N321 CARE PLAN # 2

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Lakeview College of Nursing

N321: Adult Health I

Kristal Henry

02/28/2025

Demographics

Date of Admission	Client Initials	Age	Biological Gender
02/18/2025	R. N.	64	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Meijer Greeter	Divorced	Dust mite extract
Code Status	**Height**	**Weight**	
No CPR	5’6”	91 kg	

Medical History

Past Medical History: Chronic obstructive pulmonary disorder, hypertension, hyperlipidemia, endometriosis

Past Surgical History: Hysterectomy, C-section, C- section

Family History: Family history not on file, patient reports history of cervical cancer in mother

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Quit smoking cigarettes two weeks ago, never used smokeless tobacco, does not drink, does not use drugs

Education: Graduated high school

Living Situation: Lives with youngest daughter and son-in-law

Assistive devices: None

Admission History

Chief Complaint: Shortness of breath, cough

History of Present Illness (HPI)– OLD CARTS:

Patient returns to the emergency room on 2/18/25 reporting a worsening shortness of breath and cough after being previously discharged on 2/14/25 for chronic obstructive pulmonary disorder exacerbation. The patient stated that their shortness of breath began

to worsen over the weekend until they decided to return on 2/18/25 because they could not catch their breath and they were scared. The patient reports that their pain at this time was a 7/10 and that they felt a "sharp, stabbing sensation" in their chest upon inhalation as well as a crushing weight. The patient also stated that when this occurred on previous occasions that the pain and shortness of breath were relieved by sitting up straight and resting, while it was made worse with exertion. The patient decided to seek medical attention when sitting up straight and resting did not provide relief; the patient was treated with six liters of oxygen in the emergency room and admitted as in-patient to the hospital.

Admission Diagnosis

Primary Diagnosis: Chronic obstructive pulmonary disorder exacerbation

Secondary Diagnosis (if applicable): Influenza A

Pathophysiology

Chronic obstructive pulmonary disorder (COPD) is a progressive disease that is the result of a combination of bronchitis, emphysema, and hyperreactive airway disease that causes irreversible damage (Capriotti, 2020). It is most often caused by smoking and is sometimes referred to as a "smoker's disease", but it can also be caused by asthma, exposure to harmful chemicals in the environment, underdeveloped lungs, and in rare cases it is caused by a genetic disposition to alpha 1 anti-trypsin deficiency (Capriotti, 2020).

The main cause of damage to the lungs with COPD is through the body's response to the inflammation that COPD causes in the airway (Capriotti, 2020). When inflammation is present in the airway, immune cells such as macrophages,

neutrophils, and T-lymphocytes are released to control the inflammation; these cells release enzymes that break down elastin and collagen in the lung tissue and cause tissue damage as well as a loss of elasticity in the lungs (Capriotti, 2020). A loss of tissue and elasticity in the lungs will result in a loss of surface area, and therefore the lungs will contain less alveoli; the outcome of this is a loss of surface area in the lungs. When there is a decrease in the surface area of the lungs there is also a decrease in their ability to properly conduct oxygen exchange between the alveoli and the blood, and because of this COPD patients learn to live with a lower baseline oxygen level and will eventually require oxygen therapy to maintain even this lower baseline of oxygenation (Capriotti, 2020). The inflammation of the lungs causes hypersecretion of mucus and a narrowing of the airways as well, and combined with impaired gas exchange a patient suffering with COPD will experience symptoms such as dyspnea, a cough that produces thick and difficult mucus, wheezing, cyanosis, shortness of breath, and a barrel shaped chest (Cleveland Clinic Staff, 2024).

COPD is diagnosed by obtaining lab results from a complete blood count, arterial blood gas, and a blood chemistry panel; as well as obtaining images of the chest from x-rays, electrocardiograms, and computed tomography scans (Capriotti, 2020). The severity of COPD a patient is experiencing can be staged by measuring the amount of air that a patient can exhale in one second, otherwise referred to as forced expiratory volume (FEV1), with an FEV1 above 80 being stage 1, an FEV1 between 50-79 being stage 2, an FV1 between 30-49 being stage three, and an FEV1 less than 30 being stage 4 (Cleveland Clinic Staff, 2024).

COPD is treated using a mixture of bronchodilators, corticosteroids, exercise programs that strengthen the lungs, oxygen therapy, and antibiotics in cases where a bacterial infection is also present, as you can see in the medications listed for this patient (Cleveland Clinic Staff, 2024). A patient can protect themselves from COPD by practicing good hand hygiene, staying up to date on vaccinations for pneumonia and influenza, avoiding crowded rooms with poor ventilation, and wearing a mask whenever possible (Cleveland Clinic Staff, 2024).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* F.A. Davis.

Cleveland Clinic Staff. (2024, August 19th). *Chronic Obstructive Pulmonary Disease (COPD).* *https://my.clevelandclinic.org/health/diseases/8709-chronic-obstructive-pulmonary-disease-copd*

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
MCV	**78.4 fl**	**N/A**	**82.0-96.0 fl**	**This patient has been diagnosed with influenza A, and chronic obstructive pulmonary disorder, both of with can cause changes in the**

				bone marrow and decrease MCV levels (Pagana, 2023).
MPV	**6.8 fl**	**N/A**	**9.7-12.4 FL**	**This patient has been diagnosed with influenza A, and chronic obstructive pulmonary disorder, both of which can cause changes in the bone marrow and decrease MPV levels (Pagana, 2023).**
Neutrophils	**84.0%**	**N/A**	**47.0-73.0 %**	**Neutrophils are raised in this patient because their body has been producing an excess of neutrophils to fight off the inflammation caused by their chronic obstructive pulmonary disorder and their infection with influenza A (Pagana, 2023).**

Lymphocytes	**7.8%**	**N/A**	**18.0-42.0%**	**This patient's lymphocyte level has been depleted because their body has been using available lymphocytes fight infection and inflammation (Pagana, 2023).**
Absolute Neutrophils	**10.20 10(3)mcL**	**N/A**	**1.60-7.70 10(3)mcL**	**Absolute neutrophils are raised in this patient because their body has been producing an excess of absolute neutrophils to fight off the inflammation caused by their chronic obstructive pulmonary disorder and their infection with influenza A (Pagana, 2023).**
Absolute lymphocytes	**0.90 10(3)mcL**	**N/A**	**1.30-3.20 10(3)mcL**	**This patient's absolute lymphocyte level has**

				been depleted because their body has been using available lymphocytes fight infection and inflammation (Pagana, 2023).
Vancomycin result	**15 mcg/mL**	**N/A**	**20-40 mcg/mL**	**The low vancomycin result is probably due to the time the dose was given, the strength of the dose, and when the sample was taken (Pagana, 2023)**
WBC	**12.20 10(3)mcL**	**N/A**	**4.00-12.00 10(3)mcL**	**The patient's white blood cell level has risen in their body's attempt to fight off the infection and inflammation caused by their recent exacerbation of chronic obstructive pulmonary disorder (Pagana, 2023)**

Chloride	**96 mmol/L**	**N/A**	**98-107 mmol/L**	**This patient is suffering from impaired gas exchange and taking corticosteroids, which can both result in a dip in chloride levels (Pagana, 2023)**
SGOT (AST)	**45 U/L**	**N/A**	**6-42 U/L**	**This patient is taking corticosteroids which can raise AST levels (Pagana, 2023)**
SGPT (ALT)	**65 U/L**	**N/A**	**6-55 U/L**	**This patient is taking corticosteroids which can raise ALT levels (Pagana, 2023)**
Ph arterial	**7.48**	**N/A**	**7.35-7.45**	**This patient has been being administered oxygen (Pagana, 2023)**
PCO2 arterial	**51 mmHG**	**N/A**	**35-45 mmHg**	**This patient suffers from impaired gas exchange which has raised their PCO2 level (Pagana, 2023)**

PO2 arterial	**66mmHg**	**N/A**	**85-105 mmHg**	**This patient suffers from impaired gas exchange which has lowered their PO2 level (Pagana, 2023)**
O2 Sat arterial measured	**94%**	**N/A**	**95-98%**	**This patient suffers from impaired gas exchange which has lowered their O2 level (Pagana, 2023)**
Base arterial	**13.0 mmol/L**	**N/A**	**-2.0-2.0 mmol/L**	**This patient has damaged lungs and their base arterial level has been raised in a response to compensate for this damage and the retention of CO2 that it has caused (Pagana, 2023)**
Bicarbonate	**38.0 mmol/L**	**N/A**	**22.0-26.0 mmol/L**	**This patient has damaged lungs and their bicarbonate level will remain raised in a response to compensate for this damage and the**

				retention of CO2 that it has caused (Pagana, 2023)

Pagana, K. D., Pagana, T. J., & Pagana, A. (2023). *Mosby's diagnostic and laboratory test reference* (6th ed.). Elsevier.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
CT angio chest with or without contrast with post processing	**Suspected pulmonary embolism**	**No evidence of pulmonary embolism, evidence of viral or bacterial infection, evidence of consolidation of lung tissue, evidence of bronchial thickening (Pagana, 2023).**
X-ray chest single view portable (02/18/25)	**Shortness of breath**	**No acute pulmonary disease noted.**
X-ray chest single view portable (02/24/25)	**Shortness of breath**	**An abnormality was identified in the left**

		lower lungs, pneumonia is suspected because of the patient's shortness of breath and cough (Pagana, 2023).

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, A. (2023). *Mosby's diagnostic and laboratory test reference* (6th ed.). Elsevier.

Active Orders

Active Orders	Rationale
Admission weight one time	**A physician would order an admission weight to assess a patient's nutritional status, fluid retention, or an indication of a worsening chronic condition such as chronic obstructive pulmonary disorder.**
Incentive spirometry Nursing: routine, every hour while awake. First occurrence	**Incentive spirometry strengthens the lungs**

2/22/25 at 0730, 10 inhalations	**and helps with mucus expulsion.**
Insert/maintain peripheral IV	**Peripheral IV's are essential to providing a patient with efficient pain management, electrolyte replacement therapy, and medications.**
Intake and Output: routine every 8 hours. First occurrence 2/18/25 at 1915	**Monitoring intake and output allows the medical team to monitor nutrition status and alert them to any signs or symptoms indicating fluid retention or dehydration.**
Notify physician: Routine, ONE TIME on 2/18/25 at 1915 for 1 occurrence; pulse lower than 50 or higher than 20, respiratory rate lower than 10 or above 30, temperature above 101.5°F, urine output less than 240 ml in 8 hours, systolic blood pressure lower than 85 or above 180, diastolic blood pressure lower than 50 or above 105, pulse oxygen lower than 90, new or worsening pain	**The physician wants to be notified if this patient's vitals drift into critical levels.**
Notify physician when prior to admission medication review has been completed: Routine, ONE TIME, 2/18/25 at 1915 for one occurrence	**A medication review is done to prevent complications associated with polypharmacy.**

Nursing nightly calls: Routine, ONE TIME, 02/18/25 at 1915 for 1 occurrence between 7p-7a nightly. If IV expires over night but flushes without difficulty, able to obtain blood return, no signs or symptoms of infiltration or phlebitis, ok to leave in place and address with rounding physician after 7a, questions regarding need for "morning labs" should be addressed by the daytime RN with the rounding physician after 7a. If house wide telemetry expires after 7p remove and return telemetry pack, calls for non-violent restraint order renewal should only occur between 1900 and 2359 if there is not an order for renewal for THAT calendar day, otherwise please leave in restraints in place and entrust day time RN to address with rounding physician after 0700	**The physician has placed this order to provide the night shift nurses with the information they need to independently think through possible complications that arise through the night, and to let them know when it is necessary to seek his professional opinion on patient care throughout the night.**
Place seq. compression device (HVC orders equip): routine until specified 1.) to be left on at all times unless ambulating or bathing 2/) mechanical methods of	**Sequential compression devices help to prevent blood clots and the complications associated with them such as pulmonary embolism and deep vein thrombosis.**

thromboprophylaxis should be primarily for patients at high bleeding risk or possible as an adjunct to anticoagulant thromboprophylaxis	
RT therapy assessment score: Routine, PRN, starting 2/18/25 at 2130, for 1 occurence	**A respiratory therapy assessment score tells the physician what level the patient's respiratory system is functioning at and what level of respiratory care they need.**
Up with assistance: Routine, PRN, starting 2/18/25 at 1901 until specified vital signs permit routine: routine, UNIT ROUTINE, starting on 2/18/25 at 1915 until specified	**Ambulating as much as possible will help to strengthen the patient's respiratory system and increase independent mobility.**
Diet and nutrition: Diet general: Diet effective now, starting on 2/18/25 at 1915 until discontinued	**This patient does not have any diagnoses that would require them to be on a restrictive diet.**
Acapellar-subsequent: every 4 hours while awake, first occurrence on Wednesday 2/19/25 at 1915	**This was ordered to help the patient expel the thick mucus that is associated with chronic obstructive pulmonary disorder.**
Acapellar initial one time, on Sunday 2/23/25 at 1715	**This was ordered to help the patient expel the thick mucus that is associated with chronic obstructive pulmonary disorder.**
Aerosol nebulizer initial: one time on Wednesday 2/19/25 at 1915	**Aerosol nebulizer treatments allow for broncho dilating medications to be**

	administered directly in to the airway.
Aerosol Nebulizer subsequent: TID & q6 PRN, 3 x daily (RT), first occurrence 2/19/25 at 2000 until specified	**Aerosol nebulizer treatments allow for broncho dilating medications to be administered directly in to the airway to relieve chronic obstructive pulmonary disorder symptoms.**
Incentive spirometry RT-initial: number of inhalations: 10, ONE TIME, on Saturday 2/22/25 at 0730	**Incentive spirometry strengthens the lungs and improves respiratory function, which is indicated for a chronic obstructive pulmonary disorder patient.**
Oxygen therapy: Routine, CONTINUOUS, 2/19/25, until specified **Device: Nasal cannula** **Initiate O2 at (1pm):6** **Titrate O2 to maintain SPO2: 90-95%** **May wean O2 to off or to home O2 if stats are maintained**	**This patient requires oxygen therapy because they have chronic obstructive pulmonary disorder and their lungs are trying to operate with a decreased amount of surface area and alveoli in the lungs which results is decreased gas exchange and oxygenation.**
Pulse oximetry spot	**This order is to help the team monitor for a decreased oxygenation status which is common in patients with chronic obstructive pulmonary disorder.**
RT assessment for albuterol/; Ipratropium treatment plan: 1.) If treatment regimen	**The physician is wanting to remain informed about how the patient is**

changes, discontinue previous albuterol and/or ipratropium treatment orders when ordering a new treatment level. 2.) Discontinue all albuterol: ipratropium ORDERS & ORDER SET if assessment results for 2 consecutive days has been a level 1 and no PRN treatments have been administered in the same time period. 3.) A new physician order is required to resume the treatment plan order set once discontinues, PRN, starting on: PRN: 2/18/25 at 2115 US	**responding to their albuterol/ipratropium treatment plan.**
RT assessment for albuterol/; Ipratropium treatment plan: 1.) If treatment regimen changes, discontinue previous albuterol and/or ipratropium treatment orders when ordering a new treatment level. 2.) Discontinue all albuterol: ipratropium ORDERS & ORDER SET if assessment results for 2 consecutive days has been a level 1 and no PRN treatments have been administered in the same time period. 3.) A new physician order is required to resume	**The physician is wanting to remain informed about how the patient is responding to their albuterol/ipratropium treatment plan.**

the treatment plan order set once discontinues, PRN, starting on: Daily: 2/19/25 at 0800 US	

Medications

Home Medications (Must List ALL)

Medications	Reason for taking
Atarvastin (LIPITOR) tablet 20mg oral/nightly	**This medication is a hyperlipidemic which the patient is using to control their hyperlipidemia (Jones & Bartlett, 2024)**
Benzonatate (TESSALON) capsule 100mg oral 3 x daily PRN	**The patient is suffering from a cough caused by chronic obstructive pulmonary disorder and influenza A, this medication suppresses cough.**
Iosartan (COZAAR) tablet 25 mg oral daily	**This drug is an antihypertensive that the patient is using to control their hypertension (Jones & Bartlett, 2024)**
Montelukast (SINGULAIR) tablet 10 mg oral daily	**To improve their respiratory symptoms (Jones&Bartlett, 2024)**
methylPREDNISolone	**To relieve the symptoms of inflammation**

(meDROLDOSPACK) 4mg therapy pack	**caused in the airway by chronic obstructive pulmonary disorder and influenza A (Jones&Bartlett,2024)**
HYDROcodone-acetaminphen (NORCO) 5-325 mg tablet	**This medication is used to lower the patient's pain level, this patient has been experiencing pain when coughing and muscle aches from the flu (Jones&Bartlett,2024)**

Hospital Medications (Must List ALL)

Brand/ Generic	**Albuterol (2.5mg/3ml) 0.083% Nebulizer solution**	**Atorvastin/ Lipitor**	**Azithromycin/ Zithromax**	**Enoxaparin/ Lovenox**
Classification	**Pharmacologic: Adrenergic Therapeutic: Bronchodilator (Jones & Bartlett, 2024)**	**Pharmacologic: HMG-CoA reductase inhibitor Therapeutic: antihyperlipidemic (Jones & Bartlett, 2024)**	**Pharmacologic: Macrolide Therapeutic: Antibiotic (Jones & Bartlett, 2024)**	**Pharmacologic: Low-molecular-weight heparin Therapeutic: anticoagulant (Jones & Bartlet, 2024)**
Reason Client Taking	**This medication helps to relieve the shortness of breath they experience that is caused by their chronic**	**This medication is a hyperlipidemic that the patient is using to**	**Antibiotic can help with chronic obstructive pulmonary disorder exacerbation that were caused by**	**Anticoagulants help to reduce the risk of blood clots and improve function in the lungs (Jones &**

	obstructive pulmonary disorder (Jones & Bartlett, 2024)	**control their hyperlipidemia (Jones & Bartlett, 2024)**	**bacteria (Jones & Bartlett ,2024)**	**Bartlett, 2024)**
Key nursing assessment (s) prior to administration	**A magnetic resonance imaging (MRI) of the brain should be done prior to administration (Jones & Bartlett, 2024)**	**Liver function test results should be reviewed prior to beginning atorvastatin therapy because it can increase the risk of liver dysfunction (Jones & Bartlett, 2024)**	**Obtain culture and sensitivity specimens prior to administration of this antibiotic, assess for bacterial or fungal superinfection (Jones & Bartlett, 2024)**	**Analyze patient for any risk of bleeding and educate the patient on bleeding precautions (Jones & Bartlett, 2024)**
Brand/ Generic	**quaiFENesin/ Mucinex**	**Iosartan/ Cozaar**	**Montelukast/ Singulair**	**Methylprenisolone/ Medrol**
Classification	**Expectorant (Jones & Bartlett, 2024)**	**Pharmacologic: Angiotensin II receptor blocker (ARB) Therapeutic: Antihypertensive (Jones & Bartlett, 2024)**	**Pharmacologic: leukotriene receptor antagonist Therapeutic: antiallergen, antiasthmatic (Jones & Bartlett, 2024)**	**Pharmacologic: glucocorticoid Therapeutic: corticosteroid (Jones & Bartlett, 2024)**
Reason Client Taking	**The patient is experiencing an increase of mucus build up in their lungs caused by their chronic obstructive pulmonary disorder and influenza A (Jones & Bartlett, 2024)**	**This medication is an antihypertensive that the patient is taking to control their hypertension (Jones & Bartlett, 2024)**	**To improve respiratory symptoms by preventing bronchial constriction (Jones & Bartlett, 2024)**	**To relieve the symptoms of inflammation caused in the airway by chronic obstructive pulmonary disorder and influenza A (Jones & Bartlett,2024)**
Key nursing assessment (s) prior to administra	**Monitor lungs sounds, establish hydration status as an expectorant can lead to**	**Monitor patient's serum potassium levels, blood**	**Alkaline phosphatase, complete blood cell count, serum aminotransferase,**	**Monitor patient for signs of infection, monitor for edema, assess**

tion	**dehydration (Jones & Bartlett, 2024)**	**pressure, renal function, and for muscle pain (Jones & Bartlett, 2024)**	**and total bilirubin levels should all be testes prior to administration (Jones & Bartlett, 2024)**	**for depression, monitor blood glucose (Jones & Bartlett, 2024)**
Brand/ Generic	**Amoxicillin-clavulenate/ Novamoxin**			
Classification	**Pharmacologic: Aminopenicillin Therapeutic: Antibiotic (Jones & Bartlett, 2024)**			
Reason Client Taking	**Antibiotic can help with chronic obstructive pulmonary disorder exacerbation that were caused by bacteria (Jones & Bartlett, 2024)**			
Key nursing assessment (s) prior to administration	**Monitor patient for superinfection and diarrhea, obtain culture and sensitivity specimens before administration, but expect to start administering before the results of these tests are known (Jones & Bartlett, 2024)**			

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Albuterol (2.5mg/3ml) 0.083% Nebulizer solution	**This medication is a bronchodilator which will help the patient breathe because of the inflammation and narrowing taking place in their airway.**	**1. pulmonary edema 2. dyspnea (Jones & Bartlett, 2024)**
2. Iosartan/Cozaar	**This medication is an antihypertensive and helps the patient manage their hypertension.**	**1. dizziness 2. cough (Jones & Bartlett, 2024)**
3. Atorvastin/Lipitor	**This medication is an antihyperlipidemic and will help the patient manage their hyerlipidemia.**	**1. interstitial lung disease 2. pneumonia (Jones & Bartlett, 2024)**

Medications Reference (1) (APA)

Nurse's Drug Handbook Jones & Bartlett Learning. (2024). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress:	**Patient is alerted and oriented x 4 No visible signs of distress Appears well groomed Droplet isolation precautions implemented**

Overall appearance: **Infection Control precautions:** **Client Complaints or Concerns:**	
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	**Temporal Temperature: 96.5°F** **Respiratory rate: 18** **Pulse: 79** **Blood pressure: 95/65** **SPO2: 92% on 3L of O2 via nasal cannula**
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	**1535** **5/10** **Ribs and accessory muscles of the chest** **Tolerable** **Tight, heavy, squeezing** **Changing position at home, oxygen therapy in hospital**
IV ASSESSMENT: **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	**There was an IV placed in the patients left forearm on 2/1825, but it was removed because it was causing tingling in the patient's fingers.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Pale but age appropriate** **Warm** **Turgor normal** **No rashes present** **Skin bruises easily and bruises were observed spread over the back, abdomen, and upper extremities bilaterally** **Some small sores noted on lower extremities bilaterally, no drainage or signs of infection present** **Braden score: 22** **Fall score: 23** **No drains present**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline, thyroid is nonpalpable, no jugular vein distension noted **Bilateral auricles present** **Bilateral sclera white, bilateral conjunctiva pink, bilateral corneas clear, no signs of**

	drainage from the eyes present **Bilateral turbinates pink and moist, septum midline, no signs of drainage or recent bleeding, nasal cannula placed** **Dentures worn fully on the top and partially on the bottom. Remaining lower teeth were pale grey, but age appropriate with no signs of inflammation or infection in the gums.**
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:**	**Heart rate and rhythm are normal. Clear S1 and S2 sounds present with no presence of murmurs, gallops, or rubs. Pulses + 2 bilaterally throughout all extremities, all extremities are warm and dry, capillary refill less than three seconds, no neck vein distension noted. Non pitting edema noted in the lower extremities bilaterally.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Normal rate and pattern of respirations. Reparations symmetrical but with a presence of accessory muscle use. Wheezes noted anteriorly and posteriorly. Crackles noted anteriorly and posteriorly but were more robust posteriorly. Frequent couhg which expels a thick, light green mucus. Patient reports trouble sleeping at night because when they lay flat they have trouble breathing.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐**	Diet at home is regular and the patient tolerates this diet well **5'6"** **91kg** **Bowel sounds normoactive throughout all four quadrants of the abdomen** **Last bowel movement on 2/22/25, the movement was large with a loose consistency and was brown in color** **No pain or masses noted with palpation or percussion** **Abdomen appears nondistended with no notable abnormalities other than the fact that it is rounded and that there is a large abdominal incision left over from previous hysterectomy and c-sections.** **No drains present**

Size: **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	**No wounds present** **No ostomy** **No nasogastric tube** **No feeding tube**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**Urine clear and yellow** **No pain with urination** **No frequency** **Patients does not receive dialysis** **No catheter placed**
Intake (in mLs) **Output (in mLs)**	**Intake for 2/24/25:** **16 oz coffee** **4oz yogurt** **6 oz omelet** **1000 ml water** **Output: N/A**
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**	No loss of sensation noted **Full range of motion present in all extremities** **Bilateral grips and pedal pushes/pulls equal** **No ADL assistance required** **Fall risk score: 23** **Patient is able to move about as they please independently without the use of assistive devices** **Does not need support to stand or walk**
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW present **Perla present** **No signs of deficiencies** **Strength equal in all extremities bilaterally** **Alerted and oriented x 4** **Speech is clear and legible** **No evidence of sensory loss** **Patient is fully conscious**
PSYCHOSOCIAL/CULTURAL:	Patient copes with their repeated hospital

Coping method(s): **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	admittance by resting, watching television, joking with the staff, and keeping in close contact with family. **Developmental level is generativity vs. stagnation (patient still works and contributes to their family)**

Discharge Planning

Discharge location: Patient is being discharged to their home.

Home health needs: The patient will require oxygen at home.

Equipment needs: This patient complains that their main oxygen source at home is too heavy to be portable, and that their portable oxygen source does not last long enough to be worth using. A more stable portable option for this patient will need to be found.

Follow up plan: Follow up with primary physician within three months if no serious symptoms persist, if serious symptoms arise seek treatment though emergency room or convenient care immediately.

Education needs: Do NOT put any flames or ignitable sources near your oxygen tank, this could cause a serious explosion and harm to you or your loved ones. Exercise as much as you can to keep lungs strong. Stay hydrated. Stay up to date on flu vaccinations. Be compliant with home medication regimen.

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 the clients decreased lung function as evidenced by their abnormal blood gas lab results (Phelps, 2023).	**This patient is suffering from a loss of surface area in their lungs.**	**The patient will experience improved oxygenation and have clearer breath sounds by discharge.**	1 **Administer and monitor oxygen therapy (Phelps, 2023)** **2. .Place client in a position that enhances gas exchange (sitting up in a chair) (Phelps, 2023)**	**The patient found a portable oxygen source that will work for them at home. The patient will not experience a desaturation of oxygen.**
2. Ineffective airway clearance related to the patients trouble expulsing thick mucus on	**This patient has a persistent cough that produces a thick mucus, the patient was seen struggling to expel**	**The patient will become strong enough to clear their airway independently and effectively by tomorrow evening.**	**1. Avoid placing patient in a supine position for long periods of time. (Phelps, 2023)** **2.Mobilize patient as much as they can tolerate to expand lungs and build respiratory**	**The patient was compliant with their medication regiment and increased respiratory strength which allowed them**

their own as evidenced by their persistent cough (Phelps, 2023).	**this mucus on their own.**		**strength.** **(Phelps, 2023)**	**to effectively clear their airway.**
3. Sleep deprivation related to the patient having trouble sleeping at night due to difficulty laying flat as evidenced by the patient choosing to spend their night hours in a chair instead of their bed (Phelps, 2023)	**The patient was seen choosing their chair over their bed early in the morning and never chose to go back to their bed for fear of trouble breathing.**	**The patient will help to develop a plan of care that will allow them to achieve 8 hours of uninterrupted sleep by evening.**	**1. Ask patient what changes would help promote sleep (Phelps, 2023)** **2 Make changes that will promote sleep such as making sure the patient is properly positioned, providing extra pillows, and providing high protein snacks near bedtime.** **(Phelps, 2023)**	**A mixture of oxygen administration and appropriate positioning were found that allowed the patient to sleep through the night successfully without interruption.**

Other References (APA):

Phelps, L.L. (2023) *Nursing Diagnosis Reference Manual.* Wolters Kluwer.