N311 Care Plan 1

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N311: Foundations of Professional Practice

Professor Dowell

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Demographics

Date of Admission	Client Initials	Age	Biological Gender
09 – 09 – 2025	LH	62	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Unemployed	Widowed	• Dilaudid (Hydromorphone HCl) • Jardiance (Empagliflozin)
Code Status	**Height**	**Weight**	
DNR	5'5 ft	241lbs	

Medical History

Past Medical History: Acute Respiratory failure**,** Hypoxia, Calculus of kidney**,** Chronic Obstructive Pulmonary disorder**,** Myocardial Infarction**,** Pain in right wrist

Past Surgical History: Coronary Angioplasty with Stent replacement**,** Tubal ligation**,** Cesarean section**,** Cholecystectomy**,** Kidney stone surgery (Bilateral; 2006)**,** Bronchoscopy biopsy (Bilateral; 2017)

Family History: Father: Coronary Artery disease**,** Mother: Hepatitis**,** Maternal Grandfather: No known medical diagnoses, Maternal Grandmother: No known medical diagnoses, Daughters (All 5): No known medical diagnoses, Sister: No known medical diagnoses

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Smoking: L.H. quit smoking cigarettes 4 years ago **(**Smoking began 34 years ago & L.H. smoked around 60 packs a year), Client is exposed to tobacco smoke; client has never used tobacco, Client does not use alcohol, Client does not participate in any drugs.

Education: Not applicable.

Living Situation: Client resides in Accolade Nursing Home. Client will be returning there when discharged.

Assistive devices: <mark>CPAP at night</mark>**,** Thoracic walker**,** <mark>Nebulizer machine</mark>**,** Total lift**,** Repositioning back high sling**,** Wheelchair**,** <mark>Oxygen</mark>

Admission Assessment

Chief Complaint: Shortness of breath, cough

History of Present Illness (HPI)– OLD CARTS:

- Client presented with symptoms on September 5th. Location of these symptoms resided in the client's chest. L.H. has been having symptoms such as shortness of breath and a cough for four days prior to her admission to the hospital. There are no other related symptoms, no relieving symptoms, and no aggravating symptoms noted in client's chart. This client uses her CPAP machine throughout most of the day while also using her nebulizer machine occasionally as an at home treatment.

Primary Diagnosis

Primary Diagnosis on Admission: Chronic Obstructive Pulmonary disorder (COPD)

Secondary Diagnosis (if applicable): Not Applicable.

Pathophysiology

Pathophysiology of the Disease, APA format:

~~COPD stands for Chronic Obstructive Pulmonary Disorder~~. According to Capriotti, (2024), a hypoxic drive takes over when carbon dioxide accumulation is not stimulating the medulla to control respiration in COPD (2024).~~, as in diseases such as COPD~~. COPD is caused by environmental and social factors, as well as genetic susceptibly. Alpha 1 Antitrypsin (AAT) defiance is the rare genetic variant that is a serum produced in the lungs inhibiting elastase which

in COPD cases, destroys the lung tissue. AAT deficiency leads to chronic bronchitis, emphysema, and hyperactive airway disease which are three disorders characterized by COPD. Because of COPD, patients have an airflow obstruction that is associated with symptoms of a cough, sputum production, dyspnea, and wheezing, which are worsened during periods of exacerbation (Singh, McFarland, & Dittrich, 2024). This contributes to significant morbidity and mortality, with progressive lung function decline along with worsening dyspnea. The client came to the hospital showing some of these symptoms as her chief complaint.

The client presented with symptoms of a cough and shortness of breath four days prior to admission. Noted in her chart, she was smoking sixty packs of cigarettes a year for several years. Smoking is a social habit that increases risk for COPD. According to Capriotti (2024), smoking activates proteolytic enzymes, which are released from neutrophils and macrophages (2024). Cigarette smoke also contains free radicals that damage respiratory cell membranes and arterial endothelial cells. Smoking damages the lungs antioxidants which are the cells that protect our cells from damage. Thus meaning, there is poor ventilation in the lungs. The client uses at home remedies such as a nebulizer machine and a CPAP to help with her breathing. Other treatment options would be an inhaler.

To diagnose COPD there are types of assessment questionnaire including CAT (COPD Assessment Test), MRC (Medical Research Council Dyspnea Scale), and BODE index. These allow patients to indicate how much their breathing affects their mobility. Along with this a CBC, blood chemistry panel, chest x-ray, electrocardiogram, and ABGs are analyzed. This client was diagnosed with a chest x-ray as noted in her chart.

Pathophysiology References (2) (APA):

Capriotti, T. M. (2024). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* (3rd ed.). F.A. Davis.

Singh, S., McFarland, T., & Dittrich, A. (2024). Novel therapies in the management of chronic obstructive pulmonary disease (COPD): Addressing genetic, immunologic, and physiologic principles of disease. *Canadian Journal of Respiratory Critical Care and Sleep Medicine*, 1–6. https://doi.org/10.1080/24745332.2024.2422386

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen SAT	Oxygen Delivery Method
1501	89 BPM	123/84 mmHg	16 RR	97.9 F	91%	Nasal Cannula

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0152	Passero opioid induced SED scale (POSS)	Head	6	Aching	• Tylenol 650mg • Pain goal met at 0252