

**N321 CARE PLAN #1**

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Lakeview College of Nursing

N321: Adult Health I

Prof. Henry

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### Demographics

<b>Date of Admission</b> 2/6/25	<b>Client Initials</b> KSN	<b>Age</b> 76	<b>Biological Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Retired metal stamper	<b>Marital Status</b> Married	<b>Allergies</b> N/A
<b>Code Status</b> Full code	<b>Height</b> 5' 2" (157.5 cm)	<b>Weight</b> 127 lbs 6.8 oz (57.8 kg)	

### Medical History

**Past Medical History:** Allergic rhinitis, arthritis, back pain, COPD, hyperlipidemia, hypertension, hypothyroidism, sleep apnea, shortness of breath, and spinal stenosis

**Past Surgical History:** Cataract removal, colonoscopy, joint replacement, and retinal detachment

**Family History:** CHF father and mother, diabetes in mother, MI in father, and hypertension in mother

**Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):** smoking for the 45 years at 20 packs a year, no history of smokeless tobacco, drugs, or alcohol

**Education:** Highest level of education was graduating from high school

**Living Situation:** She lived at home with her husband

**Assistive devices:** at home oxygen tank

### Admission History

**Chief Complaint:** Shortness of breath

**History of Present Illness (HPI)– OLD CARTS-** She presented to the ED with shortness of breath that had been going on for a few days. She had been having more issues when doing her daily activities that would get a little better with resting and deep breathing with her nasal

cannula on. When I talked to her and did her head-to-toe assessment she had been having issues with her shortness of breath for the past 9 days.

### **Admission Diagnosis**

**Primary Diagnosis:** COPD

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

### **Pathophysiology**

**Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that causes it to become 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 no cure. To control the symptoms, they try to slow the progression of the disease, reduce the risk of exacerbation 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 with her symptoms of COPD. She was also receiving three liters of oxygen via nasal cannula at home to help with her oxygen levels. She was still smoking at the time of the head-to-toe assessment. Outside of smoking she is doing everything the doctor has set up for her personal plan of care.

My patient was diagnosed with COPD after several labs and diagnostic test were run. These tests confirmed that she has COPD. They started a plan for how to treat her and make it easier to live with sense there is not a cure for COPD.

**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/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Creatinine	1.04 mg/dL	1.02 mg/dL	0.60-1.00 mg/dL	Chronic inflammation causes damage to vessels due to low oxygen level which can impair the kidney functions.
GFR	56 ml/min	57 ml/min	>60 ml/min	Having low oxygen levels
BUN	12 ratio	22 ratio	12-20 ratio	Dehydration from having poor respiratory function
Glucose	115 mg/dL	82 mg/dL	70-99 mg/dL	High glucose levels are common in COPD patients due to low oxygen levels. Also prednisone raises glucose levels.
Magnesium	3.1 mg/dL	2.1 mg/dL	1.6-2.6 mg/dL	Magnesium plays a role in lung function.
Hemoglobin	11.1 g/dL	11.4 g/dL	12.0-15.8 g/dL	COPD patients are often anemic.
Hematocrit	33.9 %	34.2 %	36.0-47.0 %	COPD patients are often anemic which would

				explain the HCT levels being low.
Platelet count	376 10(3) mcl	471 10(3) mcl	140-440 10(3) mcl	Chronic inflammation triggers bone marrow to make more platelets
RDW	17.8%	16.9 %	11.8-15.5%	COPD disrupts normal production
MPV	6.5 fL	6.6 fL	9.7-12.4 fL	Exacerbation lowers reading
Neutrophils	78.0%	65.1 %	47.0-73.0 %	When you have an exacerbation with COPD it raises your neutrophils
Lymphocytes	9.1 %	23.7 %	18.0-42.0 %	Lymphocytes are often low in COPD patients due to their immune system being in constant activated state.
Basophils	1.1 %	1.2 %	0.0-1.0%	Basophils are involved in the inflammatory response associated with COPD
Absolute	0.80 10(3)	2.50 10(3)	1.30-3.20	COPD causes a decrease

lymphocytes	mcl	mcl	10(3) mcl	in production
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Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Chest xray	SOB	Tube noted over the right lung, right middle zone- nodule 6mm, left upper zone- nodule 2mm
EKG 12 lead	SOB	Normal
EKG Scan	SOB	Normal

**Diagnostic Test Reference (1) (APA):**

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

**Active Orders**

Active Orders	Rationale
Low calorie diet	To help maintain a healthy weight
Aerosol nebulizer-subsequent	Used to treat respiratory disorders
MDI treatment RT- initial	Used to treat respiratory disorders
MDI treatment RT-subsequent	Used to treat respiratory disorders
Oxygen therapy	To give additional oxygen

<b>Pulse oximetry spot</b>	<b>Find a spot to the pulse oximetry</b>
<b>RT assessment for Albuterol and Ipratropium treatment plan</b>	<b>Used to treat respiratory disorders</b>
<b>RT: initiate oxygen admin procedure</b>	<b>To give the patient supplemental oxygen as needed</b>
<b>Admission weight</b>	<b>Part of the admissions process</b>
<b>Covid-19, flu, and pneumonia vaccine screen</b>	<b>To see what vaccine patient has received</b>
<b>Discharge orders to home self-care</b>	<b>To get patient ready to go home and to know what to do at home to care for themselves</b>
<b>Discontinue folley catheter if present</b>	<b>To remove the folley cath so patient can return to normal</b>
<b>Discontinue IV if present</b>	<b>To remove IV so patient can go home</b>
<b>Home oxygen qualification</b>	<b>To get the patient supplemental oxygen at home</b>
<b>Incentive spirometry nursing</b>	<b>Teach the patient the importance of incentive spirometry and how to correctly use it</b>
<b>Initiate oxygen administration procedure</b>	<b>To get the patient set up with supplemental oxygen</b>
<b>Insert/maintain peripheral IV</b>	<b>To have an open access for any fluids or</b>

	<b>medications you may need</b>
<b>Intake and output</b>	<b>To make sure the patient is maintaining a proper fluid balance</b>
<b>Notify physician when prior to admission medication review has been complete</b>	<b>So, the doctor will know what medications the patient is currently taking. So, they can plan the treatment plan</b>
<b>Nursing night calls</b>	<b>Answer any calls that come to the nurse's station for assistance</b>
<b>Patient may shower</b>	<b>To keep proper hygiene</b>
<b>Pulse oximetry</b>	<b>To monitor the patient blood oxygen levels</b>
<b>RT therapy assessment-score up as tolerated</b>	<b>To get the patient as much as possible</b>
<b>Vital signs per unit routine</b>	<b>To monitor how the patient is doing</b>

### Medications

#### Home Medications (Must List ALL)

<b>Medications</b>	<b>Reason for taking</b>
<b>Aspirin</b>	<b>Patients take this to relieve mild pain</b>
<b>Albuterol</b>	<b>Used to treat respiratory disorders</b>
<b>Fluticasone-salmeterol</b>	<b>Used to treat respiratory disorders</b>

<b>Fluticasone-umeclidin</b>	<b>Used to treat respiratory disorders</b>
<b>Ipratropium</b>	<b>Used to treat respiratory disorders</b>
<b>Montelukast</b>	<b>Used to treat respiratory disorders</b>
<b>Proair HFA 108</b>	<b>Used to treat respiratory disorders</b>
<b>Roflumilast</b>	<b>Used to treat respiratory disorders</b>
<b>Gabapentin</b>	<b>Used to treat nerve pain and can suppress a persistent cough</b>
<b>Amitriptyline</b>	<b>Help with depression and inhibit bronchoconstriction</b>
<b>bupropion</b>	<b>It treats depression</b>
<b>Evolcumab</b>	<b>To control cholesterol levels</b>
<b>losartan</b>	<b>To treat her hypertension</b>
<b>Metoprolol</b>	<b>To treat her hypertension</b>
<b>Rizatriptan</b>	<b>To treat her migraines</b>
<b>Levothyroxine</b>	<b>To treat hypothyroidism</b>

#### **Hospital Medications (Must List ALL)**

<b>Brand/ Generic</b>	<b>Amitriptyline(Elavil)</b>	<b>Aspirin(zorprin)</b>	<b>Budesonide(Symbicort)</b>	<b>Bupropion (Wellbutrin)</b>	<b>Gabapentin(Neurontin)</b>	<b>Guaifenesin(Mucinex)</b>
<b>Classif</b>	<b>Tricyclic</b>	<b>NSAID</b>	<b>corticosteroid</b>	<b>Antidepress</b>	<b>anticonvuls</b>	<b>Expectorant</b>

<b>ication</b>	<b>antidepressant</b>		<b>ds</b>	<b>sant</b>	<b>ants</b>	<b>nts</b>
<b>Reason Client Taking</b>	<b>Help with depression and inhibit bronchoconstriction</b>	<b>pain</b>	<b>To prevent inflammation of the lungs</b>	<b>It treats depression</b>	<b>Used to treat nerve pain and can suppress a persistent cough</b>	<b>Makes it easier to breathe, loosens and thins secretions</b>
<b>Key nursing assessment(s) prior to administration</b>	<b>Vital signs</b>	<b>Allergies and other medication the patient is taking</b>	<b>Respiratory status</b>	<b>Make sure patients are not breast feeding</b>	<b>Assess the patients mental status</b>	<b>Respiratory status and cough production</b>
<b>Brand/ Generic</b>	<b>Heparin(Porcine)</b>	<b>Ipratropium(Atrovent)</b>	<b>Levothyroxine(synthroid)</b>	<b>Metoprolol (Lopressor)</b>	<b>Mometasone(Asmanex)</b>	<b>Tiotropium-olodaterol (Stiolto Respimat)</b>
<b>Classification</b>	<b>Anticoagulant</b>	<b>Bronchodilators</b>	<b>hormones</b>	<b>Beta blockers</b>	<b>Corticosteroid</b>	<b>Bronchodilators</b>
<b>Reason Client Taking</b>	<b>To improve lung function</b>	<b>Used to treat respiratory disorders</b>	<b>To treat hypothyroidism</b>	<b>To treat her hypertension</b>	<b>To treat her COPD treatment</b>	<b>Respiratory status</b>
<b>Key nursing assessment(s) prior to administration</b>	<b>Check aPTT</b>	<b>Respiratory status</b>	<b>Patients pulse rate and rhythm</b>	<b>Blood pressure</b>		

<b>Brand/ Generic</b>	<b>Montelukast(singulair)</b>	<b>Prednisone (deltasone)</b>				
<b>Classification</b>	<b>LTRA</b>	<b>corticosteroids</b>				
<b>Reason Client Taking</b>	<b>Reduce wheezing and SOB</b>	<b>Treats COPD exacerbations</b>				
<b>Key nursing assessment(s) prior to administration</b>	<b>Respiratory status</b>	<b>Vital signs</b>				

### Prioritize Three Hospital Medications

<b>Medications</b>	<b>Why this medication was chosen</b>	<b>List 2 side effects. These must correlate to your client</b>
<b>Heparin(Porcine)</b>	<b>I chose this medication because it can only be given in an acute care setting.</b>	<b>1.SOB 2.dizziness</b>
<b>Prednisone(deltasone)</b>	<b>I chose this medication</b>	<b>1. SOB 2. dizziness</b>

	because it is used to treat COPD exacerbation which is her primary diagnosis.	
Metoprolol(Lopressor)	I chose this medication because it controls her BP	1.trouble sleeping 2.dizziness

### Medications Reference (1) (APA)

Drugs.com. (n.d.). *Prescription drug information*. Drugs.com. <https://www.drugs.com/>

### Physical Exam

#### **HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**

<b>GENERAL:</b> <b>Alertness:</b> alert and responsive <b>Orientation:</b> place, person, time, situation <b>Distress:</b> SOB <b>Overall appearance:</b> appropriate <b>Infection Control precautions:</b> N/A <b>Client Complaints or Concerns:</b> SOB	
<b>VITAL SIGNS:</b> <b>Temp:</b> 97.8 F <b>Resp rate:</b> 18 BPM <b>Pulse:</b> 85 BPM <b>B/P:</b> 115/81 <b>Oxygen:</b> 90% <b>Delivery Method:</b> 3L nasal cannula	
<b>PAIN ASSESSMENT:</b> <b>Time:</b> 0830 <b>Scale:</b> 0-10 <b>Location:</b> N/A <b>Severity:</b> N/A <b>Characteristics:</b> N/A <b>Interventions:</b> N/A	
<b>IV ASSESSMENT:</b> <b>Size of IV:</b> 20 gauge <b>Location of IV:</b> left antecubital <b>Date on IV:</b> 2/6/25 <b>Patency of IV:</b> dry, clean, and intact <b>Signs of erythema, drainage, etc.:</b> N/A	

<b>IV dressing assessment: clean</b> <b>Fluid Type/Rate or Saline Lock: Saline Lock</b>	
<b>INTEGUMENTARY:</b> <b>Skin color: olive</b> <b>Character: dry and warm</b> <b>Temperature: warm</b> <b>Turgor: elastic</b> <b>Rashes: N/A</b> <b>Bruises: arms and belly</b> <b>Wounds: N/A</b> <b>Braden Score: 22</b> <b>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type:</b>	
<b>HEENT:</b> <b>Head: symmetrical</b> <b>Neck: good movement, no deviations, no nodes palpated</b> <b>Ears: clean and clear hearing</b> <b>Eyes: perrrla, no drooping</b> <b>Nose: no drainage, no deviations</b> <b>Teeth: teeth and gums in good condition, mucous membrane moist and pink</b>	
<b>CARDIOVASCULAR:</b> <b>Heart sounds: s1 and s2 heard</b> <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses: +3</b> <b>Capillary refill: less than 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: N/A</b>	
<b>RESPIRATORY:</b> <b>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Breath Sounds: wheezing</b>	
<b>GASTROINTESTINAL:</b> <b>Diet at home: normal</b> <b>Current Diet:low calorie</b> <b>Is Client Tolerating Diet? yes</b> <b>Height: 5' 2"</b> <b>Weight:127 lbs 6.8 oz</b> <b>Auscultation Bowel sounds: active</b> <b>Last BM: 2/8/25</b> <b>Palpation: Pain, Mass etc.:</b>	

<b>Inspection:</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: N/A</b> <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type: N/A</b>	
<b>GENITOURINARY:</b> <b>Color: yellow</b> <b>Character: clear</b> <b>Quantity of urine: one occurrence</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:</b> <b>Catheter: Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type: N/A</b> <b>Size: N/A</b>	
<b>Intake (in mLs)</b> <b>240 ml water</b>  <b>Output (in mLs)</b> <b>One urine occurrence</b>	
<b>MUSCULOSKELETAL:</b> <b>Neurovascular status:</b> <b>ROM: active</b> <b>Supportive devices: N/A</b> <b>Strength: 5 normal full range</b> <b>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b> <b>Fall Score: 52</b> <b>Activity/Mobility Status: moves on own</b> <b>Activity Tolerance: good</b> <b>Independent (up ad lib)</b> <b>Needs assistance with equipment- no</b> <b>Needs support to stand and walk- no</b>	
<b>NEUROLOGICAL:</b> <b>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b> <b>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>	

<b>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</b> <b>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/></b> <b>Orientation: person, place, time, situation</b> <b>Mental Status: Normal</b> <b>Speech: clear</b> <b>Sensory:</b> <b>LOC: Alert</b>	
<b>PSYCHOSOCIAL/CULTURAL:</b> <b>Coping method(s): Family</b> <b>Developmental level: formal operational and wisdom</b> <b>Religion &amp; what it means to pt.: none</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support): her husband</b>	.

### Discharge Planning

**Discharge location: home**

**Home health needs: oxygen and medications**

**Equipment needs: oxygen tank**

**Follow up plan: office visit with PC**

**Education needs: How to use her inhaler with the spacer**

### Nursing Process

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

<b>Nursing Diagnosis</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>	<b>Rationale</b> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<b>Outcome Goal (1 per dx)</b>	<b>Interventions (2 per goal)</b>	<b>Evaluation of interventions</b>
<b>1. Impaired gas exchanged related to ineffective airway clearance as evidence by shortness of breath.</b>	Patient was admitted to the ED with shortness of breath. <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	<b>Patient will have normal breath sounds.</b>	<b>1. Assess and record pulmonary status every 4 hours.</b>  <b>2. Change position every 2 hours to help move secretions.</b>	<b>Patient agrees with these goals and outcomes.</b>
<b>2. Decreased activity tolerance related to imbalance between oxygen supply and demand as evidence by shortness of breath</b>	Patient was having trouble getting enough air.	<b>patient will perform self-care activities to tolerated level</b>	<b>1. identify activities that are important to patient</b>  <b>2. Teach patient exercises that can improve tolerance.</b>	<b>Patient agrees with these goals and outcomes.</b>
<b>3. Risk of adult falls related to</b>	<b>Patient was a fall risk on the unit</b>	<b>Patient will make a</b>	<b>1. Identify factors that can cause falls</b>	<b>Patient and family agreed on goals and</b>

impaired balance as evidence being a fall risk		<b>plan to ensure safety</b>	<b>2 improve environmental safety factors</b>	<b>outcomes</b>
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**Other References (APA):**

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