N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics

Date of Admission	**Client Initials**	**Age**	**Biological Gender**
February 26th, 2025	AP	26	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Circle K	Single	None Known
Code Status	**Height**	**Weight**	
Full Code	6'0	205 lbs.	

Medical History

Past Medical History: Diabetes Mellitus

Past Surgical History: No past surgical history

Family History: Paternal (Grandfather) Diabetes

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Client reports that he has never smoked and has never used smokeless tobacco. He reports that he does not currently use alcohol after usage of about 2.4 oz of alcohol per week. He reports currently drug us drug: Marijuana.

Education: Highest level 8th grade

Living Situation: House in Champaign

Assistive devices: None

Admission Assessment

Chief Complaint: Cough, nasal congestion, and extreme fatigue.

History of Present Illness (HPI) – OLD CARTS: Client reports that his symptoms began 2 days prior to his admission date. The location of the symptoms is head and nasal region. Client's states that the duration is constant without break. Characteristics are cough, nasal congestion, and extreme fatigue. Aggravating factors are SOB. The client states that relieving factors are fluids

and rest. Client states that he tried NyQuil and Dayquil before without relief. Client state he has no pai on 0-10 scale.

Primary Diagnosis

Primary Diagnosis on Admission: Influenza A

Secondary Diagnosis (if applicable): Pneumonia of right lobe due to infectious organism.

Pathophysiology

Pathophysiology of the Disease, APA format:

Influenza is a viral infection of the epithelial cells of the airway. This virus is transmitted via respiratory droplets from another infected person or contaminated surface. There are three types of influenza viruses (A, B, or C), several strains or subtypes. The cilia, mucus, and antibodies that the respiratory epithelial cells possess are their weapons. After entering the respiratory system, the influenza virus clings to the surface epithelial cells, damages cilia, mucus, and antibodies, enters the cells, and multiplies. These epithelial cells die because of the virus, causing necrosis and the dead cells to shed their skin. Influenza frequently causes a simple respiratory illness in the client, or it can cause a viral infection in the lung tissue that can culminate in bacterial pneumonia. (Braun & Anderson P. 117)

Pneumonia is most caused by inhalation of droplets containing bacteria or other pathogens. The droplets enter the upper airways and then enter the lung tissue. Pathogens cause inflammation by adhering to the respiratory epithelium. The lower respiratory tract and alveoli are affected by the acute inflammation. Vasodilation takes place at the sites of inflammation, and neutrophils leave capillaries and enter the surrounding air spaces. Reactive oxygen species, antimicrobial proteins, and degradative enzymes are used by neutrophils to phagocytize and eliminate microorganisms. The client can become hypoxic with obstructed exchange of O2 and

CO2 at the pulmonary capillaries. Due to the excess fluid over alveoli opening, when listening with a stethoscope you will hear crackles. Crackles caused by pneumonia sound like fine or coarse crackling, bubbling, or popping. Crackles occur when air passes through fluid in the lungs. (Capriotti p. 484)

Pathophysiology References (2) (APA):

Braun, C. A., & Anderson, C. M. (2022). *Applied pathophysiology: A conceptual approach to the mechanisms of disease* (3rd ed.).

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

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	106	127/84	17	97.3 F	97%

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0700	0-10	N/A	0	N/A	N/A

Intake and Output

Intake (in mL)	Output (in mL)
300 mL IV fluids	Void independent

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

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	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective Airway Clearance R/T retained secretions, as evidenced by cough and nasal congestion.	Client reported have a cough, nasal congestion, and nasal congestion. Client not able to clear airway effectively.	**1.** Avoid placing patient in supine position for extended periods. Encourage lateral, sitting, prone, and upright positions as much as possible to *enhance lung expansion and ventilation.* **2.**Assess respiratory status at least every 4 hours or according to established standards. *Obstruction*	**1.** Patient will breathe deeply and cough to remove secretions.	Client reported less congestion and able to effectively clear airway. Goal met.

		in the airway leads to atelectasis, pneumonia, or respiratory failure.		
2. Fatigue R/T altered sleep-wake cycle as evidenced by extreme fatigue	Client reported extreme fatigue due to respiratory illness.	**1.** Provide small, frequent feedings *to conserve patient's energy and encourage increased dietary intake.* **2.**Establish a regular sleeping pattern. *Getting 8 to 10 hours of sleep nightly helps reduce fatigue.*	**1.** Patient reports reduced fatigue level.	Client reported feeling less fatigue upon and feeling well rested discharge for hospital. Goal met.

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer. (P. 249 & P. 21)