N311 Care Plan 1

Autumn Eldridge

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Merriweather

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Demographics

Date of Admission	Client Initials	Age	Biological Gender
09/09/2025	R.D.	73	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Retired/Self-Employed	Married	Contrast [Iodinated Contrast Media] Patient reports having hives as a reaction after contrast test
Code Status	**Height**	**Weight**	
FULL	5'Feet 9" Inches	201 lbs.	

Medical History

Past Medical History: Hypertension, COPD (Chronic Obstructive Pulmonary Disease) (HCC)

Past Surgical History: Total Knee Arthroplasty/Bilateral – no date recorded, Bronchoscopy/NA – 07/09/2021Cardiac Catheterization/Left – 08/12/2020, Biopsy of Skin Lesion – 2017

Family History: Mother (deceased) – Hypertension and Stroke, Father (deceased) – Aneurysm, Brother (deceased) – Heart Surgery

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

Substance history- former smoker, no alcohol or drugs are currently being used.

Education: No education status was found.

Living Situation: Patient lives in a single-story home with spouse.

Assistive devices: No devices used to get out of bed, transfers, or to ambulate.

Admission Assessment

Chief Complaint: Shortness of Breath and Coughing

History of Present Illness (HPI)– OLD CARTS:

The client was admitted to the ER on 09/09/2025. The client has been having shortness of breath and a cough for weeks. Oxygen status was 60% on arrival. The client has been seen for the same chief complaints for past admissions. They have known to have COPD for a year. The client is in no acute distress and is not complaining of any discomfort, but is in respiratory distress. They deny fever, chills, chest pain, nausea, vomiting, dizziness, headache, or any other symptoms. No pain has been verbalized by the client. Client is A/O x3 with a moderate amount of senile atrophy. The shortness of breath and coughing that my client has been experiencing have been ongoing. Yellow sputum occurs when the client is coughing. Their symptoms are worse in the morning. Before being admitted, the client used three rounds of inhaler treatments at home, but it did not alleviate the SOB or coughing. They were placed on a BiPAP and have experienced relief. The client has been admitted for further treatment. STAT labs, Arterial Blood Gas/ Complete Blood Count labs, STAT chest x-ray, STAT BiPAP, Solu-Medrol (steroid medication), and DuoNeb (bronchodilator medication) have all been ordered for further treatment for the client. The treatment plan directs focus on getting O2 levels to the normal range without oxygen assistance. O2 levels are currently 60%

Primary Diagnosis

Primary Diagnosis on Admission: Symptoms of COPD

Secondary Diagnosis (if applicable): Hypertension *note: As treatment progressed, more diagnoses were being found. *Client was experiencing Hypertension and was put on medication to lower BP. The last recorded BP was 96/74, which indicates that it has been lowered from his initial BP readings after starting his medication.

Pathophysiology

Pathophysiology of the Disease:

Chronic obstructive pulmonary disease (COPD) is a complex mix of chronic bronchitis and emphysema. It is an irreversible respiratory disease that is very progressive and is one of the leading causes of death in the US. (CDC, 2024) Chronic bronchitis causes the airways to become obstructed due to chronic inflammation, resulting in bronchial walls that begin to thicken and increased sputum production. Emphysema destroys the alveolar walls, which then lose their ability to elastically recoil this allowing a higher residual of carbon dioxide in the lungs and reducing oxygen to pass through. Long-term cigarette smoking is known to be the primary cause of COPD, affecting more than 37 million Americans. (Clinical Professor Teresa Capriotti) COPD not only affects the respiratory organs but also influences the body as a whole. This is the case for my client. Chronic obstructive pulmonary disease causes pulmonary hypertension because the damaged airways reduce the oxygen in the lungs, which then makes the blood vessels constrict, and long-term, this can cause the blood vessel walls to thicken and put more strain on the heart. (CDC, 2024)

My client came into the hospital with shortness of breath and continuous sputum. They have since made discoveries and other diagnoses that they are treating, as well as the treatment for the client's COPD. Hypertension is one of the diagnoses my client has been treated for they have been admitted to the hospital. My client was experiencing dyspnea on 09/09/2025 with wheezing. According to the CDC, the most common symptoms of COPD are continuous coughing or wheezing, shortness of breath, not being able to take full breaths, and discharge of sputum. (CDC, 2024)

Pathophysiology References (2) (APA):

Centers for Disease Control and Prevention. (2024). *Chronic obstructive pulmonary disease (COPD)* https://www.cdc.gov/copd.html

Capriotti, T. (2019). *Davis Advantage for Pathophysiology (3rd ed).* F.A. Davis Company.

Centers for Disease Control and Prevention. (2024). *Pulmonary hypertension* https://www.cdc.gov/heart-disease/about/pulmonary-hypertension.html

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen SAT	Oxygen Delivery Method
09/11/2025 1100	76	96/74 *Client was experiencing Hypertension, then was placed on medication to lower BP. 96/74 is abnormal because the client's BP has dropped more than 30 mmHg from their hypertension readings.	20	97.2 F Temporal	96% *Client's O2 levels without receiving oxygen through Nasal Cannula is 60%.	Nasal Cannula 5 m/L

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
09/11/2025	0	No Pain	No Pain	No Pain	No Pain