N311 Care Plan 5

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N311: Foundations of Professional Practice

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4/15/25

Demographics

Date of Admission	Client Initials	Age	Biological Gender
4/9/25	R.W.	68	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Retired (Disability)	Divorced	Doxycycline - Rash
Code Status	**Height**	**Weight**	
Full Code	5'10"	192 lb (87 kg)	

Medical History

Past Medical History: Patient has a past medical history of arthritis, bipolar two disorder, benign prostate hyperplasia associated with nocturia, chronic anemia, chronic kidney disease (stage 3), chronic obstructive pulmonary disease, diabetes mellitus, former smoker, gastroesophageal reflux disease, hyperlipidemia, hypertension, hypothyroid, memory loss, pancreatitis, peripheral artery disease, and stroke.

Past Surgical History: Patient has a past medical history of an appendectomy, vasectomy, right cataract removal with implant (10/17/22 and 12/14/22), left cataract removal with implant (12/05/22), endobronchial ultrasound (8/24/23), and bronchoscopy (10/24/24).

Family History: Patient does not recall any family history.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):
Patient quit smoking about 11 years ago and smoked cigarettes. Patient stated he smoked about 1 to 2 packs every day. Patient does currently vape and smoke marijuana once a day. Patient does not drink any alcohol.

Education: Patient graduated from high school. The patient stated, "I do not believe in college; it's phony."

Living Situation: Patient lives with a friend who is his caregiver in a single-story house; with no stairs. Patient has 3 living children who are not in touch much.

Assistive devices: Patient uses a cane to help move around the house and out during errands. Patient is on 4L of oxygen via nasal cannula chronically.

<center>**Admission Assessment**</center>

Chief Complaint: Shortness of breath, cough, and vomiting

History of Present Illness (HPI) – OLD CARTS:

The patient came into the emergency department with shortness of breath along with coughing that had been persistent for five days. Has a productive cough with yellowish sputum. Denies any chest pain. The patient had nausea and vomiting that had been on and off for five days. No medications were taken at home due to the nausea and vomiting.

<center>**Primary Diagnosis**</center>

Primary Diagnosis on Admission: Pneumonia of right lung due to infectious organism

Secondary Diagnosis (if applicable): Not Applicable

<center>**Pathophysiology**</center>

Pathophysiology of the Disease, APA format:

Pneumonia occurs when there is inflammation of the lung tissue. It can be caused by an infection of a bacteria or virus (Capriotti, 2024). Inflammation can be from a variety of things that get inhaled daily. Products in the air can be dust, pollen, smoke, and droplets from talking, coughing, and sneezing (Pruitt, 2024). These products are caused by inflammation that occurs in the respiratory tract. Pneumonia can be classified in two ways: community-acquired pneumonia and hospital-acquired pneumonia (Pruitt, 2024). My patient had community-acquired pneumonia. The patient stated he went to run errands with his caregiver, and a few days after being home, he started to develop respiratory-related symptoms. Bacterial pneumonia is the most

common type of diagnosed pneumonia (Pruitt, 2024). My patient was diagnosed with pneumonia of the right lung due to an infectious organism.

Pneumonia is caused by inhaling droplets that will enter the respiratory tract. The pathogens adhere to the epithelium and cause an inflammatory reaction (Capriotti, 2024). After the inflammation starts, it spreads lower into the lungs, attacking the alveoli. Mucous accumulates between the alveoli and capillaries (Capriotti, 2024). When using a stethoscope, crackles can be heard due to the fluid buildup in the lungs.

Risk factors of pneumonia include lung disease, COPD, and smoking (Capriotti, 2024). My patient has COPD and is a former smoker. Symptoms can become sudden. Symptoms include a cough, fever and chills, shortness of breath, and dyspnea (Pruitt, 2024). My patient came into the emergency department complaining of shortness of breath and a productive cough. He also complained of being nauseous. A fever was present upon arrival at the ED. A chest x-ray, CBC, and sputum culture and sensitivity can make a diagnosis of pneumonia. A chest x-ray was performed, which led to the diagnosis of pneumonia on my patient. A sputum sample was done but has not resulted. Antibiotics are prescribed to help treat bacterial pneumonia, along with the use of bronchodilators and supplemental oxygen (Pruitt, 2024). My patient was prescribed Albuterol and was IV fluids to help with any dehydration. My patient currently uses oxygen at home at 4 liters via nasal cannula. No additional oxygen was required.

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives.* F.A. Davis Company.

Pruitt, B. (2024). Pneumonia: Etiology, Care and Prevention. *RT: The Journal for Respiratory Care Practitioners*, 37(4), 16–19.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Hemoglobin	12.1	11.5	13.0-16.5	Kidney disease, nutritional deficiency, splenomegaly (Pagana et al., 2025).
Hematocrit	38.1	36.2	38-50	Renal disease, dietary deficiency, hyperthyroidism (Pagana et al., 2025).
Glucose	156	205	85-115	Acute pancreatitis, diabetes mellitus, diuretic therapy (Pagana et al., 2025).
Chloride	101	108	98-107	Dehydration, excessive use of normal saline, kidney dysfunction (Pagana et al., 2025).
MPV	7.6	7.4	8.0-12.6	Aplastic anemia, Valvular heart disease (Pagana et al., 2025).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results

| Chest X-Ray: Patient has increased shortness of breath. | Patient came into ER experiencing shortness of breath with fever and a cough. | Patchy opacities stable calcified granuloma. Anteromedially in right upper lobe. |
| CT Angio Chest w/wo contrast with PP: Pulmonary Embolism suspected | Patient has increased shortness of breath. | Moderate to large volume no resulting right nodular. |

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's diagnostic & Laboratory test reference*. Elsevier.

Active Orders

Active Orders	Rationale
CPR – Full Treatment	Manage how the patient gets treatment and what to do if the patient worsens (Taylor et al., 2023).
Diet CHO Consistent Medium Calorie	Maintain patient's nutrition status while in the hospital (Taylor et al., 2023).
IP Consult to Pulmonology	Pulmonologist can help find treatment for the patient's pneumonia (Taylor et al., 2023).
IP Consult to Respiratory Therapy	Patient has pneumonia. Respiratory therapist can help the patient (Taylor et al., 2023).

Aerosol Nebulizer - Subsequent	Help open up lungs and allows patient to breath better with the pneumonia (Taylor et al., 2023).
Oxygen Therapy	Allows nurse to apply oxygen to the patient (Taylor et al., 2023).
Pulse Oximetry, Continuous	Patient is on oxygen, helps monitor oxygen saturation (Taylor et al., 2023).
Admission Weight	Monitor if patient is retaining any fluid and will weight based drugs (Taylor et al., 2023).
Cardiac Monitoring	Help monitor the patient's heart rate while in the hospital (Taylor et al., 2023).
Vital Signs	Monitor the patient's vitals while in the hospital and keep an eye on blood pressure (Taylor et al., 2023).
Up as Tolerated	Help the patient stay active and lets the patient get out of bed when they feel well enough (Taylor et al., 2023).
Perform POC Blood Glucose – AC & HS	Monitor the patient's diabetes (Taylor et al., 2023).
Patient May Shower	Maintains the patient's hygiene (Taylor et al., 2023).
Notify Physician (POCT, 50mg/dL & Signs and Symptoms	Let's the nurse know to pay attention closely to the patient and when they need to notify the

	physician. (Taylor et al., 2023).
Intake and Output	The nurse will make sure to monitor was goes in the patient and how much they have out to make sure they are not retaining any fluids or to see if they are putting out too much (Taylor et al., 2023).
Insert/Maintain Peripheral IV	Patient was ordered to give fluids and needs an IV. Makes sure the nurse knows the assess the IV site (Taylor et al., 2023).
For Blood Sugar of 70 mg/dL or Less	This order to help give instructions to the nurse on what they need to do when the patient's blood sugar gets too low (Taylor et al., 2023).

Current Medications (5)

Brand/ Generic	albuterol (PROVENTIL, VENTOLIN)	azithromycin (ZITHROMAX)	diazepam (VALIUM)	enoxaparin (LOVENOX)	metoprolol succinate (TOPROL – XL)
Dosage, Route, Frequency given	2.5 mg Inhaler 3 times Daily	500 mg Intravenous Daily	2 mg Orally Daily	50 mg Sub-q Injection Nightly	25 mg Orally Nightly
Reason Client Taking	Patient is taking albuterol to help with pneumonia (*2025 NDH: Nurse's Drug*	Patient is taking azithromycin due to bacterial pneumonia (*2025 NDH:*	Patient takes diazepam to help with insomnia and is chronically on benzodiazepin	Patient takes enoxaparin due to have a stroke in the past (*2025*	Patient is taking metoprolol to help with chronic hypertensio

	Handbook) .	Nurse's Drug Handbook).	es (2025 NDH: Nurse's Drug Handbook).	NDH: Nurse's Drug Handbook).	n (2025 NDH: Nurse's Drug Handbook) .

Assessment

Physical Exam – <mark>HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS</mark>

General, Psychosocial/Cultural, and TWO focused assessment specific to the client is required.

The student and instructor may complete these assessments together.

GENERAL: **Alertness:** Patient is alert and follows commands. **Orientation:** Patient is oriented to person, place, and time. **Distress:** No signs of acute distress. **Overall appearance:** Appears well groomed.	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 23 **Drains present: Y**☐ **N** ☐ **Type:**	
HEENT:	

Head/Neck: **Ears:** **Eyes:** **Nose:** **Teeth:**	.
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:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Breaths sounds heard in all fields. <mark>Lungs sounds diminished.</mark> <mark>Patient has a productive cough with sputum present.</mark>	.
GASTROINTESTINAL: **Diet at home:** **Current 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:
 	
Feeding tubes/PEG tube Y ☐   N ☐
 	
  Type:	

GENITOURINARY:
 	
Color: Clear, yellow
 	
Character: Odorless
 	
Quantity of urine: 1000 mL
 	
==**Pain with urination: Y ☒   N ☐**==
 	
Dialysis: Y ☐   N ☒
 	
Inspection of genitals: No discoloration, hair is distributed evenly, and no redness or rashes.
 	
Catheter: Y ☐   N ☒
 	
  Type:
 	
  Size:
	Patient states pain with urination only happens at night. Has a history of benign prostate hyperplasia associated with nocturia.

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐**	.

Fall Risk: Y ☒ N☐ **Fall Score:** 85 **Activity/Mobility Status:** Patient was able to stand up with a use of a cane. Patient was able to wash self independently; needed help to wash areas he could not reach. Patient was able to ambulate from bed to chair. No distress noted; short of breath with frequent activity. **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☒ **Needs support to stand and walk** ☐	
NEUROLOGICAL: **MAEW:** Y ☐ N☐ **PERLA:** Y ☐ N☐ **Strength Equal:** Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Pastor came to speak with the patient late morning. Patient was very welcoming to a prayer. Patient was very eager to get up out of bed to get cleaned up but did not want to sit in chair. Patient seems very eager to get back home and to get better. **Developmental level:** Appropriate to age. **Religion & what it means to pt.:** Patient does not associate with a specific religion. Patient stated, "I don't believe any religion will get you to heaven or hell it all depends on how you think and feel." Patient was very welcoming to a	.

prayer with the pastor. **Personal/Family Data (Think about home environment, family structure, and available family support):** Patient seemed very eager to get back home. Patient does have three children. Did not seem to talk to them very much. Patient has a very close friend that is his caregiver at home. Patient is very open to caregiver and gives her the best compliments as she takes very good care of him.	

Vital Signs, 1 set – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	83	<mark>158/99</mark>	20	<mark>97 (36.1)</mark>	<mark>96% 4L via</mark> <mark>Nasal Cannula</mark>

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0830	0-10		0 (denies pain)		

Intake and Output

Intake (in mL)	Output (in mL)
480 mL – Oral intake	1000 mL - Urine

Discharge Planning

Discharge location: Patient will be discharged back home with caregiver. A referral to home health was made.

Equipment needs: The patient would like a four-wheeled walker for the house.

Education needs: Educate the patient on the need for fluids. Educate the patient on new medication to go home with him upon discharge. Encourage the patient to be more mobile at home and ambulate. Educate the patient on skin integrity around ears with chronic oxygen use and buttocks with occurrences of nocturia.

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	Rationale • Explain why the nursing diagnosis was chosen	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective airway clearance related to sputum production as evidenced by productive cough (Phelps, 2023).	I chose ineffective airway clearance because my patient has a productive cough with the pneumonia.	1. Patient will use incentive spirometer effectively every 30 minutes to an hour (Phelps, 2023). 2. Assess respiratory status every 4 hours (Phelps,	**1.** Patient will have improved air clearance by using the cough and deep breath along with the use of an incentive spirometer every 30 minutes every day until discharge.	Goal not met. Patient did not use incentive spirometer at least once every hour. Patient was able to deep breath and cough to help with secretions.

		2023).		
2. Decreased activity intolerance related to general weakness as evidenced by dyspnea on minimal exertion (Phelps, 2023).	I chose decreased activity intolerance because my patient has not been wanting to walk around the room or get out of bed due to feeling short of breath when ambulating.	1. Patient will perform active range motion at least every 2 to 4 hours in chair or in bed (Phelps, 2023). 2. Patient will get out of bed or turn every 2 hours to help prevent skin breakdown (Phelps, 2023).	**1.** Patient will increase activity tolerance by ambulating in the room and sitting in chair at least 3 times every day until discharge date.	Goal was partially met. Patient did get out of bed and ambulate to chair to bathe self. Patient did not get out of bed again during clinical. Patient stated they were tired and winded from ambulating to chair and wanted to lay back down.

Other References (APA):

2025 NDH: Nurse's Drug Handbook. (2024). . Jones & Bartlett Learning.

Taylor, C., Lynn, P., & Bartlett, J. L. (2023). *Fundamentals of nursing: The art and science of person-centered care.* Wolters Kluwer.

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