

**N311 Care Plan 5**

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Henry

11/15/24

### Demographics (5 points)

<b>Date of Admission</b> 11/10/24	<b>Client Initials</b> PJ	<b>Age</b> 76	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> McLane Midwest	<b>Marital Status</b> married	<b>Allergies</b> Meropenem, Cephalexin, Ciprofloxacin Hcl, Morphine, Nitrofurantoin, Penicillin, Sulfa Antibiotics, Isosorbide
<b>Code Status</b> No CPR-Select	<b>Height</b> 5' 3" (160 cm)	<b>Weight</b> 138 Lbs (62.6 kg)	

### Medical History (5 Points)

**Past Medical History:** Addison's Disease, A fib, carcinoma CUPD, diabetes, HLD,

Hypertension, and Scoliosis

**Past Surgical History:** Aorta surgery, knee surgery, tubal ligation, hip with cannulated screws (right), and central venous catheter.

**Family History:** patient has no family history, asked patient she denies having anything to add.

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

Smoked cigarettes but quit 21 years ago, has no past or present drug, alcohol or smokeless tobacco use.

### Admission Assessment

**Chief Complaint (2 points):** Shortness of breath

**History of Present Illness – OLD CARTS (10 points):** Patient went to the local clinic for respiratory issues that she had been having for the past few days. They sent her to the ED to be admitted to the hospital for help with her COPD. Moving around makes her breathing worse and lying still and sitting up helps her breathe better. She also has a lower back pain that she rated a

7/10 and she has dealt with it on and off for the last few years. Sometime the pain is a dull ache and other times it is a sharp pain. She did not try any treatments at home to help.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** COPD

**Secondary Diagnosis (if applicable):** N/A

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

Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that causes it to be extremely difficult to breathe. It is chronic bronchitis, emphysema, and hyperreactive airway disease all combined into one disease. COPD features hypersecretion of mucus in the airways. The walls of your alveoli are weak, distended, and cannot recoil. Carbon dioxide levels are increased which can cause kidney failure, Cushing's syndrome, metabolic alkalosis, and hormonal disorders.

Symptoms of COPD can be chronic bronchitis, asthma, and emphysema. Dyspnea and heavy secretions are common in the beginning of COPD. Coughing and wheezing as well as shortness of breath are commonly the chief complaint when a patient presents to the ED. Patient may show signs of respiratory distress, use of intercostal muscles or accessory muscles with breathing, and clubbing of the fingers. A barrel-shaped chest is a quite common sign of COPD as well, this is when the width is double the depth of the chest.

The COPD assessment test (CAT) is a test of eight questions that ask questions about the patient's breathing ability and activity limitations. They also use spirometry to diagnosis COPD. A CBC, blood chemistry panel, and ABG's blood labs are drawn, and a chest x-ray and ECG are

completed. The patient had a chest x-ray, and the blood work completed to verify that she had COPD.

To treat COPD, you can only control the symptoms, there is not a cure. To control the symptoms, they try to slow the progression of the disease, reduce the risk of exacerbations or flare ups, and improve your ability to stay active. To quit smoking is the first step in controlling flare ups. They have medications that help slow the progression and reduce the risk of flare ups. Supplemental oxygen can be given to a patient to help the oxygen levels raise and to breathe more sufficiently.

My patient was on some medications to help her. She was receiving two liters of oxygen via nasal cannula. She also quit smoking 21 years ago. She is doing everything the doctor has set up for her personal plan of care.

**Pathophysiology References (2) (APA):**

Association, A. L. (2024, April 30). *Treating COPD*. American Lung Association.

<https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/treating>

Capriotti, Theresa. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

**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
RBC	3.80-5.30 10(6)/mc/L	3.91 10(6)/mc/L	3.66 10(6)/mc/L	The decrease is related to her age and the chemotherapy. It is also common in COPD patients.
Hgb	12.0-15.8 g/dL	12.2 g/dL	12.0 g/dL	
Hct	36.0-47.0 %	37.9 %	35.6 %	COPD patients are often anemic which would explain the HCT levels being low.
Platelets	140-440 10(3) mc/L	292 10(3) mc/L	339 10(3) mc/L	
WBC	4.00-12.00 10(3) mc/L	15.30 10(3) mc/L	11.90 10(3) mc/L	COPD exacerbation raises your WBC with constant inflammation of the lungs.
Neutrophils	47.0-73.0 %	N/A	94.4 %	When you have an exacerbation with COPD it raises your neutrophils.
Lymphocytes	18.0-42.0 %	N/A	3.4%	Lymphocytes are often low in COPD patients due to their immune system being in constant activated state.
Monocytes	4.0-12.0 %	N/A	1.7%	Monocyte levels are lowered in cancer patients due to chemotherapy.
Eosinophils	0.0-5.0 %	N/A	0.0%	
Bands	0.0-3.0 %	N/A	N/A	

**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
Na-	136-145 mmol/L	N/A	138 mmol/L	
K+	3.5-5.1 mmol/L	N/A	5.2 mmol/L	High potassium levels in COPD patients are from the medications that they are on.
Cl-	98-107 mmol/L	N/A	108 mmol/L	High chloride levels in COPD patients are caused from the chronic respiratory acidosis.

<b>CO2</b>	22-30 mmol/L	N/A	20 mmol/L	Low carbon dioxide levels in COPD patients are caused from constant oxygen therapy.
<b>Glucose</b>	70-99 mg/dL	N/A	182 mg/dL	High glucose levels are common in COPD patients due to low oxygen levels. Also prednisone raises glucose levels.
<b>BUN</b>	12-20 Ratio	N/A	14 Ratio	
<b>Creatinine</b>	0.60-1.00 mg/dL		1.58 mg/dL	Chronic inflammation causes damage to vessels due to low oxygen level which can impair the kidney functions.
<b>Albumin</b>	3.5-5.0 g/dL	N/A	3.0 g/dL	The chronic inflammation causes the liver to put out less albumin which drops the levels.
<b>Calcium</b>	8.7-10.5 mg/dL	N/A	9.3 mg/dL	
<b>Mag</b>	1.6-2.6 mg/dL	N/A	2.4 mg/dL	
<b>Phosphate</b>	2.8-4.5 mg/dL	N/A	N/A	
<b>Bilirubin</b>	0.2-1.2 mg/dL	N/A	0.2 mg/dL	
<b>Alk Phos</b>	40-150 U/L	N/A	83 U/L	

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>	Clear/yellow	N/A	N/A	
<b>pH</b>	5.0-9.0	N/A	N/A	
<b>Specific Gravity</b>	1.003-1.030	N/A	N/A	
<b>Glucose</b>	Negative	N/A	N/A	
<b>Protein</b>	Negative	N/A	N/A	
<b>Ketones</b>	Negative	N/A	N/A	

<b>WBC</b>	Negative	N/A	N/A	
<b>RBC</b>	Negative	N/A	N/A	
<b>Leukoesterase</b>	Negative	N/A	N/A	

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

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	Negative	N/A	N/A	
<b>Blood Culture</b>	Negative	N/A	N/A	
<b>Sputum Culture</b>	Negative	N/A	N/A	
<b>Stool Culture</b>	Negative	N/A	N/A	

#### **Lab Correlations Reference (1) (APA):**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's Diagnostic and Laboratory Test Reference* (16th ed.). Elsevier.

#### **Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):** She had a Chest Xray, Imaging misc. scan, and EKG scan to check for any abnormalities related to her being in remission of lung cancer.

#### **Diagnostic Imaging Reference (1) (APA):**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's Diagnostic and Laboratory Test Reference* (16th ed.). Elsevier.

**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

<b>Brand/ Generic</b>	Apixanan (Eliquis)	Donepezil (Aricept)	Gabapentin (Neurontin)	Prednisone (Detasone)	Doxycycline hyclate (Vibra-tabs)
<b>Dose</b>	5 mg tabs	5 mg tabs	300 mg	40 mg tab	100 mg
<b>Frequency</b>	2 times daily	nightly	3 times daily	Daily with breakfast	2 times daily
<b>Route</b>	orally	orally	orally	orally	Orally
<b>Classification</b>	Therapeutic: anticoagulants Pharmacologic: factor Xa inhibitors	Therapeutic: anti Alzheimer's agent Pharmacologic: cholinergics	Therapeutic: analgesic adjuncts Pharmacologic: anticonvulsants	Therapeutic: corticosteroids Pharmacologic: anti inflammatory	Therapeutic: broad spectrum antibiotic Pharmacologic: tetracycline antibiotics
<b>Mechanism of Action</b>	Inhibits both free and bound factors	Inhibits acetylcholinesterase and improves cholinergic function	Is not known	It suppresses cells in the human immune system.	It works by killing bacteria or preventing their growth ( <i>Doxycycline</i> (oral route) 2024).
<b>Reason Client Taking</b>	Reduce risk of stroke and systemic embolism.	Impair cognitive functions	Neuropathic pain	COPD	Reduce inflammation
<b>Contraindications (2)</b>	Severe hepatic impairment and risk of thrombosis	History of pulmonary issues and GI upset.	Renal impairment and increased suicidal thoughts	Hyperglycemia and fungal infection	Teeth discoloration and messes with teeth enamel
<b>Side Effects/Adverse Reactions (2)</b>	Bleeding and anaphylaxis	Trouble sleeping and cramps	Hypertension and drowsiness	High blood pressure and sleeplessness	Nausea and diarrhea

**Medications Reference (1) (APA):**

Mayo Foundation for Medical Education and Research. (2024a, February 1). *Doxycycline (oral route)*. Mayo Clinic. <https://www.mayoclinic.org/drugs-supplements/doxycycline-oral-route/description/drg-20068229>

RxList. (2020, November 12). *Deltasone (prednisone): Side effects, uses, dosage, interactions, warnings*. RxList. <https://www.rxlist.com/deltasone-drug.htm#description>

Vallerand & Sanoski. (2023). *Davis's drug guide for Nurses, 18th edition* (18th ed.). F.A. Davis.

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

<b>GENERAL:</b> <b>Alertness:</b> alert and responsive <b>Orientation:</b> person, place, time, situation <b>Distress:</b> pain <b>Overall appearance:</b> well-groomed and appropriate	
<b>INTEGUMENTARY:</b> <b>Skin color:</b> olive <b>Character:</b> dry <b>Temperature:</b> warm <b>Turgor:</b> elastic <b>Rashes:</b> n/a <b>Bruises:</b> on arms <b>Wounds:</b> n/a <b>Braden Score:</b> 20 <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	
<b>HEENT:</b> <b>Head/Neck:</b> round head no bumps or lesions. Normal neck no vein distension <b>Ears:</b> hearing good no cut or lesions <b>Eyes:</b> perrla, clear, white, no discharge <b>Nose:</b> symmetric, no deviation	

Teeth: <b>dentures on top</b>	
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b> <b>S1, S2, S3, S4, murmur etc.</b> <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses: equal bilaterally 3+</b> <b>Capillary refill: under 2 seconds</b> <b>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Location of Edema:</b>	
<b>RESPIRATORY:</b> <b>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Breath Sounds: <b>crackles in all lobes</b></b>	
<b>GASTROINTESTINAL:</b> <b>Diet at home: normal</b> <b>Current Diet: <b>cardiac</b></b> <b>Height: 5' 3"</b> <b>Weight: 138 lbs</b> <b>Auscultation Bowel sounds: active</b> <b>Last BM: 11/11</b> <b>Palpation: Pain, Mass etc.: no pain</b> <b>Inspection: normal</b> <b>Distention: n/a</b> <b>Incisions: n/a</b> <b>Scars: n/a</b> <b>Drains: n/a</b> <b>Wounds: n/a</b> <b>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Size:</b> <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type:</b>	
<b>GENITOURINARY:</b> <b>Color: yellow</b> <b>Character: clear</b> <b>Quantity of urine: not measured</b> <b>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Inspection of genitals: normal</b> <b>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type:</b> <b>Size:</b>	

<p><b>MUSCULOSKELETAL:</b>          Neurovascular status: nail color returns quick, warm, dry          ROM: active          Supportive devices: <b>cane</b>          Strength: 5          ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          Fall Risk: <b>Y</b> <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score: high/68</b>          Activity/Mobility Status: assistance Independent (up ad lib) <input type="checkbox"/>          Needs assistance with equipment <input type="checkbox"/> <b>X</b>          Needs support to stand and walk <input type="checkbox"/> <b>X</b></p>	.
<p><b>NEUROLOGICAL:</b>          MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>          PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>          Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -          Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/>          Orientation: person, place, time, situation          Mental Status: normal          Speech: clear          Sensory: normal          LOC: alert</p>	.
<p><b>PSYCHOSOCIAL/CULTURAL:</b>          Coping method(s): grandbabies          Developmental level: formal operational, wisdom          Religion &amp; what it means to pt.: Baptist, very important to her          Personal/Family Data (Think about home environment, family structure, and available family support): she has a great support system at home.</p>	.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	<b>103 bpm</b>	<b>122/54</b>	18 bpm	<b>97.4 F</b>	<b>93%</b>

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

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
1500	0-10	Lower back	8	Constant dull/ache	Pain medication

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
240 mL of water	2 urine occurrences

**Nursing Diagnosis (15 points)****\*Must be NANDA approved nursing diagnosis\***

<b>Nursing Diagnosis</b>	<b>Rationale</b>	<b>Interventions (2 per dx)</b>	<b>Outcome Goal (1 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</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 response, status of goals and outcomes, modifications to plan.</li> </ul> </li> </ul>
1. Impaired gas exchange related to ineffective	Patient was admitted to the ED with shortness of breath.	1. Assess and record pulmonary status every 4 hours.	1. Patient will have normal breath sounds.	Patient agrees with these goals and outcomes.

airway clearance as evidence by shortness of breath.		2.Change position every 2 hours to help move secretions.		
2. Decreased activity tolerance related to imbalance between oxygen supply and demand as evidence by shortness of breath.	Patient was having trouble getting enough air.	1. identify activities that are important to patient.  2.Teach patient exercises that can improve tolerance.	1. patient will perform self-care activities to tolerated level.	Patient agrees with these goals and outcomes.

**Other References (APA):**

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

**Concept Map (23 Points):**

### Subjective Data

The chief complaint was shortness of breath. Breathing got worse when walking around or standing. Nothing helped. No at home treatment.

### Nursing Diagnosis/Outcomes

1. Impaired gas exchanged related to ineffective airway clearance as evidence by shortness of breath.  
**Outcome- Patient will have normal breath sounds.**
2. Decreased activity tolerance related to imbalance between oxygen supply and demand as evidence by shortness of breath.  
**Outcome- patient will perform self-care activities to tolerated level**

### Objective Data

BP-122/54  
Temp-97.4 °, Temporal  
Pulse-103  
RR-18  
SaO2-93% 2L nasal cannula  
Pain-8, lower back  
LABS  
Lows-

RBC, Hct, lymphocytes, monocytes, C02, albumin  
Highs-  
WBC, neutrophils, K+, Cl-, glucose, creatinine

### Client Information

76-year-old female with complaints Of shortness of breath and admitted in the ED for COPD  
DOA:11/10/2024  
Initials: PJ  
Demographics:  
Gender: female  
Race: white  
Occupation: Mclane Midwest  
Marital Status: married  
Code Status: No CPR, select

### Nursing Interventions

1. Assess and record pulmonary status every 4 hours.
2. Change position every 2 hours to help move secretions.
  1. identify activities that are important to patient.
  2. Teach patient exercises that can improve tolerance.



