

**N311 Care Plan 4**

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N311: Foundations of Professional Practice

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### Demographics (5 points)

<b>Date of Admission</b> 10/30	<b>Client Initials</b> SS	<b>Age</b> 70	<b>Gender</b> F
<b>Race/Ethnicity</b> Black, non-Hispanic	<b>Occupation</b> n/a	<b>Marital Status</b> unknown	<b>Allergies</b> (listed below)
<b>Code Status</b> FULL	<b>Height</b> 5'7	<b>Weight</b> 73.8 kg (162lbs, 11.2oz)	

#### Allergies:

- Iodine- High, SOB
- Moxifloxacin – High, SOB
- ACE Inhibitor – not specified, Cough
- Aspirin-dipyridamole – Low, Rash
- Clindamycin – Low, Rash
- Penicillin – Low, Rash
- Sulfonamide antibiotics – Low, Rash
- Valdecoxib – Low, Rash

### Medical History (5 Points)

(unable to obtain some information due to patients' factor)

**Past Medical History:** systemic lupus erythematosus organ, system involvement unspecified, lupus, hypertension, hyperlipidemia, L breast cancer, bipolar disorder, GERD, restrictive lung disease, dementia

**Past Surgical History:** L breast mastectomy, thoracentesis

**Family History:** no pertinent family history

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

- Patient does not smoke nor drink

### Admission Assessment

**Chief Complaint (2 points):** Abnormal Lab

**History of Present Illness – OLD CARTS (10 points):** Patient was admitted to the ER at St.

Mary Hospital in Decatur from 10/5 – 10/18 for UTI related complications. She had labs drawn

up for a follow-up that revealed worsening generalized weakness and leukocytosis with elevated WBC and was then referred to the ER. SS presented to the ER with physical deconditioning, UTI complications with sepsis, and was found to have large right pleural effusion with atelectasis resulting in a thoracentesis where 750cc of exudative fluid was removed. A chest tube was placed 10/9 and removed on 10/12. A CT and X-ray was ordered revealing worsening of R pleural effusion with new hydropneumothorax throughout both lungs. She was transferred to Carle Foundation Hospital for further management on 10/30 because of empyema. Location is generalized with evolving duration. Pain assessment is unable to be obtained due to patients' factors of altered mental status and dementia. Abnormal labs are related to diagnosis of empyema. There is currently no relief for the condition however a chest tube and antibiotics were used as treatment.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Pleural effusion; empyema of R lung

**Secondary Diagnosis (if applicable):** Hydropneumothorax with worsening of R pleural effusion

### **Pathophysiology**

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

A pleural effusion is an abnormal collection of fluid within the pleural cavity that compresses lung tissue and inhibits lung inflation (Capriotti, 2020). It is commonly edematous fluid that may be exudate, transudate, purulent, lymph or sanguineous (bloody), that accumulates within the pleural space because of heart failure, severe pulmonary infection or neoplasm (Capriotti, 2020). The pleural space normally contains approximately 1 mL of fluid that lubricates with visceral and parietal pleural membrane which should be free of any extra air or

fluid (Capriotti, 2020). Fluid leaks out of the pulmonary capillaries and cells into the pleural space when the hydrostatic pressure in the lung tissue exceeds oncotic pressure (Capriotti, 2020). Hydrostatic pressure exerts an outward force that pushes water into the interstitial fluid (ISF) and intercellular fluid compartment (ICF) (Capriotti 2020). ISF filtrate blood located between the cells and capillaries (Capriotti, 2020). Oncotic pressure, sometimes called colloidal osmotic pressure, is a type of osmotic pressure that has a pulling force from ICF and extracellular fluid (ECF) (Capriotti, 2020). The ECF contains electrolytes oxygen, glucose and nutrients to be delivered to cells (Capriotti, 2020). When the oncotic pressure is low, the force exerted by hydrostatic pressure overwhelms the oncotic pressure causing water in the bloodstream to push outward from the capillary pores towards the ISF and ICF (Capriotti, 2020). Some signs of presence of pleural effusion are dyspnea, tachypnea, chest pain, dullness to percussion, diminished breath sounds (Capriotti, 2020). To diagnosis pleural effusion, chest x-ray, CT scans, CT angiogram, and ultrasounds are required (Capriotti, 2020). A thoracentesis will be done to relieve pressure on the lungs while suction and drainage of a pleural effusion are a necessary form of treatment (Capriotti, 2020). Empyema is a collection of pus in the pleural cavity, gram-positive, or culture from the pleural fluid that is usually associated with pneumonia but may also develop after thoracic surgery or thoracic trauma (Garvia & Paul, 2023). The infection is either community-acquired or hospital-acquired (Garvia & Paul, 2023). During an inflammatory process (pneumonia), there is an increase in fluid production in the pleural cavity known as the exudate stage (Garvia & Paul, 2023). Exudates is a cloudy, edematous fluid with high protein content that is mostly caused by an infectious immunological or inflammatory process and comes from impaired lymphatic drainage of the pleural space (Capriotti, 2020). As the disease

progresses, bacteria colonize the fluid characterized by elevated lactate dehydrogenase, proteins, neutrophils, and dead cells, resulting in generating empyema (Garvia & Paul, 2023).

### Laboratory Data (20 points)

**\*If laboratory data is unavailable, values will be assigned by the clinical instructor\***

**CBC Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
<b>RBC</b> 10 <sup>6</sup> /uL	3.5 – 5.20 (Epic, 2024)	<b>3.45 ↓</b>	<b>3.39↓</b>	Anemia, hemorrhage, renal disease
<b>Hgb</b> g/dL	11.0 – 16.0 (Epic, 2024)	<b>7.7↓</b>	<b>7.6↓</b>	This patient Hgb is low due to malnutrition
<b>Hct</b> %	34.0 – 47.0 (Epic, 2024)	<b>24.0↓</b>	<b>22.6↓</b>	This patient Hct is low due to malnutrition
<b>Platelets</b> 10 <sup>3</sup> /uL	140 – 400 (Epic, 2024)	390	324	-
<b>WBC</b> 10 <sup>3</sup> /uL	4.00 – 11.00 (Epic, 2024)	<b>27.08↑</b>	<b>14.43↑</b>	Infection, inflammation, tissue necrosis
<b>Neutrophils</b> 10 <sup>3</sup> /uL	1.60 – 7.70 (Epic, 2024)	22.23	<b>10.65↑</b>	Inflammatory disease: rheumatic fever Metabolic disorder: eclampsia Acute suppurative infection
<b>Lymphocytes</b> 10 <sup>3</sup> /uL	1.0– 4.90 (Epic, 2024)	2.11	2.11	-
<b>Monocytes</b> 10 <sup>3</sup> /uL	0.0 – 1.10 (Epic, 2024)	1.09	1.09	-
<b>Eosinophils</b> 10 <sup>3</sup> /uL	0.0 – 0.50 (Epic, 2024)	0.26	0.26	-
<b>Bands</b>	n/a	n/a	n/a	-

(Carle Foundation Hospital Laboratory, 2024. Epic)

**Chemistry Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
<b>Na-</b> mmol/L	136 – 145 (Epic, 2024)	140	138	-

<b>K+</b> mmol/L	3.5 - 5.1 (Epic, 2024)	4.5	<b>5.8↑</b>	Acidosis, renal failure, dehydration, infection
<b>Cl-</b> mmol/L	98 – 107 (Epic, 2024)	107	<b>111↑</b>	Anemia, dehydration, respiratory alkalosis, hyperparathyroidism
<b>CO2</b> mmol/L	22.0 – 29.0 (Epic, 2024)	23.0	<b>20.0↓</b>	Renal failure, shock, metabolic acidosis, diabetic ketoacidosis
<b>Glucose</b> mg/dL	74 – 100 (Epic, 2024)	92	88	-
<b>BUN</b> mg/dL	10 – 20 (Epic, 2024)	20	18	-
<b>Creatinine</b> mg/dL	0.55 – 1.02 (Epic, 2024)	<b>1.45↑</b>	<b>1.11↑</b>	Glomerulonephritis, urinary tract obstruction, reduced renal blood flow (shock, dehydration, CHF)
<b>Albumin</b> g/dL	3.4 – 4.8 (Epic, 2024)	<b>1.4↓</b>	<b>1.4↓</b>	Acute infection, cirrhosis, chronic infection
<b>Calcium</b> mg/dL	8.9 – 10.6 (Epic, 2024)	<b>8.1↓</b>	<b>6.1↓</b>	Alkalosis, hypoparathyroidism, malabsorption, renal failure
<b>Mag</b> mg/dL	1.6 – 2.6 (Epic, 2024)	2.0	1.9	-
<b>Phosphate</b>	n/a	n/a	n/a	-
<b>Bilirubin</b> mg/dL	0.2 – 1.2 (Epic, 2024)	0.4	0.4	-
<b>Alk Phos</b> U/L	40 – 150 (Epic, 2024)	106	106	-

(Carle Foundation Hospital Laboratory, 2024. Epic)

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
<b>Color &amp; Clarity</b>	Colorless, clear (Epic, 2024)	Yellow, clear	-	-
<b>pH</b>	4.5 – 8.0 (Epic, 2024)	6.5	-	-
<b>Specific Gravity</b>	1.003–1.035 (Epic, 2024)	1.017	-	-
<b>Glucose</b> mg/dL	Negative (Epic, 2024)	Negative	-	-

<b>Protein</b> mg/dL	Negative (Epic, 2024)	<b>30</b>	-	Proteinuria, renal disease, diabetic mellitus, glomerulonephritis, multiple myeloma
<b>Ketones</b> mg/dL	Negative (Epic, 2024)	Negative	-	-
<b>WBC</b> U/L	0 – 25 (Epic, 2024)	6	-	-
<b>RBC</b> U/L	0 – 20 (Epic, 2024)	<2	-	-
<b>Leukoesterase</b>	Negative (Epic, 2024)	Negative	-	-

(Carle Foundation Hospital Laboratory, 2024. Epic)

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
<b>Urine Culture</b>	n/a	n/a	-	-
<b>Blood Culture</b>	No growth in 24 hours (Epic, 2024)	No growth in 24 hours	-	-
<b>Sputum Culture</b>	n/a	n/a	-	-
<b>Stool Culture</b>	n/a	n/a	-	-

(Carle Foundation Hospital Laboratory, 2024. Epic)

### Diagnostic Imaging

#### All Other Diagnostic Tests (10 points):

SS had a chest x-ray on October 30<sup>th</sup> for R sided empyema status post chest tube. Chest X-rays produce images of your heart, lungs, blood vessels, airways, and the bones of the chest and spine and can also reveal fluid in or around your lungs or air surrounding a lung (Mayo Clinic, 2024). The diagnostic impression is 1) R basilar pleural drainage catheter in place with finding of a presumed R hemithorax empyema better demonstrated on outside facility (Carle, 2024) and 2) R mid and lower lung opacity

likely reflect a combination of the empyema, atelectasis, and possible pneumonia/pneumonitis (Epic, 2024) On an x-ray, some of the characteristics of a pleural effusion are blunted due to costodiaphragmatic angles and lungs filled with radiolucent fluid (depending on the size of the effusion) (Garvia & Paul, 2023)

SS received a CT of the thorax without contrast on October 29<sup>th</sup> for outside imaging follow up with possible hydropneumothorax. A CT scan is a painless type of imaging that uses X-ray techniques to create detailed images of the body more detailed than plain X-rays do (Mayo Clinic, 2024). The diagnostic impression is 1) interval worsening R pleural effusion with new hydropneumothorax potentially with loculated components, 2) associated pleura thickening noted which may be related to empyema, and 3) new patchy areas of scattered pulmonary opacities with tree-in-bud distribution predominantly throughout both lungs (Epic, 2024).

### Current Medications (10 points, 2 points per completed med)

**\*5 different medications must be completed\***

#### Medications (5 required)

<b>Brand/Generic</b>	<b>Brand:</b> Celexa <b>Generic:</b> citalopram hydrobromide  (Jones & Bartlett Learning, 2024)	<b>Brand:</b> Aricept <b>Generic:</b> donepezil hydrochloride  (Jones & Bartlett Learning, 2024)	<b>Brand:</b> Remeron <b>Generic:</b> mirtazapine  (Jones & Bartlett Learning, 2024)	<b>Brand:</b> n/a <b>Generic:</b> trazodone hydrochloride  (Jones & Bartlett Learning, 2024)	<b>Brand</b> Norco <b>Generic</b> Hydrocodone  (Drug Bank, 2024)
<b>Dose</b>	10mg	10mg	15mg	50mg	5-325mg
<b>Frequency</b>	Daily	Daily at bedtime	Daily at bedtime	Daily at bedtime	PRN every 4 hours
<b>Route</b>	P.O.	P.O.	P.O.	P.O.	P.O.
<b>Classification</b>	<b>Pharmacologic:</b> SSRI <b>Therapeutic:</b> antidepressant (Jones & Bartlett Learning, 2024)	<b>Pharmacologic:</b> acetylcholinesterase <b>Therapeutic:</b> antimentia (Jones & Bartlett Learning, 2024)	<b>Pharmacologic</b> tetracyclic antidepressant <b>Therapeutic</b> Antidepressant (Jones & Bartlett Learning, 2024)	<b>Pharmacologic</b> triazolopyridine <b>Therapeutic</b> Antidepressant (Jones & Bartlett Learning, 2024)	Pharmacologic  Therapeutic:
<b>Mechanism of Action</b>	Blocks serotonin reuptake by adrenergic nerves at the nerve synapses  (Jones & Bartlett	Inhibits acetylcholinesterase reversibly and improves acetylcholine's concentration at	May inhibit neuronal reuptake of norepinephrine and serotonin to increase the action of these	Blocks serotonin reuptake along the presynaptic neuronal membrane causing an	Agonist effect at the opioid receptor contribute to analgesic effects

	Learning, 2024)	cholinergic synapse  (Jones & Bartlett Learning, 2024)	neurotransmitters in the nerve cell  (Jones & Bartlett Learning, 2024)	antidepressant effect  (Jones & Bartlett Learning, 2024)	(Drug Bank, 2024)
<b>Reason Client Taking</b>	Treatment of unipolar major depressive disorders in adults	To treat mild to moderate Alzheimer's disease	To treat major depression	To treat major depression	Treatment for pain management
<b>Contraindications (2)</b>	Hypersensitivity, use within 14 days of MOA inhibitor  (Jones & Bartlett Learning, 2024)	History of allergic contact dermatitis, hypersensitivity to donepezil  (Jones & Bartlett Learning, 2024)	Hypersensitivity to mirtazapine, used within 14 days of MAO inhibitor  (Jones & Bartlett Learning, 2024)	Hypersensitivity to trazodone, use within 14 days of an MOA inhibitor  (Jones & Bartlett Learning, 2024)	For patients with severe respiratory distress, bronchial asthma, and anaphylactic reaction  (Habibi and Kim, 2024)
<b>Side Effects/Adverse Reactions (2)</b>	Seizures, heart failure, GI bleeding, hemolytic anemia, hyponatremia  (Jones & Bartlett Learning, 2024)	Seizures, AV block, hepatitis, hemolytic hemorrhage  (Jones & Bartlett Learning, 2024)	Cerebral ischemia, bradycardia, exfoliative dermatitis  (Jones & Bartlett Learning, 2024)	CVA, arrhythmias, hemolytic anemia, apnea, hyponatremia  (Jones & Bartlett Learning, 2024)	Constipation, nausea, vomiting, drowsiness, respiratory depression  (Habibi and Kim, 2024)

- SSRI – selective serotonin reuptake inhibitor

### Assessment

#### Physical Exam (18 points) – **HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**

General, Psychosocial/Cultural, and TWO focused assessments specific to the client.

<b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b>	Patient is alert and oriented to self. No signs of distress. Unable to hold a stable conversation but can identify name and DOB
<b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>	Skin is brown and aligns with patient race. Skin is warm and dry upon palpation. No rashes, lesions, or bruising. Normal quantity, distribution and texture of hair. Nails without clubbing or cyanosis. Skin turgor normal mobility. Capillary refill less than 3 seconds

<p><b>Turgor:</b></p> <p><b>Rashes:</b></p> <p><b>Bruises:</b></p> <p><b>Wounds:</b> .</p> <p><b>Braden Score:</b></p> <p><b>Drains present:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Type:</b></p>	<p>fingers and toes bilaterally.</p> <p><b>Braden Score: 14</b></p> <p><b>Fall Risk: 35</b></p>
<p><b>HEENT:</b></p> <p><b>Head/Neck:</b></p> <p><b>Ears:</b></p> <p><b>Eyes:</b></p> <p><b>Nose:</b></p> <p><b>Teeth:</b></p>	<p>.</p>
<p><b>CARDIOVASCULAR:</b></p> <p><b>Heart sounds:</b></p> <p><b>S1, S2, S3, S4, murmur etc.</b> .</p> <p><b>Cardiac rhythm (if applicable):</b></p> <p><b>Peripheral Pulses:</b></p> <p><b>Capillary refill:</b></p> <p><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Edema</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Location of Edema:</b></p>	<p>.</p>
<p><b>RESPIRATORY:</b></p> <p><b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Breath Sounds: Location, character</b></p>	<p>Normal rate and pattern of respiration. Crackling sounds are heard upon posterior auscultation. No wheezing or rhonchi noted.</p> <p>Accessory muscles: Yes</p>

<p><b>GASTROINTESTINAL:</b></p> <p><b>Diet at home:</b></p> <p><b>Current Diet</b></p> <p><b>Height:</b></p> <p><b>Weight:</b></p> <p><b>Auscultation Bowel sounds:</b></p> <p><b>Last BM:</b></p> <p><b>Palpation: Pain, Mass etc.:</b></p> <p><b>Inspection:</b></p> <p>    <b>Distention:</b></p> <p>    <b>Incisions:</b></p> <p>    <b>Scars:</b></p> <p>    <b>Drains:</b></p> <p>    <b>Wounds:</b></p> <p><b>Ostomy:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Nasogastric:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>    <b>Size:</b></p> <p><b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>    <b>Type:</b></p>	.
<p><b>GENITOURINARY:</b></p> <p><b>Color:</b></p> <p><b>Character:</b></p> <p><b>Quantity of urine:</b></p> <p><b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Dialysis:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Inspection of genitals:</b></p> <p><b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>    <b>Type:</b></p>	

<b>Size:</b>	
<b>MUSCULOSKELETAL:</b> <b>Neurovascular status:</b> <b>ROM:</b> <b>Supportive devices:</b> <b>Strength:</b> <b>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></b> <b>Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/></b> <b>Fall Score:</b> <b>Activity/Mobility Status:</b> <b>Independent (up ad lib) <input type="checkbox"/></b> <b>Needs assistance with equipment <input type="checkbox"/></b> <b>Needs support to stand and walk <input type="checkbox"/></b>	.
<b>NEUROLOGICAL:</b> <b>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></b> <b>PERLA: Y <input type="checkbox"/> N <input type="checkbox"/></b> <b>Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/></b> <b>Arms <input type="checkbox"/> Both <input type="checkbox"/></b> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	.

<b>PSYCHOSOCIAL/CULTURAL:</b>	Patient unable to answers questions due to patients' factor
<b>Coping method(s):</b>	Integrity vs. Despair (Cherry, 2023)
<b>Developmental level:</b>	Patient unable to answers questions due to patients' factor
<b>Religion &amp; what it means to pt.:</b>	
<b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	Live at home with daughter

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:05am	67	116/64 Manual	18	97.8 Axillary	91% Room Air

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
8:11a	Facial expression	n/a	n/a	No pain	Pain meds

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
125 (half of her juice from breakfast)	n/a

**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"> <li>Include full nursing diagnosis with “related to” and “as</li> </ul>	<ul style="list-style-type: none"> <li>Explain why the nursing diagnosis was chosen</li> </ul>			<ul style="list-style-type: none"> <li>How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> <li>Client</li> </ul> </li> </ul>

evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client				response, status of goals and outcomes, modifications to plan.
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1. Impaired gas exchange related to empyema as evidenced by empyema. I decided this because patients’ labs show evidence of pneumonia. Two interventions used are to assess and record pulmonary status every 4 hours or more frequently of patient’s condition is unstable; Poor pulmonary status may result in hypoxemia and change patient’s position at least every 2 hours to mobilize secretions and allow aeration of all lung fields (Phelps, 2020). Outcome: patient will have normal breath sounds (Phelps, 2020). Evaluation: patient’s respiratory rate remains within established limits (Phelps, 2020).
2. Ineffective airway clearance related to infection as evidenced by empyema. I decided to choose this nursing diagnosis because patients show inability to clear secretions or obstructions from the respiratory tract to maintain a clear airway (Phelps, 2020). Two interventions I would use are to assess respiratory status at least every 4 hours or according to established standards and teach patient an easily performed cough technique to clear airway without fatigue. (Phelps, 2020). Outcome: patient will demonstrate controlled coughing techniques (Phelps, 2020). Evaluation: patient performs controlled coughing techniques (Phelps, 2020).

**Concept Map (23 Points):**

### Subjective Data

A/O to self, dementia, abnormal/elevated labs

### Nursing Diagnosis/Outcomes

1. Impaired gas exchange related to empyema as evidenced by empyema.  
Outcome: patient will have normal breath sounds
2. Ineffective airway clearance related to infection as evidenced by empyema.  
Outcome: patient will demonstrate controlled coughing techniques

### Objective Data

Pulse: 67; BP: 112/64 L arm, sitting

Resp Rate 18; Temp 97.8f Axillary

Oxygen: 91 room air

Abnormal Values:

Decreases RBC, Hgb, Hct, elevated WBC and neutrophils

Elevated potassium, chloride, creatinine, protein

Decreased CO2, Albumin, Calcium

### Client Information

70 yrs old, Female, black/non-Hispanic, 5'7, 162lbs

### Nursing Interventions

1. Two interventions used are to assess and record pulmonary status every 4 hours or more frequently if patient's condition is unstable; Poor pulmonary status may result in hypoxemia and change patient's position at least every 2 hours to mobilize secretions and allow aeration of all lung fields (Phelps, 2020)
2. Assess respiratory status at least every 4 hours or according to established standards and teach patient an easily performed cough technique to clear airway without fatigue (Phelps, 2020)

## Reference

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Habibi M, Kim PY. (October 2024). *Hydrocodone and Acetaminophen*. StatPearls Publishing. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK538530/>

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Physical Exam:

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