

**N431 CARE PLAN #2**

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N431: Adult Health II

Professor Lawson

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### Demographics

<b>Date of Admission</b> 03/08/2025	<b>Client Initials</b> P.S.	<b>Age</b> 57	<b>Biological Gender</b> Male
<b>Race/Ethnicity</b> White/Caucasian	<b>Occupation</b> Retired EMT. Part time at Casey's General Store as a cashier	<b>Marital Status</b> Single	<b>Allergies</b> Propoxyphene
<b>Code Status</b> Full	<b>Height</b> 5'7" (170.2cm)	<b>Weight</b> 91.9 kg (202 lbs. 11.2 oz)	

### Medical History

**Past Medical History:** Diabetes mellitus (HCC), hypertension.

**Past Surgical History:** Cataract removal (bilateral), tonsillectomy.

**Family History:**

Mother: High cholesterol, diabetes, hypertension, cancer.

Father: Cancer and heart disease.

Sister: High cholesterol and chronic obstructive pulmonary disease.

Brother: Hypertension, diabetes, and chronic obstructive pulmonary disease.

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

Tobacco: Former, quite about 3 years ago. He smoked about one pack every two days since he was about 16 years old.

Alcohol: Current, about a can of beer per week for about 30 years.

Drugs: Never

**Education:** Went to college for EMT school.

**Living Situation:** At home by himself.

**Assistive devices:** None.

### **Admission History**

**Chief Complaint:** The patient came to the emergency department for a productive cough and lower back/right hip pain.

**History of Present Illness (HPI)– OLD CARTS:** The patient came to the emergency department on 03/08/2025 for a productive cough and lower back and right hip pain that was not getting better. He had influenza about three weeks ago, and since then, his cough has not gotten better. The lower back and right hip pain are normally mild when active; however, it has been severe for the last two weeks. He describes the pain as a sharp, aching, and shooting pain of about a 2 out of 10 on the numeric scale when at rest and a 9 out of 10 when walking. Laying down in bed helps relieve the pain. He has been coughing up white sputum periodically since he had influenza. Additionally, he has had a mild fever off and on as well. He reports that taking deep breaths helps him loosen the buildup of mucus so he can expel it.

### **Admission Diagnosis**

**Primary Diagnosis:** Lower respiratory infection (pneumonia)

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

### **Pathophysiology**

#### **Disease Process**

When a patient gets diagnosed with pneumonia, it stems from a prior issue that was going on. It could be from a past infection, surgery, being exposed to someone else who has pneumonia, and other ways. When a virus is inhaled, it goes to the lungs and infects the healthy cells (Capriotti & Frizzell, 2022, p. 179). Once that virus starts to replicate, the patient will start showing symptoms. After that phase is complex, the streptococcus pneumoniae develops and

invades the host cell after the infection has weakened the mucociliary defense. Once that bacterium has entered the host cell, it begins to attack the alveoli, causing widespread inflammation and infiltration in the alveolar regions. My patient's pneumonia was caused by the influenza virus about two weeks ago. After his body fought off the virus, the bacterium was able to attack the host cell because the immune system was weak. Which later developed to him having streptococcus pneumoniae.

### **Sign and Symptoms**

Pneumonia has a wide range of symptoms because it depends on which type of pneumonia it is, the causal organism, and the patient's history or underlying disease (Hinkle & Cheever, 2022, p. 535). There are some symptoms that are common between all types of pneumonia like: fever, pleuritic pain, coughing, and shortness of breath. Sometimes, a patient can have nasal congestion, headache, myalgia, and rash. In most cases, a patient will have multiple symptoms at the same time or symptoms that linger for weeks after treatment. When it came to my patient, he had an underlying illness that brought on pneumonia. His symptoms were productive cough, fever, and pain. He stated, "Sometimes, I would get short of breath after walking down the hallway." His symptoms have been going on for about two weeks and are not improving.

### **Diagnosis**

When someone is diagnosed with any type of pneumonia, there are a couple of different ways a provider can confirm it. Typically, it starts out with a full history of any recent illnesses followed by a head-to-toe assessment. Once this is completed, the nurse can start doing labs, a chest x-ray, blood culture, and/or sputum examination/culture (Hinkle & Cheever, 2022, p. 536).

These labs are completed on every type of pneumonia because it will help the provider to narrow down the type of pneumonia the patient has and to give the correct treatment. When the nurse was completing the admission to my patient, the provider saw that he had influenza virus about 2 weeks ago, and that was a sign that he could have pneumonia. The provider ordered blood work, which came back with elevated white blood cells, which indicate an infection, and other abnormal labs. To see which type of pneumonia, the provider ordered a blood culture that showed streptococcus pneumoniae. The provider did not order a sputum culture since there was growth in the blood culture.

### **Treatment**

While treatment for all pneumonia types is nearly the same, the difference is the type of antibiotic used. Some basic guidelines for treating this compliance with the antibiotic treatment (the patient must take it for the full length that was prescribed), getting bed rest, staying hydrated, and, in some cases, supplemental oxygen will help relieve the symptoms (Hinkle & Cheever, 2022, p. 536). When the pneumonia is severe, they must be admitted, and they typically will start on an IV antibiotic to start fighting off the infection and given fluids to prevent dehydration (NHLBI, 2022). Sometimes, a patient must have a complex surgery because the infected area is so large that antibiotics will not treat it. That surgery may help reduce the risk of pneumonia from coming back in the future. My patient started on an IV antibiotic medication that will be switched to an oral antibiotic once he is discharged. That is done so the patient would have to come back to the hospital every day for his treatment. Since he never lost his appetite and continued to drink fluids, he was not placed on fluids.

### **Pathophysiology References (2) (APA):**

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives* (2<sup>nd</sup> ed.). F.A. Davis.

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

National Heart, Lung, and Blood Institute (NHLBI) (2022, March 24). *Pneumonia treatment*.

Nhlbi.nih.gov. <https://www.nhlbi.nih.gov/health/pneumonia/treatment>

### Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
WBC	25.70	10.00	4.00-12.00 10(3)/mcL	Having an elevated white blood cell count proves he has an infection (Pagana et al., 2021). Later it was proven that it was pneumonia and possible blood infection.
Neutrophils	90.2	63.9	40.0-68.0%	Neutrophils are a type of white blood cell, and since the WBC was elevated due to the infection, it is normal for these to be elevated (Pagana et al., 2021).
Lymphocytes	3.1	26.4	19.0-49.0%	Looking at Mosby's diagnostic and laboratory test, there was not a clear

				<p>connection as to why this lab was abnormal.</p> <p>Lymphocytes are a type of WBC that helps fight off an infection (Iftikhar, 2024). Since he had pneumonia and possibly bacteria within the blood, this would be reflected in having low levels. Also, with the lab levels being lower it could be an indication of sepsis (Pagana et al., 2021).</p>
Absolute lymphocytes	0.80	2.60	0.90-3.30 10(3)/mCL	<p>Having this lab value low correlates with the other lymphocytes being low which gives the provider the total number of this type of white blood cells being produced and how they are fighting off the infection (Pagana et al., 2021).</p>
Sodium	133	136	136-145	Looking at Mosby's

			mmol/L	<p>diagnostic and laboratory test, there was not a clear connection as to why this lab was abnormal. Since the patient has uncontrolled blood sugars that were running high, this will cause his body to overproduce fluids that will build up to counteract the uncontrolled high sugars which cause the sodium levels to decrease (National Kidney Foundation, 2023). While he is admitted, he is getting treated with insulin to try to manage his blood sugars. The closer to the normal value range will help with its sodium levels.</p>
CO <sub>2</sub> , Venous	21	22	22-30 mmol/L	<p>Since his diabetes was not controlled months prior, he could have been in diabetic acidosis, which will cause the CO<sub>2</sub> levels to decrease</p>

				(Pagana et al., 2021).
Glucose	402	241	70-99 mg/dL	The patient is a diabetic, and this shows the provider that his blood glucose is not being managed properly (Pagana et al., 2021).
Creatinine, Blood	0.69	0.63	0.70-1.30 mg/dL	This could be a sign that his kidneys are failing due to his uncontrolled diabetes (Pagana et al., 2021).
Procalcitonin	6.43	N/A	<=0.25 ng/mL	Since he had confirmed infection, pneumonia, and the bacterial in his blood will cause this level to increase (Pagana et al., 2021).
Blood Culture	Streptococcus pneumoniae	N/A	None	This is confirmation that he has bacterial infection in his blood, in the one positive culture (Pagana et al., 2021).
B Type natriuretic peptide	816	N/A	<100 pg/mL	Having uncontrolled diabetes is causes this level to be elevated (Pagana et

				al., 2021). Elevation of this lab indicates that he is at risk of having a cardiac disease or systemic hypertension. He has a diagnosis of hypertension, so it usually runs higher which explains why the level is elevated.
Glucose, Bedside POCT	314	181	70-99 mg/dL	He has uncontrolled diabetes, and this is confirming it (Pagana et al., 2021),
HGB-A1C	13.0	N/A	4.0-6.0%	The patient has uncontrolled diabetes, and this lab proves that (Pagana et al., 2021).
HDL Cholesterol	37	N/A	>40 mg/dL	With his levels being low, having a history of hypertension and uncontrolled diabetes is an indication that his body is having metabolic syndrome (Pagana et al., 2021).

RBC	5.01	4.24	4.40-5.80 10(6)/mcL	This can be letting the provider know that the patient's kidney might be failing due to the levels dropped after starting medication therapy (Pagana et al. 2021).
Hemoglobin (Hgb)	14.0	12.5	13.0-16.5 g/dL	Hemoglobin levels correlate with RBC, and this can be evidence that his kidneys are being affected by uncontrolled diabetes (Pagana et al., 2021).
Hematocrit (HCT)	42.1	35.3	38.0-50.0%	Having an elevated white blood cell count proves he has an infection (Pagana et al., 2021). Later it was proven that it was pneumonia and possible blood infection.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Adult trans thoracic echo 2D	When the patient was admitted they did two blood cultures. The first one	Estimated ejection fraction of 55-60%

complete  - This is a detailed imaging of his heart and valves.	was positive for bacteria and the second was negative. The prover wanting to check to see if the bacteria spread to his heart.	with everything normal.
XR chest single view portable  - This is to view his lungs and heart.	He stated that he has had a cough for about a week with a white productive sputum.	“Few patchy opacities are seen in both mid and lower zones” per result in the chart.
XR Hip 2 views unilateral right  - This is to view his hip bone and joint.	He stated that he is having pain in the right hip that worsens with any movement.	Normal with no fractures or breaks.  Normal hip joints.
XR Lumbar Spine 2 or 3 view  - This is to see his spine bones and the intercostal spaces.	He stated that he is having pain in his lower back that worsens with any movement.	Osteoporotic texture, some loss of the lumber lordotic curve.

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

Iftikhar, N. (2024, March 8). *What is lymphocytopenia?* Healthline.

<https://www.healthline.com/health/lymphocytopenia#causes>

National Kidney Foundation (2023, November 1). *Hyponatremia (low sodium levels in the blood)*. National Kidney Foundation.

<https://www.kidney.org/kidney-topics/hyponatremia-low-sodium-level-blood>

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

### Active Orders

Active Orders	Rationale
Blood sugar of 70 mg/dL or less	The patient has a diagnosis of diabetes.
Insert/maintain peripheral IV	Since he is getting antibiotic IV, it's important to maintain the IV to reduce the risk of blowing the vein and/or in hopes that he would not need to be stuck again.
Intake and output every 8 hours	This is a way to track him on how much he eats at each meal and if he is going to the bathroom at the appropriate amount. Since he did not have a decreased appetite or any trouble going to the bathroom, he was not on a strict intake and output.
Notify provider: <ul style="list-style-type: none"> <li>- POCT glucose or serum glucose results are less than 50mg/dL or hypoglycemia signs/symptoms</li> <li>- Pulse is less than 50 or greater than 120</li> <li>- Respiratory rate is less than 10 or greater than 30</li> </ul>	This is a standard active order because the provider needs to know any of these abnormal changes with the vitals to create the most accurate plan of care and/or interventions.

<ul style="list-style-type: none"> <li>- Temperature greater than 101.5</li> <li>- Urinary output is less than 240mL/8hr</li> <li>- Systolic BP is less than 85 or greater than 180</li> <li>- Diastolic BP is less than 50 or greater than 105</li> <li>- Pulse ox less than 90</li> <li>- New onset/worsening pain</li> </ul>	
Patient may shower	The patient is independent and safe to take a shower.
Perform POC blood glucose- AC and HS	The patient has diabetes, and this would be an appropriate order to make sure that his blood sugar level at mealtimes and bedtime were at to administer the proper amount of insulin.
Post-hypoglycemia treatment and blood sugar greater than or equal to 80 mg/dL	If a nurse gives an inaccurate amount of insulin and it is too much, this order informs the staff about what to do to try to increase the level of blood sugar. This would be the same if the nurse gave too little insulin and the blood sugar was not decreasing.
Up as tolerated	Since he is active and independent, the nurse should keep him up to prevent muscle weakness and lower the risk of developing a

	blood clot.
Vital signs routine	The nurse will want to monitor any changes in his vitals in case the nurse needs to do immediate interventions.

### Medications

#### Home Medications (Must List ALL)

Medication	Reason for taking
Aspirin 81 mg chewable tablet	He is taking this medicine to prevent cardiac issues, like stroke or myocardial infraction. However, the patient stated that he was not taking this medication
Blood glucose monitoring supply (freeStyle system kit)	This is the device that he has chosen to use to monitor his blood sugars. The patient stated that he was not this device.
Freestyle lite strips	These are a part of the monitor to check his blood sugars. The patient stated that he was not taking this device.
Invokana 300mg tablet	This medication helps in lowering his blood sugar level. The patient stated that he was not taking this medication.
Metformin (Glucophage-xr) 500 mg tablet	This medication helps control his diabetes Patient stated that he was not taking this

	medication.
Simvastatin (zocor) 20 mg tablet	He was on this medication as a prevention of heart disease and to manage his cholesterol levels. Patient stated that he was not taking this medication
Telmisartan (micardis) 80 mg tablet	This medication is to treat his hypertension.  The patient stated that he was not taking this medication.

### Hospital Medications (Must List ALL)

<b>Brand/ Generic</b>	Amlodipine (Norvasc) tablet 10 mg	Benzonatate (Tessalon) capsule 100 mg	Ceftriaxone (Flexeril) tablet 5 mg OR (Rocephin) injection 2 g	Enoxaparin (lovenox) injection 40 mg	Insulin glargine (lantus) 100 unit/mL injection 8 units	Insulin lispro (Humalog) 100 units/mL injection 4 units in addition to 3-15 units per sliding scale
<b>Classification</b>	Pharmacological: Calcium channel blocker Therapeutic: Antianginal, antihypertensive	Pharmacological: Therapeutic:	Pharmacological: Third-generation cephalosporin Therapeutic: Antibiotic	Pharmacological: Low-molecular-weighted heparin Therapeutic: Anticoagulant	Pharmacological: Long-acting form of insulin Therapeutic: blood glucose regulators	Pharmacological: Rapid-acting form of insulin Therapeutic: blood glucose regulators

<b>Reason Client Taking</b>	This medication is to treat hypertension.	This is to help reduce his productive cough.	This medication is to treat streptococcus pneumoniae.	This is used to prevent the formation of blood clots.	This helps his body to control his blood sugars.	This insulin is rapid acting to treat high blood sugar.
<b>List two teaching needs for the medication pertinent to the client</b>	1. "Advise the patient to check blood pressure routinely for possible hypotension" (Jones & Bartlett, 2021, p. 69). 2. "Advise to take with food because it can cause GI upset" (Jones & Bartlett, 2021, p. 69).	1. When taking the medication, never suck or chew on the pill (Multum, 2023). 2. This is used on an as needed for cough and not a long-term medication.	1. "Inform the patient to report evidence of blood dyscrasia or superinfection immediately" (Jones & Bartlett, 2021, p. 246). 2. "Urge the patient to report watery, bloody stools to provider immediately" (Jones & Bartlett, 2021, p. 246).	1. Notify the provider if there is excessive bleeding (Jones & Bartlett, 2021, p. 457). 2. Teach about bleeding precaution as this medication is a blood thinner (Jones & Bartlett, 2021, p.457).	1. Always check his blood sugar prior to administering medication (Durbin, 2023). 2. Every time when administering, rotate fatty sites to prevent scarring buildup.	1. "This medication is used 15 minutes before meal or right after eating" (Sainha, 2024). 2. Never share needles or reuse the same needle multiplied of times.
<b>Key nursing assessment(s) prior to administration</b>	The nurse would take his blood pressure prior to administering the medication.	The nurse should assess the patient's lungs, respiration, and cough sounds.	Before administering this medication, the nurse wants to collect a sample to send to lab.	The nurse would assess for the formation of blood clots, especially in the lower limbs. Also, the nurse must rotate sites to prevent irritation.	The nurse needs to check the patient's blood sugar.	The nurse needed to check the patient's blood sugar prior to meals.

<b>Brand/ Generic</b>	Potassium chloride SA (Klorcon M) tablet 10 mEq	Acetaminophen (Tylenol) tablet 650 mg	Calcium carbonate (Tums) chewable tablet 1,000 mg	Glucose (glucose) 40% gel 15 g otemergency injection KIT 1 mg	Melatonin tablet 6 mg	Ondansetron (Zofran) disintegrating tablet 4 mg
<b>Classification</b>	Pharmacological: Electrolyte cation Therapeutic: electrolyte replacement	Pharmacological: Nonsalicylate, para-aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic	Pharmacological: Calcium salts Therapeutic: antacid, antihypermagnesemic, antihyperphosphatemic, antihypocalcemic, calcium replacement, cardiogenic	Pharmacological: Glucose elevating agents Therapeutic: Nutritive Agent	Pharmacological: acetamides Therapeutic: Minerals and electrolytes, Miscellaneous anxiolytics, sedatives and hypnotics, Nutritional products	Pharmacological: Selective serotonin (5-HT <sub>3</sub> ) receptor antagonist Therapeutic: Antiemetic
<b>Reason Client Taking</b>	Typically, this medication is given to treat or prevent hypokalemia. It is unclear why the provider is prescribing this medication because his potassium levels were not	This is as needed for mild to severe pain.	This is as needed for heartburn and indigestion.	This is as needed for blood surge less than 50.	This is taken as needed for sleep.	This is used as needed for nausea/vomiting.

	low.					
<b>List two teaching needs for the medication pertinent to the client</b>	<p>1. “Notify his provider if there are any abnormal changes with stools, like black, tarry, or red” (Jones &amp; Bartlett, 2021, p. 1092).</p> <p>2. Education the patient on potassium rich foods, like meats, seafood, fruits, and vegetables.</p>	<p>1. Education the patient does not exceed the prescribed dosage in 24 hours because it can lead to liver damage (Jones &amp; Bartlett, 2021, p. 12).</p> <p>2. “Educate on the signs of hepatotoxicity like, bleeding, bruising, and malaise” (Jones &amp; Bartlett, 2021, p. 12).</p>	<p>1. Inform that patient to drink at least a full glass of water after administration (Jones &amp; Bartlett, 2021, p. 194).</p> <p>2. “Must be administered 1-2 hours before a meal” (Jones &amp; Bartlett, 2021, p.194).</p>	<p>1. Educate the patient to use the full medication that is in the rescue kit (Sinha, 2024).</p> <p>2. “Educate the signs of an allergic reactions, like hives, difficult of breathing, swelling of face, lips, tongue, or throat” (Sinha, 2024).</p>	<p>1. When taking this medication, he will need to avoid driving or operating machinery for a minimum of 4 hours (Anderson, 2024).</p> <p>2. Educate on avoiding products that contain caffeine after taking this medication because it will counteract the effect of this medication.</p>	<p>1. “This medication will disintegrate under the tongue immediately” (Jones &amp; Bartlett, 2021, p. 1016).</p> <p>2. Report symptoms of persistent, severe, unusual immediately to the provider.</p>
<b>Key nursing assessment(s) prior to administration</b>	The nurse needs to review the patient's history and lab results because there could be conditions that can cause	The nurse will need to do a pain assessment with the patient and verify when the last dose was administered	The nurse needs to assess the patient to verify if he would like to take 1-2 hours before meals to prevent/treat acid reflex.	The nurse needs to check the blood sugar to evaluate the need for the emergency kit.	The nurse would ask questions about how he slept the night before, and how his sleeping patterns have	Elevate if the patient is having nausea/vomiting.

	hyperkalemia.	ed.			changed since being admitted.	
<b>Brand/ Generic</b>	Polyethylene glycol (glycolax, MiraLAX) packet 17 g	Senna (senokot) 8.6 mg				
<b>Classification</b>	Pharmacological: Osmotic Laxative Therapeutic: Laxative	Pharmacological: Stimulant laxative Therapeutic: Laxative				
<b>Reason Client Taking</b>	This is as needed for constipation.	This is as needed for constipation.				
<b>List two teaching needs for the medication pertinent to the client</b>	1. Educate on side of a GI bleed, like bloody or Tarry stools, pain in the abdomen, and severe diarrhea (Multum, 2023), 2. Once mixed in a beverage, he must drink it right away due to the decline of effectiveness.	1. Educate that he should have a bowel movement within 6-12 hours after using this medication, if not to notify the provider (Puckey. 2024). 2. This medication is not a long-term medication; it is used as needed. cat				

<b>Key nursing assessment(s) prior to administration</b>	The nurse would assess when the last time he had a bowel movement.	The nurse would assess when the last time he had a bowel movement and if he used any laxative to help him pass a bowel.				
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### Prioritize Three Hospital Medications

<b>Medications</b>	<b>Why this medication was chosen</b>	<b>List 2 side effects. These must correlate to your client</b>
1. Insulin lispro (Humalog) 100 units/mL injection 4 units in addition to 3-15 units per sliding scale	It is known that he is not managing his diabetes. Uncontrolled diabetes will delay/slow down the healing process from the infection.	1. Hypoglycemia 2. Hypokalemia
2. Ceftriaxone (Flexeril) tablet 5 mg OR (Rocephin) injection 2 g	This is his antibiotic will specially target and treat Streptococcus pneumoniae that he tested positive for.	1. Renal failure 2. Acute myocardial ischemia with or without MI
3. Benzonatate	He was having a productive	1. Numbness in chest

(Tessalon) capsule 100 mg	cough that was not getting better.	2. Severe drowsiness
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### Medications Reference (1) (APA)

Anderson, L. (2024, October 24). *Melatonin*. Drugs.com. <https://www.drugs.com/melatonin.html>

Durbin, K. (2023, August 21). *Lantus*. Drugs.com. [Lantus \(insulin pen\) Uses, Dosage, Side Effects - Drugs.com](#)

Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Multum, C. (2023, August 2). *Polyethylene glycol 3350*. Drugs.com. <https://www.drugs.com/mtm/polyethylene-glycol-3350.html>

Multum, C. (2023, August 3). *Tessalon Perles*. Drugs.com. [Tessalon Perles Uses, Side Effects & Warnings](#)

Puckey, M. (2024, March 1). *Senna*. Drugs.com. Retrieved February 7, 2025, from <https://www.drugs.com/senna.html>

Sinha, S. (2024, May 6). *Humalog*. Drugs.com. [Humalog: Uses, Dosage & Side Effects - Drugs.com](#)

Sinha, S. (2024, November 11). *Dextrose 5% in water (D5W)*. Drugs.com. <https://www.drugs.com/dextrose-5-in-water.html>

## Physical Exam

### HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<p><b>GENERAL:</b>  <b>Alertness:</b> A/O x4  <b>Orientation:</b> A/O x4  <b>Distress:</b> None  <b>Overall appearance:</b> Comfortable, calm, and well groomed.  <b>Infection Control precautions:</b> None  <b>Client Complaints or Concerns:</b>          Productive cough with lower back/right hip pain.</p>	<p>The patient was alert and orientated x4 during the whole shift. He did not appear to be in any distress despite coming to the emergency room with a cough and lower back/right hip pain. He stated that “the treatment of medication has helped a lot.” He was not on any infection precautions. He was well groomed for his age and said he wanted to go home.</p>
<p><b>VITAL SIGNS:</b>  <b>Time:</b> 1400  <b>Temp:</b> 98.1°F  <b>Resp rate:</b> 16  <b>Pulse:</b> 71  <b>B/P:</b> 123/73  <b>Oxygen:</b> 94%  <b>Delivery Method:</b> Room air</p>	<p>The patient’s vitals were stable and within the normal baseline.</p>
<p><b>PAIN ASSESSMENT:</b>  <b>Time:</b> 1400  <b>Scale:</b> Numeric scale  <b>Location:</b> N/A  <b>Severity:</b> 0 out of 10  <b>Characteristics:</b> N/A  <b>Interventions:</b> N/A</p>	<p>When completing the patient’s vitals and routine medication, he rated his pain on a numeric scale at 0 out of 10.</p>
<p><b>IV ASSESSMENT:</b>  <b>Size of IV:</b> 20G  <b>Location of IV:</b> Right upper arm on the anterior side.  <b>Date on IV:</b> 03/08/2025  <b>Patency of IV:</b> Yes, good blood return and easy push.  <b>Signs of erythema, drainage, etc.:</b>  <b>IV dressing assessment:</b> Clean, dry, intact skin with no redness or irritation.  <b>Fluid Type/Rate or Saline Lock:</b> Saline Lock</p>	<p>The patient had a 20G IV in his right upper arm on the anterior side since 03/08/25. He was on a saline lock. When giving him his IV medication, his line was clear, it flowed easily and had good blood return/patency. His dressing site was clean, dry, and intact, with no redness or irritation.</p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b> Normal for ethnicity  <b>Character:</b> Clean, smooth, hydrated  <b>Temperature:</b> Warm  <b>Turgor:</b> Normal  <b>Rashes:</b> N/A</p>	<p>The patient’s skin was warm, clean, and smooth throughout his body. His skin color was appropriate for his ethnicity. He had a normal turgor that did not tent. There were no rashes, bruises, wounds, or drains present. His Braden Score was 22, which is normal.</p>

<p><b>Bruises:</b> N/A  <b>Wounds:</b> N/A  <b>Braden Score:</b> 22  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b> N/A</p>	
<p><b>HEENT:</b>  <b>Head/Neck:</b> Normal  <b>Ears:</b> Normal  <b>Eyes:</b> Normal  <b>Nose:</b> Normal  <b>Teeth:</b> Missing some teeth.</p>	<p>The patient's overall HEENT was normal. His head and neck were midline with the spine. His eyes, ears, and nose were symmetrical, with no abnormalities present. He did have some missing teeth from his upper and lower jaw. He was wearing his glasses.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b> S1 and S2 were normal  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b> Not applicable  <b>Peripheral Pulses:</b> Bilaterally 2+  <b>Capillary refill:</b> Less than 3 seconds  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b> N/A</p>	<p>S1 and S2 were heard with no present sound of S3, S4, or murmurs. He was not on a cardiac rhythm, so I could not access the rhythm. His pulse was normal and equal bilaterally. All capillary refills were regular and refilled for less than 3 seconds. There was no edema or neck vein distention present.</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b>  Diminished in both lower lobes, sometimes it has a productive white sputum.</p>	<p>The patient did not have accessory muscle use when he breathed. His lungs sounded clear but diminished in the lower lobes bilaterally. He does have a productive white sputum occasionally.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b> No special diet  <b>Current Diet:</b> CHO Content medium calories  <b>Is Client Tolerating Diet?</b> Yes  <b>Height:</b> 5'7" (170.2 cm)  <b>Weight:</b> 91.9 kg (202 lbs. 11.2 oz)  <b>Auscultation Bowel sounds:</b> Hyperactive  <b>Last BM:</b> Patient stated this morning  <b>Palpation: Pain, Mass etc.:</b> Normal  <b>Inspection:</b> Normal  <b>Distention:</b> None  <b>Incisions:</b> None  <b>Scars:</b> None  <b>Drains:</b> None  <b>Wounds:</b> None  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Size:</b></p>	<p>The patient stated that he does not follow a special diet at home. While he's in the hospital, he is on a CHO-content medium-calorie diet and is tolerating it well. He is 5'7" tall and weighs 202 lbs. and 11.2 oz. When assessing his abdominal area, he had hyperactive bowel sounds. There was no pain or masses present when palpating. The abdominal area had no abnormalities present. He did not have an ostomy bag, nasogastric, or feeding tubes. His last bowel movement was on the morning of 03/11/25.</p>

<b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	
<b>GENITOURINARY:</b> <b>Color:</b> Patient stated it is pale yellow <b>Character:</b> Clear, no odor <b>Quantity of urine:</b> Unknown due to self-toileting and no urinal present <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Inspection of genitals:</b> Normal <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b> N/A <b>Size:</b> N/A	<p>The patient was not on a strict output and was not measuring the volume each time he urinated. He stated that he had no issues going to the bathroom, and the urine was a clear, pale-yellow color with no odor. He was not on dialysis. He had no catheter present and normal genitalia.</p>
<b>Intake (in mLs):</b> 1,207 mL  <b>Output (in mLs):</b> The patient voided 3 times during the shift no urinal was present to measure the urine volume.	<p>The patient had one full 850 mL of water and the extra juices and soda with his meal. He said that he voided 3 times during my shift.</p>
<b>MUSCULOSKELETAL:</b> <b>Neurovascular status:</b> Normal <b>ROM:</b> Normal in all extremities <b>Supportive devices:</b> None <b>Strength:</b> Strong and equal <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Fall Score:</b> 23 <b>Activity/Mobility Status:</b> Active with no assistance or standby. <b>Activity Tolerance:</b> Yes <b>Independent (up ad lib)</b> <b>Needs assistance with equipment:</b> None <b>Needs support to stand and walk:</b> None	<p>The patient had a normal neurovascular status. He had a full ROM of his arms and legs bilaterally. His grips were strong and equal bilaterally. He was not using supportive devices, and he was independent. He had a low fall risk at a score of 23.</p>
<b>NEUROLOGICAL:</b> <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>if no -</b> <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/> <b>Orientation:</b> x4 <b>Mental Status:</b> Normal, alert, however, he's ready to go home <b>Speech:</b> Normal <b>Sensory:</b> Normal	<p>The patient was A/O x4, with no abnormal speech or sensory issues. His mental status was normal, with no concern. He stated that he wanted to go home. He never lost consciousness. He had normal MAEW and PERLA.</p>

<b>LOC:</b> Normal	
<b>PSYCHOSOCIAL/CULTURAL:</b> <b>Coping method(s):</b> Hunting and fishing <b>Developmental level:</b> Appropriate for age. <b>Religion &amp; what it means to pt.:</b> Latter-Day Saint. However, he did not have any current practice. <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b> Since he lives alone, there is no support. However, he has his friends with whom he goes hunting/fishing.	The patient's developmental status was age appropriate. He was telling me stories of when he went hunting or fishing. He would go by himself at times, and then at other times, he would go with his group of friends. His friends are the only ones who provide support and help. His religion is Latter-Day Saint, but at this time, he did not practice.

### Discharge Planning

**Discharge location:** The patient is planning to be discharged home.

**Home health needs:** He does not need home health.

**Equipment needs:** He would need his diabetes supplies (monitor, testing strips, and needles/syringes).

**Follow up plan:** Follow-up with primary provider 3-5 days after discharge. Follow-up with a social worker to try to get financial help to get his medication.

**Education needs:** The importance of being compliant with taking his medication to control his diabetes and how uncontrolled blood sugar levels have a negative impact on his recovery.

### Nursing Process

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

<b>Nursing Diagnosis</b>	<b>Rationale</b>	<b>Outcome Goal (1 per dx)</b>	<b>Interventions (2 per goal)</b>	<b>Evaluation of interventions</b>
<ul style="list-style-type: none"> <li>Include full nursing diagnosis with "related to" and "as evidenced by"</li> </ul>	<ul style="list-style-type: none"> <li>Explain why the nursing diagnosis was chosen</li> </ul>			

<p>components</p> <ul style="list-style-type: none"> <li>Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>				
<p>1. Ineffective breathing pattern related to increased sputum production and fatigue as evidenced by abnormal breath sounds, productive cough and dyspnea</p>	<p>I chose this because, during my head-to-toe assessment, his lower lungs were diminished, he had a productive cough and reported dyspnea with exertion.</p>	<p>The patient will maintain even and unlabored breathing pattern during my clinical time.</p>	<p>1. “Monitor patient's vitals and respiratory status every 4 hours or more” (Phelps, 2023, p. 78).</p> <p>2. “Encourage the patient to alternate periods of rest and activity” (Phelps, 2023, p. 78).</p>	<p>The patient demonstrated proper use of the incentive spirometer and when I checked on him, he was doing the exercises. He understood the importance of using the incentive spirometer. However, he did not like how often he was supposed to use it. He agreed to try to keep using it when he gets discharged.</p>
<p>2. Self-neglect related to lifestyle choices, as evidenced by the patient reporting not taking his medications.</p>	<p>I chose this because the patient stated that he had not filled his medication for a couple of months due to financial issues, and his bedside blood sugar was 181.</p>	<p>The patient will understand the importance of taking his medication to recover from the illness that he has by the time he is discharged.</p>	<p>1. The nurse can provide resources, like social work, that the patient can reach out to receive help with getting his medications.</p> <p>2. “Encourage the patient to identify internally motivating</p>	<p>The patient was not open to discussing the importance of medication compliance at this time. He stated that he would be open to discussing options with a social worker.</p>

			factors for adhering to health regimens” (Phelps, 2023, p. 610).	
3. Chronic pain related to injury agents as evidence by the patient having lower back and right hip pain for more than six consecutive months.	The patient has been dealing with this pain for a couple of years and had surgery to try to relieve some of the pain. Plus, this was one of the reasons why he came to the emergency room.	The patient’s lower back and right hip pain will decrease to 2 out of 10 within 2 hours of administering pain medication.	1. “Asses the patient's physical symptoms of pain, physical complaints, and daily activities” (Phelps, 2023, p. 468).  2. “Provide instruction about the amount of pain medication needed to control symptoms and allow the patient to remain active” (Phelps, 2023, p. 468)	He agreed with the plan to manage his pain with medications in the hope of rating his pain at a two on a scale from 0 to 10.
4. Impaired physical mobility related to pain as evidenced by having lower back and right hip pain.	I chose it because the patient stated that he was unable to walk due to the pain, and that led him to stay in bed to	The patient will maintain muscle strength and remain blood clot free during their hospital stay.	1. “Perform ROM exercise to joints at least once every shift” (Phelps, 2023,	The patient agreed to do ROM exercises and continue them after discharge. He wanted to see if he could get a

	<p>have relief. Not being active puts him at risk of developing blood clots and/or the weakening of muscles, including his lungs.</p>		<p>p. 413).</p> <p>2. “Refer patient to a physical therapist for development of mobility regimens” (Phelps, 2023, p. 414).</p>	<p>consultation referral to see a physical therapist to develop good regimens.</p>
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**Other References (APA):**

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





