

N431 CARE PLAN 2

Ginaveve Jessup

Lakeview College of Nursing

N431: Adult Health II

Instructor Lawson

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Demographics

Date of Admission 3/3/2025	Client Initials D.B.	Age 21 years old	Biological Gender Male
Race/Ethnicity African American	Occupation Unemployed	Marital Status Single	Allergies No known allergies
Code Status Full code	Height 6'2"	Weight 135 lbs	

Medical History

Past Medical History: Has a history of another spontaneous pneumothorax on this left side and hypertension per the patient.

Past Surgical History: This patient has no surgical history per patient and electronic health record.

Family History: Both parents have a history of hypertension, per the patient.

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

This client does not use tobacco, alcohol, or drugs currently. This client has a history of smoking marijuana.

Education: This client's highest level of education is senior year.

Living Situation: This client lives with his girlfriend, her parents, and his girlfriend's younger sister. He has lived there for almost 3 years.

Assistive devices: The patient has no assistive devices or needs.

Admission History

Chief Complaint: Right-sided chest discomfort.

History of Present Illness (HPI)– OLD CARTS

The patient presented to the emergency room complaining of right-sided chest pain and discomfort. The duration of this illness was one day before his admission on 3/3. He explained

that it “hurt worse when he would breathe in.” The client explained it was worse when he lay on his right side, but he would have some relief on his left side. He explained that he tried to take Tylenol, but it did not help. He was experiencing some shortness of breath and severe pain in his right side, rated an 11/10 on a numeric scale. The client explained that since he has a history of this condition, he was aware of the signs and symptoms of this emergency, so it was important that he seek medical care. The client stated, “It felt like my lung had dropped into my stomach.”

Admission Diagnosis

Primary Diagnosis: Spontaneous pneumothorax

Secondary Diagnosis (if applicable):

Pathophysiology

Spontaneous pneumothorax occurs when gas or air builds up abnormally in the intrapleural space (Costumbrado & Ghassemzadeh, 2023). It happens without a clear cause, such as trauma or accidental factors. One might categorize spontaneous pneumothorax as primary or secondary. A history of an underlying lung condition is linked to secondary spontaneous pneumothorax, while a patient with no underlying pulmonary disease has primary spontaneous pneumothorax. My patient had a secondary spontaneous pneumothorax since they had a previous one in January of 2023. Rises in transpulmonary pressure and problems with the inner pleura have been linked to spontaneous pneumothorax, which is a pretty complicated issue. When there are sudden jumps in alveolar pressure that are higher than the pressure in the lung's interstitial space, it can cause air to leak into the pleura and lead to alveoli bursting. Weak areas in the visceral pleura, caused by subpleural blebs, bullae, and lung damage, can increase the risk of alveoli rupturing in spontaneous pneumothorax. The exact reasons are not fully understood.

Intact bullae may still be linked to this condition, and the shedding of pleural mesothelial cells could also contribute to its development. A spontaneous pneumothorax usually occurs while a person is at rest and does not often happen after physical activity. Patients often feel sharp chest pain on the same side as the affected lung. They may also experience sudden difficulty breathing and an increase in the effort needed to breathe, especially in cases of secondary spontaneous pneumothorax. With the late symptoms of oxygen deprivation, low blood pressure, and tracheal deviation, tension pneumothorax development is an uncommon possible consequence of spontaneous pneumothorax. Pneumothorax symptoms vary depending on its etiology (Hinkle et al., 2021). The pain usually starts suddenly and may feel sharp. A person with a small, uncomplicated pneumothorax may only have mild breathing problems, chest discomfort, and fast breathing. If the pneumothorax is large and the lung entirely collapses, the person can experience serious breathing troubles. They might feel anxious, have difficulty breathing, use extra muscles to help with breathing, and may even show signs of bluish skin due to low oxygen levels. My patient was experiencing shortness of breath and chest pain. There were no other symptoms my patient complained of. They were aware of what was happening since they had a history of spontaneous pneumothorax. Doctors usually rely on the patient's history and physical exam to diagnose spontaneous pneumothorax (Costumbrado & Ghassemzadeh, 2023). Imaging tests like X-rays and CT scans confirm the diagnosis. While measuring arterial blood gases is unnecessary to diagnose spontaneous pneumothorax, it can help assess problems like acute respiratory alkalosis and increased oxygen levels between the alveoli and arteries if tension is involved. My patient's spontaneous pneumothorax was diagnosed using his medical history, physical assessment findings, and an X-ray. My client also had abnormalities in their labs, showing inflammation and a trauma response. Platelets and lymphocytes were decreased, and neutrophils

and absolute neutrophils were increased. Preventing recurrences and removing the gas from the pleural space are the primary objectives of therapy for spontaneous pneumothorax. The medical management of pneumothorax depends on the severity (Hinkle et al., 2021). Along the midaxillary line, a chest tube is positioned in the fourth or fifth intercostal gap. For efficient fluid and air drainage, the tube points backward. The chest tube or tubes aid in removing gas, air, or blood from the pleural cavity once they are positioned and connected to suction. The chest tube removes any remaining air and fluid, restores negative pressure, and helps the lung re-expand. If the lung expands well and the air leak stops, more drainage may not be needed. However, surgery may be needed to close the leak if there is a continuous air leak despite draining. Pleurodesis is the technique used to stop recurrence (Capriotti, 2020). Pleurodesis purposefully irritates the pleural membrane's layers medically. The pleural gap is sealed off by the adhesion of the visceral and parietal pleural membrane layers brought on by the irritation. It may be necessary to provide supplemental oxygen if the client is hypoxic. My patient was treated with a chest tube. Further chest X-rays are needed to ensure the situation is improving (Costumbrado & Ghassemzadeh, 2023). My patient had routine chest X-rays performed to monitor his treatment plan and his lung expansion.

Pathophysiology References (2) (APA):

Capriotti, T.M. (2020). *Davis advantage for pathophysiology introductory concepts and clinical preservations* (2nd ed.) F.A. Davis.

<https://fadavisreader.vitalsource.com/books/9781719641470>

Costumbrado, J., & Ghassemzadeh, S. (2023, July 24). Spontaneous Pneumothorax. *StatPearls*.

National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK459302/>

Hinkle, J.L., Cheever, K. H. & Overbaugh, K. (2021). *Lippincott coursepoint enhanced for Brunner & Suddarth's textbook medical-surgical nursing* (15th ed.). Wolters Kluwer Health. <https://coursepoint.vitalsource.com/books/9781975186722>

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
BUN/Creatinine ratio	11	11	12-20 ratio	This lab is decreased in this patient. It is close to being normal which is a good sign. It has not improved in one day. The reason for an abnormal value can be from diet, overhydration, or malnutrition (Pagana et al., 2023). There is not a correlation with the clients primary diagnosis and this lab. The client is underweight for his age and height.
Glucose	93 mg/dL	108 mg/dL	70-99 mg/dL	This lab is recently elevated and deviated

				from normal range. This client has no past medical history that can explain this elevation. This lab could be elevated due to the injury, stress, diet, or a medication this client is taking such as the beta blocker (Pagana et al., 2023).
Platelet count	152 10 ³ /mcL	126 10 ³ /mcL	140-440 10 ³ /mcL	Platelets are recently decreased. This can be from the inflammatory response in the body from the trauma and possible infection (Pagana et al., 2023). This can be severe in this patient in this condition because it can mean further complications. It is important to closely monitor this level.

Neutrophils	77.6 %	62.1%	40.0-68.0%	This level was increased in admission but it now within normal limits which is good. The increase in this lab can be from the client experiencing stress and trauma on the body from the injury or inflammation (Pagana et al., 2023).
Lymphocytes	15.0%	28.0%	19.0%-59.0%	This level was decreased on admission and is now in within normal limits which is a good sign. This level can be decreased from the trauma of the injury, inflammation, a stress response, or possible infection (Pagana et al., 2023).
Absolute neutrophils	7.70 10 ³ /mcL	5.60 10 ³ /mcL	1.40-5.30 10 ³ /mcL	This level is increased but it seeming to decrease closer to the normal range

				which is good. This increase can be from a possible infection, inflammation, trauma, or a stress response to the injury (Pagana et al., 2023).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
<p>EKG 12 Lead. This test is given to view the impulses of the hearts conductivity (Pagana et al., 2023). This can identify heart rate, rhythm, and abnormalities. This was done because the client was experiencing chest pain, and it</p>	<p>This test was preformed because of the patient experiencing chest pain and routine for someone with a complaint of chest pain. This client also had a pneumothorax back in 2023, so this was being compared to that same EKG.</p>	<p>Normal sinus rhythm with sinus arrhythmia, rightward axis, when compared to ECG from Jan of 2023.</p>

<p>was so it can rule out cardiac issues.</p>		
<p>Single chest x-ray views portable. This test was preformed to view the lungs and chest cavity (Pagana et al., 2023). This test is used to detect tumors, fluid, air, heart size, and possible inflammation. This test was used to observe the pneumothorax the client was diagnosed with as well as other complications.</p>	<p>This test was done because the client complained of chest pain and shortness of breath.</p>	<p>With underlying lung collapse, pneumothorax is shown to fill up to 70% of the right hemithorax. The same examination shows no signs of a mediastinal shift.</p>
<p>Single chest x-ray views portable (the day after). This test was preformed to view the lungs and chest cavity (Pagana et al., 2023). This test is used to detect tumors, fluid, air, heart size, and possible inflammation. This test was used to observe the</p>	<p>This test was done because the client complained of chest pain and shortness of breath.</p>	<p>The right chest tube is inserted at intervals until its tip reaches the medial aspect of the right upper lung zone. It is advised to move slightly. mild case of COPD.</p>

pneumothorax the client was diagnosed with as well as other complications.		
Single chest x-ray views portable (today). This is used as a comparison. This test was preformed to view the lungs and chest cavity (Pagana et al., 2023). This test is used to detect tumors, fluid, air, heart size, and possible inflammation. This test was used to observe the pneumothorax the client was diagnosed with as well as other complications.	A follow up of the chest x-ray done on 3/3 for chest pain and shortness of breath. Spontaneous pneumothorax.	Right-sided chest tube stability, more right lung expansion, and a little, persistent right apical pneumothorax that measured less than 10% at that time.

Diagnostic Test Reference (1) (APA):

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

Active Orders

Active Orders	Rationale
Diet General	This order is to let the client and healthcare

	<p>team know this client can eat and drink whatever they please to maintain adequate nutrition and hydration during their stay.</p>
IP Consult to General surgery	<p>Consult for spontaneous pneumothorax chest tube insertion. This order can be outstanding if there was a need for a general surgery consult regarding the clients chest tube insertion.</p>
Pulse oximetry spot	<p>This active order is essential in maintain and observing adequate oxygenation in the patient especially following their trauma to the lung. Continuous and adequate monitoring can help the health care team in interventions needed to improve the oxygen saturation. This is an essential vital.</p>
Admission weight	<p>This is an important order that can help in assessing nutrition status, fluid intake, and prescribing medication.</p>
Chest tube to continuous suction	<p>This is an important order. This is one of a priority intervention in the care and recovery of this patient. This intervention and order is to help in removing air, fluid, or blood in the pleural space to help in the re-expansion of</p>

	the lung. There can be some complications for this client such as an infection.
Insert and maintain peripheral IV	This order is important because having an IV can help in the care of this patient such as medication administration, fluids, or in case of an emergency with pushing live saving drugs.
Intake and output	Intake and output is an important order to assess the health and nutrition status of this patient which can in turn help prevent complications.
Notify physician if pulse is less than 50 or greater than 120, respirations are greater than 30 or less than 10, temperature greater than 101.3, urinary output less than 240mL/8 hours, systolic less than 85 or greater than 180, diastolic less than 50 or greater than 105, pulse oximetry less than 90, and new or worsening pain.	This is an important order as well because it is important in the care and well-being of the patient to kept in the defined limits which receiving treatment. It is important the physician is notified to help in medication ordering and medical interventions to help in any of these cases where the client is unstable. This is especially important with the client having a chest tube in, which is invasive.
Nursing night calls if IV expires overnight, signs of infiltration, questions regarding labs, need for non-violet restraint order renewal.	This is an order for communication between the healthcare team during the night. Monitoring and caring for the patient and

	<p>providing adequate, appropriate care is important even during the night hours.</p>
Patient may shower	<p>This is an order letting the healthcare team know as well as the patient, that they can have the ability to shower if they please since they do have that chest tube in.</p>
Saline IV lock	<p>Saline lock is an appropriate order to be able to have constant and immediate access to the clients bloodstream during their treatment.</p>
Up as tolerated	<p>This order is informative for the healthcare team in letting the patient know they are of free will to get up and move around if they want, since they do have a chest tube, and it can feel debilitating.</p>
Vital signs	<p>It is essential in the care, treatment, and overall health observation and assessment.</p> <p>This can help detect any major health issues and monitor a health problem. Vitals can help in showing progress of treatment and care.</p>

Medications

Home Medications (Must List ALL)

Medication	Reason for taking
Sertraline (ZOLOFT)	The client takes this medication as an antidepressant. This is also a hospital medication.
Ondansetron (ZOFRAN-ODT)	The client takes this medication for nausea. This medication is a hospital medication as well.
Propranolol (INDERAL)	The client takes this medication for high blood pressure. This medication is a hospital medication as well.

Hospital Medications (Must List ALL)

Brand/ Generic	Acetaminophen (TYLENOL) tablet of 650 mg every 4 hours	Hydrocodone-acetaminophen (NORCO) 5-325 mg per tablet 1-2 tablets every 4 hours	Ondansetron (ZOFTRAN-ODT) disintegrating tablet 4 mg and injection	Senna (SENOKOT) 8.6 mg
Classification	Pharmacological class is nonsteroidal anti-inflammatory drug, para-aminophenol derivative (Jones & Bartlett, 2023). Therapeutic class is antipyretic, nonopioid analgesic (Jones & Bartlett, 2023).	Pharmacological class is opioid (Jones & Bartlett, 2023). Therapeutic class is opioid analgesic (Jones & Bartlett, 2023).	Pharmacological class is selective serotonin receptor antagonist (Jones & Bartlett, 2023). Therapeutic class is an antiemetic (Jones & Bartlett, 2023).	I was not able to find specifics on which class this medication is, but it is classified as a stimulant laxative (MedlinePlus, 2024).
Reason Client Taking	The client is taking this medication for mild pain.	The client is taking this for moderate pain.	The client is taking this medication for nausea and the injection is if the client cannot tolerate the oral medication.	The client is taking this medication for constipation prophylactically.
List two teaching needs for the medication pertinent to the client	Do not take more than prescribed as this can lead to liver damage (Jones & Bartlett, 2023). Read the directions properly and take the correct dose at the correct time to have accurate relief and do not take more if you are still having pain.	Correct dosing and timing are important to avoid misuse and possible addiction (Jones & Bartlett, 2023). Educate on this being a controlled substance and it can lead to addiction, misuse, and abuse of it.	Inform this client that this medication is a disintegrating tablet and to put it under the tongue for proper administration (Jones & Bartlett, 2023). Educate the patient on the possible common side effects as well such as a headache or fatigue.	Overuse of this medication can lead to diarrhea and electrolyte imbalances. Common side effects of this medication can include nausea and cramps or even rectal bleedings (MedlinePlus, 2024).
Key nursing assessment(s) prior to	Assess the client's kidney function and pain level prior to	Assess the client's pain level and	Assess the client's nausea level and if this medication	Assess the client's need for a laxative as

administration	administration of this medication (Jones & Bartlett, 2023).	respiratory status (Jones & Bartlett, 2023).	is needed and view potassium level because it can disrupt heart waves (Jones & Bartlett, 2023).	well as their hydration level (Jones & Bartlett, 2023).
Brand/ Generic	Calcium carbonate (TUMS) chewable tablet 1,000 mg every 8 hours	Magnesium hydroxide (MILK OF MAGNESIA) 400 mg/5mL suspension 30mL daily	Polyethylene (GLYCOLAX, MIRALAX) packet of 17g	Sertraline (ZOLOFT) tablet 25 mg
Classification	The pharmacological class is calcium salts (Jones & Bartlett, 2023). Therapeutic class is an antacid, antihypermagnesmic, antihyperphosphatemia, antihypocalcemic, calcium replacement, and cardiogenic (Jones & Bartlett, 2023).	The pharmacological class is mineral, and the therapeutic class is an electrolyte replacement (Jones & Bartlett, 2023).	I was unable to find the pharmacological class and therapeutic class of this medication, but I found that it is a part of the osmotic laxative class (Dabaja et al., 2023).	The pharmacological class is selective serotonin reuptake inhibitor (Jones & Bartlett, 2023). The therapeutic class is antianxiety, antidepressant, antiobsessive-compulsive, antipanic, antiposttraumatic stress, and antipremenstrual dysphoric (Jones & Bartlett, 2023).
Reason Client Taking	The client takes this medication for heartburn and indigestion.	The client is taking this medication for constipation and is a PRN medication. The pain medication will constipate this patient.	The client is taking this medication for constipation as a PRN medication prophylactically.	This medication is taken as an antidepressant medication for this client.

List two teaching needs for this medication pertinent to the client	Educate the patient on taking this medication after meals (Jones & Bartlett, 2023). Educate the patient on possible side effects such as increased calcium, a stomach ache, or constipation (Jones & Bartlett, 2023).	Educate patient to not use this medication if they are vomiting, nauseous, or have stomach pain (Jones & Bartlett, 2023). Educate the patient other ways to promote stools and prevent constipation such as a high-fiber diet and exercising frequently.	Instruct the patient to follow the directions and mix this medication with the appropriate amount of water (Dabaja et al., 2023). Educate this client on other ways to decrease constipation such as a high-fiber diet and adequate hydration.	Educate the patient on the use of some medications such as aspirin while taking this medication because it can lead to a high risk of bleeding (Jones & Bartlett, 2023). Educate the patient on not to stop taking this medication abruptly because there can be some withdrawal symptoms.
Key nursing assessment(s) prior to administration	Assess the clients need for this medication as assess the clients calcium level (Jones & Bartlett, 2023).	Assess the need for this medication as well as the clients hydration status (Jones & Bartlett, 2023).	Assess the clients need for this medication (Dabaja et al., 2023). Assess the clients hydration status as well before administration.	Assess the clients heart and mental health status and if there is any suicidal thoughts the client is having (Jones & Bartlett, 2023).
Brand/ Generic	Enoxaparin (LOVENOX) injection of 40 mg every 24 hours	Melatonin tablet of 6mg nightly	Propranolol (INDERAL) tablet of 20mg	
Classification	The pharmacological class of this medication is low-molecular-weight heparin (Jones & Bartlett, 2023). The therapeutic class for this medication is an anticoagulant (Jones & Bartlett, 2023).	The classification for this medication is minerals and electrolytes, miscellaneous anxiolytics, sedatives and hypnotics, and	The pharmacological class for this medication is beta-adrenergic blocker (Jones & Bartlett, 2023). The therapeutic class is an antianginal,	

		nutraceutical products (Drugs.com, 2024). I was not able to find the pharmacological and therapeutic class specifically.	antiarrhythmic, antihypertensive, anti-MI, antimigraine, antitremor, hypertrophic cardiomyopathy, and pheochromocytoma therapy adjunct (Jones & Bartlett, 2023).	
Reason Client Taking	The client is on this medication for prophylaxis of deep vein thrombosis.	The client is taking this medication to help them sleep at night.	The client is taking this medication for their history with hypertension.	
List two teaching needs for the medication pertinent to the client	Educate the patient on when to notify the provider of any signs of bleedings (Jones & Bartlett, 2023). If this client were to need to be on this medication at home, it is important to teach the family and support system how to properly administer this medication.	Educate the patient on the use and need for melatonin for their own purpose of knowing (Drugs.com, 2024). Educate the patient on the possible side effects such as drowsiness or a headache. This medication can also have changes in blood pressure which is pertinent to this client since they have a history of high blood pressure.	Instruct and education this patient on taking this medication at the same time every day to have the best effect (Jones & Bartlett, 2023). Educate the patient if they happen to experience shortness of breath, heart palpitations, or weight gain (Jones & Bartlett, 2023).	
Key nursing assessment(s)	Assess the clients history of bleeding	Assess the clients blood	Assess the clients blood pressure	

prior to administration	and CBC (Jones & Bartlett, 2023).	pressure and need for melatonin (Drugs.com, 2024).	and heart rate (Jones & Bartlett, 2023).	
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Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
<p>1. Hydrocodone-acetaminophen (NORCO)</p>	<p>I chose this medication because the most important thing in this client's treatment at the time of my clinical was pain control. This client was in visible pain, and he verbalized it often and well. This medication is important in the treatment of this client and the compliance of the client.</p>	<p>1. Respiratory depression (Jones & Bartlett, 2023). 2. Constipation (Jones & Bartlett, 2023).</p>
<p>2. Propranolol (INDERAL)</p>	<p>I chose this medication since it is routine medication for this client. This medication is for his medical history of high blood pressure, and it is</p>	<p>1. Hypotension (Jones & Bartlett, 2023). 2. Respiratory distress (Jones & Bartlett, 2023).</p>

	important to control the hypertension to prevent complications and damage.	
3. Enoxaparin (LOVENOX)	I chose this medication because I believe it is important to prevent blood clots from occurring in this patient during their stay in the hospital. This patient was able to ambulate but because of the pain, this client was lying in bed often.	1. Pulmonary edema (Jones & Bartlett, 2023). 2. Thrombosis (Jones & Bartlett, 2023).

Medications Reference (1) (APA)

Dabaja, A., Dabaja, A., & Abbas, M. (2023, May). Polyethylene Glycol. *StatPearls*. National Library of Medicine.

<https://www.ncbi.nlm.nih.gov/books/NBK557652/#:~:text=Polyethylene%20glycol%20is%20a%20medication,the%20laxative%20class%20of%20drugs.>

Drugs.com. (2024, October, 24). *Melatonin*. Drugs.com.

<https://www.drugs.com/melatonin.html#side-effects>

National Library of Medicine. (2024, June 20). *Senna*. MedlinePlus.

<https://medlineplus.gov/druginfo/meds/a601112.html>

Nurses drug handbook. (2023). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:	<p>The client was alert and oriented to person, place, and time. The client was in slight distress from the chest tube placement and difficulty breathing. The clients overall appearance was well-groomed, cooperative, and informative when I was asking questions and doing my assessment. Standard isolation precautions was implemented. The client had no immediate complaints, but their level of pain was not being appropriately managed despite pain medication being administered an hour before this assessment.</p>
VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:	<p>Vitals were taken at 1630. The clients temperature was 98.2 degree Fahrenheit. The clients pulse was 56. The clients oxygen was 100% on room air. The clients blood pressure was 122/81 mmHg. The clients respirations were 18 breaths per minute.</p>
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	<p>The clients pain assessment was done in 1700. This pain assessment was done using a numeric scale. The pain was rated an 8/10, on the right side of the stomach, described as an intermittent, throbbing pain. Interventions that were done included giving the patient Tylenol with the nurse.</p>
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:	<p>20 gauge IV on the left antecubital arm that was placed on admission, 3/3. The IV was patent, saline locked, no redness, no bruising, no swelling, and no irritation noted on and around the IV site. The dressing was dry and intact.</p>
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<p>The clients skin color was tan, warm to touch, skin turgor was good, and the clients Braden score was 23. There were no rashes on the patient, a scar on the clients right shoulder, a birthmark on the clients left hip, and a scar on the clients left upper lateral side. There were no bruises noted on the patient. There was a large scar on the client's left upper thigh from childhood. I was not able to observe the clients chest tube. The dressing around the chest tube</p>

Type:	<p>was dry and intact, free of drainage or blood. There was a drain present on the clients right lateral abdomen, a chest tube, with no drainage collecting in the chamber at that moment.</p>
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	<p>The client's head, neck, ears, eyes, and nose were all symmetrical. The client has good range of motion in their neck and head, trachea is midline with no scars, lesions, or bumps. Dentation was without abnormalities on visual examination. There was no draining from the nose or ears. The clients oral mucosa was pink and moist. PERRLA and EOMS were intact, and sclera was white, and conjunctiva was pink. No drainage from the eyes.</p>
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:	<p>Apical pulse was present and palpable. There were no murmurs noted, gallops, or rubs heard upon auscultation. Normal rate and rhythm on all five spots. Peripheral pulses were palpable as well as present. The capillary refill was less than three seconds on fingers and toes bilaterally. There was no neck vein distention, and no edema noted on the bilateral on extremities.</p>
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	<p>The client was not using accessory muscles when breathing. There was no wheezing, crackles, rhonchi noted upon auscultation posteriorly and anteriorly. The client was in pain while taking a deep breath during my assessment, but he was able to do it. I was able to observe the discomfort this client was having with the chest tube and the pain he was in. The client expressed to me it gets harder to breath when they are lying flat, so sitting up right helps with their breathing. The respirations were non-labored and clear upon assessment.</p>
GASTROINTESTINAL: Diet at home: Current Diet: Is Client Tolerating Diet? Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection:	<p>The clients diet at home is regular. "I eat anything" was described by my patient. The clients current diet in the hospital is regular and they are tolerating it well but not eating as much as normal. The clients height is 6'2" and 135 pounds. The clients bowel sounds were normoactive in all four quadrants, and I was able to hear gurgling in the left lower quadrant. The client had no pain upon palpation. The clients last bowel movement was March 2nd, the day before</p>

Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	commands and retain memory and recite long-term memory back to me. The clients speech was clear and easy to understand. The client was sensorily aware and was alert and could answer questions appropriately.
PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):	The client explained to me their coping methods included hanging out with his girlfriend, playing video games, and reading the book of Psalm, which he was doing in the hospital. This patient explained to me that sometimes it is hard for him to calm down and his girlfriend can sometimes help him calm down. The patients developmental level is appropriate for their age, they can read, write, and speak. This client can make an informed decision. The client lives at his girlfriend's families house which consists of her parents, her, and her younger sibling. The client does have contact with his family still and his younger sister and mother were at bedside when I was leaving the floor. This patient would describe themselves as a religious person, they pray frequently, but do not attend church. He explained to me he carried on his moms tradition of praying and putting God in the center of your life and relationships.

Discharge Planning

Discharge location: Home where he lives with his girlfriend and her family.

Home health needs include monitoring oxygen saturation, using an incentive spirometer, education on pain management, and follow-up care plans.

Equipment needs: Incentive spirometer and pulse oximeter.

Follow-up plan: Follow up with the primary to assess lung healing and for a follow-up x-ray to observe the lung even more.

Education needs: Use of incentive spirometer, pain management, risk factors, hydration, nutrition, and use of pulse oximeter.

Nursing Process

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

Nursing Diagnosis <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
1. Acute pain related to physical injury as evidence by verbalizing pain as an 8/10 (Phelps, 2023).	I chose this nursing diagnosis as a priority due to the fact this client was administered pain medication, and it was not helping within one hour of giving it. This client was in pain physical as well as being uncomfortable from the chest tube. He explained “it hurts when I move to much”. I observed the client grimacing when changing positions and deep breathing.	A goal for this patient is to achieve a pain rating of a 1/10 before discharge.	1. Assess pain level frequently as well as the characteristics (Phelps, 2023). This is important in determining other interventions needed and the appropriate one to take. 2. Administer pain medications that work best for the patient (Phelps, 2023). Monitoring the side effects of the medication is important as well to know	The client was able to verbalize pain well and explain what worked for him and what didn't. The client was open to trying new medications to help with pain as well as be cooperative in his plan of care with communication of pain and the effectiveness of the medications. The client set an acceptable pain level for themselves in hopes of achieving it.

			the effectiveness as well as assessing for adverse effects.	
2. Impaired gas exchange related to impaired lung expansion as evidence by decreased respiratory depth (Phelps, 2023).	I chose this nursing diagnosis because impaired gas exchange is important in treatment of a pneumothorax. Impaired oxygenation is life-threatening and important to assess and act on quick. There is compromised in lung expansion and exchange of carbon dioxide and oxygen in the body which can lead to complications.	The client will have normal respiration depth and maintain adequate oxygenation by the end of their hospital stay (Phelps, 2023).	1. Assess respiratory status and oxygenation every four hours to maintain condition (Phelps, 2023). 2. Assess and maintain chest tube function (Phelps, 2023).	The patient was receptive to these interventions. The clients respiratory status was monitoring every four hours and proper interventions were on hand if needed such as supplemental oxygen. The client never needed any interventions other than pain medication. Assess and maintain the function of the chest tube was essential in the re-expansion of the lung and helping with the breathing of this patient.
3. Ineffective breathing pattern related to altered lung expansion as evidence by orthopnea stated by the	I chose this nursing diagnosis because of the pain the client is experiencing with this trauma to his lungs. The	This client will verbalize comfortability with lying flat and breathing effectively by discharge.	1. Observe for any signs of respiratory distress in the patient (Phelps, 2023).	The outcome of these interventions was the client having more comfortability with sitting up with support

<p>client (Phelps, 2023).</p>	<p>decreased lung expansion is leading to the ineffective breathing pattern which is why he can not lay down comfortably.</p>		<p>2 Assist the client in a comfortable position with support from pillows (Phelps, 2023).</p>	<p>from pillows at this moment in his treatment progression. The client was very receptive to the care and interventions put in place. The health care team was observing for any type of respiratory distress and asking the patient if they are breathing okay, every time they enter the room and round on the patient, leading to adequate interventions being provided.</p>
<p>4. Risk for infection related to chest tube insertion (Phelps, 2023).</p>	<p>I chose this nursing diagnosis because with the insertion of a chest tube, an open wound, and an incision site there is a chance of infection.</p>	<p>This client will be free from infection by the end of their stay.</p>	<p>1. Prioritize aseptic technique when performing chest tube care (Phelps, 2023). 2. Monitor for signs and symptoms of an infection (Phelps, 2023).</p>	<p>During my shift, there was no need for chest tube care. I was able to observe the chambers, but there was no drainage coming from the tube. I was not able to care for the chest tube and perform care. Monitoring for infection is important when having a wound and a chest</p>

				tube. Detecting it early is important to stop the spread and prevent further complications. Monitoring temperature every four hours was implemented as well. Observing the clients WBC count was essential as well in determining the presence of an infection.
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Other References (APA):

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

