchange (Phelps, 2023). **2.** Administer and monitor oxygen therapy (Phelps, 2023).	Patient was cooperative with the interventions and agreed to complete.
2. Activity Intolerance related to weak lower extremities as evidence by patient being a fall risk (Phelps, 2023).	I chose this diagnosis because the patient expressed, she likes to lay around which decreases the amount of activity that is being done. She is also a fall risk so that can lead to more problems if proper care is not being one to strengthen her	Patient will ambulate down the hall and back one time twice a day. (Phelps, 2023).	**1.** Start physical therapy with patient (Phelps, 2023). **2.** Patient will get out of bed twice a day (Phelps, 2023).	Patient was hesitant to the interventions but understood the importance and reasoning.

	lower extremities.			
3. Knowledge deficit related to misunderstanding of ways to prevent diagnosis as evidence by patient not understanding pneumonia process (Phelps, 2023).	I chose this diagnosis because the patient did not understand how she got pneumonia. She was not taking precautions to prevent the diagnosis.	Patient will be able to identify 3 risk factors of their disease process before discharge. (Phelps, 2023).	1. Educate patient om importance of hand hygiene (Phelps, 2023). **2.** Encourage patient to get vaccinated (Phelps, 2023).	Patient was cooperative and used active listening. Patient was open to interventions**.**

Other References (APA):

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