N431 **CARE PLAN #2**

Isabella Leevey

Lakeview College of Nursing

N431: Adult Health II

Brittany Lawson

March 4, 2025

Demographics

Date of Admission 03/02/2025	Client Initials M.B	Age 64 years old	Biological Gender Female
Race/Ethnicity African American	Occupation Retired	Marital Status Single	Allergies No known allergies
Code Status Full Code	Height 5'2" or 157.5 cm	Weight 49.6 kg or 109 pounds	

Medical History

Past Medical History: Anxiety, Asthma, and Hypertension

Past Surgical History: No surgical history noted within patient chart and per patient.

Family History: Negative family history per patient and patient chart.

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

Patient is an everyday user of e-cigarettes and has an occasional drink but does not do recreational drugs.

Education: The patient stated that after high school she went into the Army and pursued a career in the military.

Living Situation: The patient lives at home by herself.

Assistive devices: The patient does not use any assistive devices.

Admission History

Chief Complaint: Shortness of breath and expiratory wheezing

History of Present Illness (HPI)– OLD CARTS

The patient was presented to the emergency department on 03/02/2025 for complaints of trouble breathing and wheezing. The patient stated that these symptoms have been "going on for a few days but that day it had gotten worse". The patient was complaining of shortness of breath but when the student nurse asked if she had chest pain, she denied having chest pain. The patient

described this as “not being able to breathe and gasping for air”. The patient said that after smoking, this event started happening. The patient smokes e-cigarettes. The patient stated that the Albuterol inhaler would give temporary relief but would not give total relief. The patient proceeded to go to the emergency department for further treatment and was admitted to the 4th floor.

Admission Diagnosis

Primary Diagnosis: Asthma Exacerbation

Secondary Diagnosis (if applicable): Not applicable

Pathophysiology

This patient came into the emergency department with acute asthma exacerbation. This disease process is airway inflammation that will end up leading to chronic airway narrowing (Hinkle et al., 2022). There are a few cells in the human body that cause the inflammation of the airway, and they are macrophages, mast cells, T lymphocytes, eosinophils, and neutrophils (Hinkle et al., 2022). When the patient is having an acute asthma exacerbation, the smooth muscle in the bronchial contract or broncho constrict and the airway will quickly constrict in response to an exposure to things like allergies (Hinkle et al., 2022).

A few signs and symptoms of asthma are wheezes, cough, dyspnea, and chest tightness (Capriotti, 2020). An asthma attack will occur more at night or early in the morning, this is possibly due to circadian variations that can cause a difference in the airway receptors (Hinkle et al., 2022). In some scenarios, chest tightness and shortness of breath occur. Expiratory and inspiratory wheezes can be auscultated on a patient experiencing an asthma attack (Hinkle et al., 2022).

The patient has a history of having asthma for “as long as she can remember”. This onset of the asthma exacerbation happened “a few days ago” stated by the patient and she was having a cough and shortness of breath. She used her rescue inhaler, Albuterol, with no symptom relief. She then presented to the emergency department with shortness of breath and wheezing. She was then admitted to the 4th floor for observation.

The client was prescribed methylprednisolone and Brovana for airway maintenance. Methylprednisolone is a steroid that helps keep the patient’s airway open (NDH, 2023). This medication is primarily used for acute asthma exacerbations (NDH, 2023). Brovana, an adrenergic bronchodilator, was prescribed to the patient because this medication is used to treat

asthma, but it is not used as a rescue inhaler (NDH, 2023). The patient had a chest x-ray performed while in the emergency department and the imaging showed that the patient has hyperinflated lungs.

Clinical data that showed the patient is having an asthma exacerbation was the results of the chest x-ray, hypokalemia, abnormal white blood cell count, eosinophils and basophils being elevated, bicarbonate elevation, and PCO2 elevation.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company: ISBN 9780803694118

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Jones & Bartlett Learning. (2023). 2021 *Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	**100**	**84**	**70-99**	**This patient is taking a corticosteroid and has had a stressful event occur, so the patient's glucose will be elevated due to those two factors (Pagana et al., 2023).**
Troponin I	**17**	**N/A**	**<=14 ng/L**	**This level will be high due to myocardial damage, but the patient was not having cardiac issues upon arrival to the emergency room (Pagana et al., 2023).**
PH arterial	**7.34**	**N/A**	**7.35-7.45**	**The reason why this lab value can be abnormal is because when the lungs have an increase in the respiratory rate, with an asthma exacerbation, CO2 is lost in the**

				bloodstream which decreases acid content (Hinkle et al., 2022).
PCO2	**54**	**46**	**35-45 mm Hg**	**This lab value could be increased due to the patient trying severely hard to compensate within her own body to oxygenate correctly (Pagana et al., 2023).**
Bicarbonate	**29.3**	**N/A**	**22-26 mmol/L**	**This lab value is elevated due to the patient having respiratory issues related to asthma exacerbation. When the kidneys are trying to compensate for the body, it will try to reabsorb bicarbonate and this is why the levels are abnormal (Pagana et al., 2023).**
MPV	**8.6**	**8.7**	**9.7-12.4 fL**	**MPV values have been clinically proven to be**

				decreased when the patient has an asthma exacerbation (Senol et al., 2022).
Eosinophils	**11.6**	**2.3**	**0-5 %**	**The lab value will be elevated in a patient that has had an allergic reaction, and this patient had a reaction to something unknown that was outside (Pagana et al., 2023).**
Basophils	**1.2**	**0.9**	**0-1%**	**Basophil levels will be elevated in a patient with asthma due to basophils is the releasing mechanism for inflammatory responses (Hinkle et al., 2022).**
Potassium	**3.5**	**3.4**	**3.5-5**	**This patient is taking a bronchodilator which can cause hypokalemia (NDH, 2023).**

Bun/Creatinine	**18**	**24**	**12-20**	**This patient does not have a history of renal disease, but the patient had only had an input of 720 mL for the day so this lab value could be higher due to dehydration (Pagana et al., 2023).**
Calcium	**8.9**	**8.5**	**8.7-10.5**	**The patient is in respiratory alkalosis so this indication can cause the patient's calcium level to be low (Pagana et al., 2023).**
Total Protein	**7.6**	**5.6**	**6-8**	**This lab value could be lower due to the patient having a stress response also seen by the low Albumin level (Pagana et al., 2023).**
Albumin	**4.4**	**3.1**	**3.5-5**	**This patient had an acute asthma exacerbation**

				which causes stress overload on the body which can cause this level to be abnormal (Pagana et al., 2023).
Hemoglobin	**14.6**	**11.1**	**12-15.8**	**The patient was in respiratory distress due to asthma exacerbation which can make hemoglobin levels decrease (Hinkle et al., 2022).**
Hematocrit	**45**	**34.2**	**36-47%**	**This patient might have a low hematocrit level due to the chronic inflammatory response to the airway which can put the client at a higher risk for developing anemia (Rhew et al., 2023).**

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Chest X-ray	**Shortness of breath and expiratory**	**Hyperinflated lungs**

	wheezing.	

Diagnostic Test Reference (1) (APA):

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's diagnostic and laboratory test reference* (16th ed.). Mosby.

Rhew, K., Choi, J., Kim, K., Choi, K. H., Lee, S. H., & Park, H. W. (2023). Increased Risk of Anemia in Patients with Asthma. *Clinical epidemiology*. https://doi.org/10.2147/CLEP.S394717

Şenol, H.D., Özdoğru, E.E., Sancaklı, Ö. (2022). Which has an Influence on Mean Platelet Volume: Allergic Rhinitis or Asthma?. The Journal of Pediatric Research, 9(3), 223-227. doi:10.4274/jpr.galenos.2022.93899.

Active Orders

Active Orders	Rationale
Admission weight	**Baseline weight needed.**
Cardiac monitoring	**The patient's troponin is high, and the patient's potassium level is abnormal, so cardiac monitoring is put in place due to the risk of a cardiac issue.**
Incentive spirometry	**The patient is recovering from an acute**

	asthma exacerbation, so incentive spirometry is put in place to help move air in her lungs.
Insert/maintain peripheral IV	**For IV medications.**
Intake and output	**Monitor intake and output due to the patient being on a diuretic.**
Notify physician for pulse less than 50 and greater than 120	**This indicates that there is something that could be life threatening and the nurse will notify the physician as soon as possible.**
Up with assistance	As needed.
Vital signs per unit routine	Check vitals per unit protocol and check blood pressure every 4 hours and as needed due to the patient's hypertension medical diagnosis.

Medications

Home Medications (Must List ALL)

Medication	Reason for taking
Albuterol Aerosol Solution (90 base)	**This patient has Asthma and Albuterol is a bronchodilator that can be a rescue medication when the patient is having an**

	asthma attack (NDH, 2023).
Hydrochlorothiazide 25 mg tablet	**This patient has a past medical history of Hypertension, so this medication is used to treat hypertension (NDH, 2023).**

Hospital Medications (Must List ALL)

Brand/Generic	**Albuterol (Proventil) Nebulizer solution**	**AR formoterol tartrate (Brovana) Nebulizer solution**	**Budesonide (Pulmicort) nebulizer suspension**	**Enoxaparin (Lovenox)**	**Melatonin**	**Tramadol (Ultram).**
Classification	**Pharmacologic: Adrenergic Therapeutic: Bronchodilator (NDH, 2023).**	**Pharmacologic: Adrenergic Therapeutic: bronchodilator (Thornton, 2024).**	**Pharmacologic: corticosteroid Therapeutic: Anti asthmatic, anti-inflammatory (NDH, 2023).**	**Pharmacologic: Low-molecular weight heparin Therapeutic: anticoagulant (NDH, 2023)**	**Pharmacologic: Minerals and electrolytes Therapeutic: sedative (Anderson, 2024).**	**Pharmacologic: opioid agonist Therapeutic: opioid analgesic (NDH, 2023).**
Reason Client Taking	**Asthma**	**Asthma**	**Asthma**	**DVT prevention**	**As needed for sleep.**	**As needed for severe pain.**

List two teaching needs for the medication pertinent to the client	**Advise the patient to wait at least one minute between inhalations if more than one dosage is required.** **(NDH, 2023). Advise patients to check drug interactions due to the patient having multiple other nebulizer therapies prescribed (NDH, 2023).**	**This is not a rescue inhaler (Thornton, 2024). This is used for inhalation only, with a standard jet nebulizer (Thornton, 2024).**	**Caution patients not to use an oral inhaler with a spacer device because the patient uses a spacing device on other nebulizer treatments (NDH, 2023).** **Educate the patient that this is not a rescue inhaler and advise her to use albuterol instead in case of an emergency (NDH, 2023).**	**Advise the patient to report any bleeding at the site of injection (NDH, 2023).** **Review bleeding precautions to the client while they are taking this medication (NDH, 2023).**	**Avoid alcohol while taking this medication (Anderson, 2024).** **You do not need a prescription for this medication (Anderson, 2024).**	**Instruct the patient to watch for drug interactions while taking this medication if she should go home with this prescription (NDH, 2023).** **This medication may cause severe constipation so to educate the patient on proper hydration due to the patient having**

						chronic constipation already (NDH, 2023).
Key nursing assessment(s) prior to administration	**Monitor serum potassium level because this medication can cause hypokalemia, and this was seen in this patient (NDH, 2023).**	**This medication should not be taken for asthma, only COPD, contacting pharmacy would be in place for this medication (Thornton, 2024).**	**Monitor this patient after taking this medication due to the patient having hypertension and this medication can adverse effects related to high blood pressure (NDH, 2023)**	**Use this medication with caution to patients who have hypertension because this medication can cause adverse effects related to hypertension (NDH, 2023).**	**Do not give to this patient due to the patient having hypertension which can cause an adverse reaction (Anderson, 2024).**	**Assess respiratory status frequently because this medication can cause respiratory depression (NDH, 2023).**
Brand/Generic	**Methylprednisolone (Solu-medrol).**	**Hydrochlorothiazide (Microzide)**	**Acetaminophen (Tylenol)**	**Calcium carbonate**	**Hydralazine (Apresoline)**	**Magnesium hydroxide (milk of magnesia).**
Classification	**Pharmacologic: Glucocorticoid**	**Pharmacologic: Thiazide diuretic**	**Pharmacologic: Non salicylate**	**Pharmacologic: calcium salts**	**Pharmacologic: Vasodilator**	**Pharmacologic: Miner**

	Therapeutic: corticosteroid (NDH, 2023).	**therapeutic: diuretic**	**, para-aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic (NDH, 2023)**	**Therapeutic: Antacid (NDH, 2023).**	**Therapeutic: antihypertensive**	**al Therapeutic: electrolyte replacement**
Reason Client Taking	**Acute asthma exacerbation**	**Manage hypertension**	**As needed for mild pain.**	**As needed for heartburn/indigestion**	**As needed for hypertensive episodes**	**As needed for constipation**
List two teaching needs for the medication pertinent to the client	**Instruct the patient to take this medication with food or milk (NDH, 2023).** **Educate the client on taking calcium supplements while taking this medication because this medicati**	**Educate the patient on taking this medication in the morning to avoid waking in the middle of the night to urinate (NDH, 2023).** **Advise patients to increase intake of potassium into**	**Report signs of shortness of breath to the healthcare provider while taking this medication (NDH, 2023).** **Do not drink alcohol while taking this medication (NDH,**	**Educate the patient on taking this medication 1 to 2 hours after meals (NDH, 2023).** **Educate client on smoking cessation because this may decrease calcium absorption (NDH, 2023).**	**Do not take this medication with food (NDH, 2023).** **Educate the patient on not stopping this medication all at once because this can cause severe hypertension (NDH, 2023).**	**Take with a lot of water per dose (NDH, 2023). Shake well before consuming (NDH, 2023).**

	on can cause calcium levels to fall out of range (NDH, 2023).	**their diet (NDH, 2023).**	**2023).**			
Key nursing assessment(s) prior to administration	**Monitor the client for signs of infection because this medication can worsen fungal infections (NDH, 2023).**	**Assess for signs of hypokalemia, for example, muscle spasms and weakness (NDH, 2023).**	**Make sure to calculate total daily intake of medications with acetaminophen to reduce the risk for hepatotoxicity (NDH, 2023).**	**Monitor calcium levels while the patient is taking this medication (NDH, 2023).**	**Monitor blood pressure and daily weight while taking this medication (NDH, 2023).**	**Monitor electrolytes closely due to the possibility of magnesium toxicity (NDH, 2023).**

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Albuterol	**This medication is a rescue inhaler which can decrease the risk of the airway closing in an asthma attack (NDH, 2023).**	**1. Hypokalemia (NDH, 2023).** **2. Dyspnea (NDH, 2023).**
2. methylprednisolone	**This medication is a steroid which will help decrease**	**1. Hypokalemia (NDH, 2023).** **2. Hypertension (NDH,**

	inflammation in the airway to help the patient have better oxygenation (NDH, 2023).	**2023).**
3. Pulmicort/Brovana	**This medication is a bronchodilator which will help the patient's airway relax and will allow the patient to breathe easier (Thornton, 2024).**	**1. Hypokalemia (Thornton, 2024).** **2. Trouble breathing (Thornton, 2024).**

Medications Reference (1) (APA)

Anderson, Ann Leigh. (2024, October 24). *Melatonin.* Drugs.com.

https://www.drugs.com/melatonin.html#before-taking

Jones & Bartlett Learning. (2023). 2021 *Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Thornton, Philip. (2024, June 24). *Brovana (inhaler).* Drugs.com.

https://www.drugs.com/brovana.html#side-effects

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	**The patient is alert and orientated to self, time, location, and situation upon assessment. The patient is clean with dry skin noted upon assessment. The patient is on contact and droplet isolation precautions until further notice for Influenza A testing. The client does not present any complaints or concerns at this**

	moment but requested Melatonin for when she goes to bed tonight.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	**Temperature: 97** **Respiratory rate: 12** **Pulse: 91** **Blood pressure: 152/93** **Oxygen saturation: 97%** **Delivery Method: room air** **Vitals taken at: 1725**
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	**Pain assessment at 1423. The patient voiced to the student nurse that she had a pain rating of 0 out of 10 on the numeric scale. The patient did not have any pain anywhere on her body. The patient expressed that she wanted something to help her sleep at night. When the nurse and student nurse left the room, the head of the bed was elevated, and the lights were turned off to promote optimal comfort for the patient.**
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:**	**The IV was a 20 gauge on the left forearm of the patient. The IV was placed on 03/04/2025 in the emergency department. The IV was patient and the IV site had blood around the dressing site. The student nurse asked if the patient had any pain around the IV site and the patient expressed that there was not any pain. The IV dressing was saturated with blood but there were not any signs of erythema, infiltration, or phlebitis. This patient is on a saline lock.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 15** **Drains present: Y☐ N ☐** **Type:**	**The patient's skin color is normal for patient's ethnicity. The patient's skin is warm, and dryness was noted on bilateral arms. The patient's turgor is normal and lasts less than 3 seconds. There were not any rashes, bruises, or wounds noted upon inspection of the patient. The patients IV were saturated with blood but there was not any indication of skin color or temperature being abnormal. The patient's Braden score was 15. The patient did not have any drains in place.**
HEENT: **Head/Neck:** **Ears:** **Eyes:**	**The patient's head and neck are appropriate for the client's age. The head is midline on the patient's neck. The patient's ears are within normal limits, and they do not have signs of**

Nose: **Teeth:**	**drainage or swelling. The patient's eyes are symmetrical and proportional to the face. The nose is midline to the patient's face without signs of drainage or swelling. The patient's teeth were well groomed and had all appropriate teeth in their mouth.** .
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: N/A**	**S1 and S2 heart sounds were auscultated. Rhythm is normal sinus rhythm, and the pulse was 91 upon assessment. The patient's bilateral lower extremity pulses (popliteal, dorsalis pedis, and posterior tibialis) were all +2 pulses and were able to be palpated. Capillary refill for bilateral hands and feet were less than 3 seconds. The patient did not have jugular neck vein distention. The patient did not have palpable edema upon assessment.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	The patient did not have any accessory muscle use noted when breathing. Anterior and posterior lung sounds had minimal wheezing noted upon auscultation.
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 ☐** **Size: N/A** **Feeding tubes/PEG tube Y ☐ N ☐** **Type: N/A**	**The patient has a regular diet at home and the patient noted she eats a lot of vegetables due to having chronic constipation. The patient has a cardiac diet while she is in the hospital and is tolerating the diet well. The patient's height is 5'2" or 157.5 cm and the patient's weight is 49.6 kg or 109 pounds. The patient has hyperactive bowel sounds in all four quadrants due to the patient eating food minutes before this nursing student performed the assessment. The patient stated that she had not had a bowel movement since she was admitted to the hospital but stated that her last bowel movement was" a few days ago". When the student nurse palpated the patient's abdomen, her abdomen was distended and was firm to touch but the patient did not complain of any pain when palpating. The patient's abdomen was distended, and did not have any incisions, scars, drains, or wounds noted upon inspection. The patient did not have an ostomy, nasogastric tube, or feeding tube.**
GENITOURINARY: **Color:**	**The patient reported that she did not have any pain or frequency when urinating. The**

Character: **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type: N/A** **Size: N/A**	**patient's urine was a pale yellow and clear. The quantity of the urine was undetermined because she would go to the bathroom without assistance. The patient is not on dialysis. The student nurse did not inspect the patient's genitals during the assessment. The patient did not have a catheter.**
Intake (in mLs) **Output (in mLs)**	**Intake: 720 mL** **Output: undetermined due to patient using bathroom by herself, there was not a hat to catch urine output in the toilet.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score: 49** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	The client did not have any tingling or numbness when asked. The patient has full range of motion on all bilateral extremities. The patient does not have any supportive devices. The patient's strength is equal on both sides. The patient is independent and can do all activities of daily living without assistance. The patient is a fall risk with a score of 49. The patient gets up independently and walks to the bathroom by herself.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	This patient moves all extremities well. The patient had strength in all four extremities, and this was assessed by the patient repositioning herself and moving herself without trouble while in bed. PERLA intact. The patient is orientated to where she is at and why she was admitted. The patient's mental status is normal for the age of the patient. The patient's speech is within normal limits for patient age. The patient was A & Ox 4 and was able to sense everything around her.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home**	**The patient expressed to the student nurse that she enjoys spending time with her friends. She enjoyed sharing her military experience with the student nurse before the assessment. The patient's developmental level is**

environment, family structure, and available family support):	**appropriate for the patient's age. The patient did not express that she practiced a certain religion. The patient has a support system at home that includes her friends and her children.**

Discharge Planning

Discharge location: This patient will discharge to home.

Home health needs: This patient does not require any home health needs currently.

Equipment needs: This patient will need to pick up prescriptions from her local pharmacy after discharge to get the new medications that the hospitalist prescribed**.**

Follow up plan: This patient will need to follow up with her primary care provider after discharging up.

Education needs: This patient needs education in nonpharmacological techniques to help calm themselves down when they are having an asthma attack. This patient needs to be educated on when and how to use her rescue nebulizer, Albuterol.

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. Ineffective	**This nursing**	**Adventiti**	**Assess**	**The client had**

Airway Clearance related to asthma exacerbation as evidenced by respiratory panel results (Phelps, 2020).	**student chose this nursing diagnosis because this patient had asthma exacerbation and was having a poor time oxygenating.**	**ous breath sounds will be absent (Phelps, 2020).**	**respiratory statues every four hours (Phelps, 2020).** **Monitor ABG values and hemoglobin levels very closely due to the patient having abnormal lab values (Phelps, 2020).**	**minimal wheezes upon auscultation and took the assessment very well.**
2. Ineffective breathing pattern related to asthma symptoms as evidenced by hyperventilation (Phelps, 2020).	**This nursing student chose this nursing diagnosis due to the patient's ABG and respiratory panel results.**	**The patient will have normal respiratio n and adequate oxygen saturation .**	**Observe signs and symptoms of respiratory distress (Phelps, 2020).** **Assist the patient into a comfortable position (Phelps, 2020).**	**The patient will remain comfortable lying in bed and have adequate oxygenation.**
3. Impaired gas exchange related to respiratory alkalosis as evidenced by asthma exacerbation (Phelps, 2020).	**This nursing student chose this nursing diagnosis due to the patient's bicarbonate level.**	**The patient's bicarbona te level will be within normal limits upon discharge.**	**Place the patient in a position that best facilitates chest expansion while remaining in a comfortable position (Phelps, 2020).** **Teach the patient relaxation techniques to help reduce**	**The patient will demonstrate breathing techniques to lower anxiety and to reduce oxygen demand.**

			tissue oxygen demands (Phelps, 2020).	
Aspiration related to ineffective airway clearance as evidenced by bronchoconstriction (Phelps, 2020).	**This nursing student chose this nursing diagnosis because the patient is at a very high risk for aspiration pneumonia.**	**Auscultation will reveal no adventitious breath sounds (Phelps, 2020).**	**Review lab results to confirm there are not any signs of infection (Phelps, 2020).** **Assess patient for gag and swallow reflex (Phelps, 2020).**	**The patient will report if the patient is having signs of infection such as fever and muscle weakness.**

Other References (APA):

Phelps, L.L. (2023). ***Nursing Diagnosis Reference manual.*** **(12th ed.). Wolters Kluwer.**