N321 CARE PLAN 2

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N321: Adult Health I

Kristal Henry

10/04/25

Demographics

Date of Admission 09/25/25	Client Initials JS	Age 82	Biological Gender female
Race/Ethnicity White	Occupation Kmart	Marital Status widowed	Allergies Ibuprofen, Alendronate, Clinoril
Code Status Full Code	Height 5’ 4”	Weight 86 lbs 3.2 oz	

Medical History

Past Medical History: CODP, hypertension, hyperlipoidemia, and anxiety

Past Surgical History: Hysterectomy, tracheoscopy, hc removal of lung- sleeve lobectomy (L), and bronchoscopy.

Family History: diabetes in father and mother, heart disease in father and mother, hypertension in father and mother, rheumatoid arthritis in mother, and stroke in brother

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

She has no history of smoking, drugs, or alcohol

Education: she graduated from high school

Living Situation: she lives at home with her daughter and grandson

Assistive devices: she uses a walker and at home oxygen

Admission History

Chief Complaint: Shortness of breath and a cough

History of Present Illness (HPI)– OLD CARTS

Patient presented to the ED with increasingly shortness of breath, cough, and sputum production. She had been taking Levaquin for a week with no improvement. She has been

having trouble breathing and tightness in her chest. She had been having these issues since September 18th. Nothing was helping the symptoms, and nothing made them worse either.

Admission Diagnosis

Primary Diagnosis: COPD

Secondary Diagnosis (if applicable): N/A

Pathophysiology

Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that causes it to be extremely difficult to breathe. It is chronic bronchitis, emphysema, and hyperreactive airway diseased all combined into one disease. COPD features hypersecretion of mucus in the airways. The walls of your alveoli are weak, distended, and cannot recoil. Carbon dioxide levels are increased which can cause kidney failure, Cushing's syndrome, metabolic alkalosis, and hormonal disorders.

Symptoms of COPD can be chronic bronchitis, asthma, and emphysema. Dyspnea and heavy secretions are common in the beginning of COPD. Coughing and wheezing as well as shortness of breath are commonly the chief complaint when a patient presents to the ED. Patient may show signs of respiratory distress, use of intercostal muscles or accessory muscles with breathing, and clubbing of the fingers. A barrel-shaped chest is a quite common sign of COPD as well; this is when the width is double the depth of the chest.

The COPD assessment test (CAT) is a test of eight questions that ask questions about the patient's breathing ability and activity limitations. They also use spirometry to diagnosis COPD. A CBC, blood chemistry panel, and ABG's blood labs are drawn, and a chest x-ray and ECG are

completed. The patient had a chest x-ray, and the blood work completed to verify that she had COPD.

To treat COPD, you can only control the symptoms, there is not a cure. To control the symptoms, they try to slow the progression of the disease, reduce the risk of exacerbation or flare ups, and improve your ability to stay active. To quit smoking is the first step in controlling flare ups. They have medications that help slow the progression and reduce the risk of flare ups. Supplemental oxygen can be given to a patient to help the oxygen levels raise and to breathe more sufficiently.

My patient was on some medications to help her. She was receiving two liters of oxygen via nasal cannula. My patient has never smoked so she did not have to change her habits in that sense. She is also using an incentive spirometer at 10 breathes an hour to help clear out her lungs of any excess sputum and help her breathing, she is doing everything the doctor has set up for her personal plan of care.

My patient was diagnosed with COPD after several labs and diagnostic tests were run before this hospital visit. These tests confirmed that she has COPD. They started a plan for how to treat her and make it easier to live with sense there is not a cure for COPD. She is now learning to live with COPD.

Pathophysiology References (2) (APA):

Association, A. L. (2024, April 30). *Treating COPD*. American Lung Association. https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/treating

Capriotti, Theresa. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Hemoglobin	**10.1 g/dL**	**9.3 g/dL**	**12.0- 15.8 g/dL**	**COPD patients are often anemic (Pagana,2023).**
Hematocrit	**31.9%**	**29.5%**	**36.0- 47.0%**	**COPD patients are often anemic which would explain the HCT levels being low (Pagana,2023).**
MCV	**80.6 FL**	**80.9 FL**	**82.0-96.0 FL**	**COPD patients are often anemic (Pagana,2023).**
MCH	**25.5 pg**	**25.5 pg**	**26.0-34.0 pg**	**COPD patients are often anemic (Pagana,2023).**
RDW	**16.3 %**	**16.5%**	**11.8-15.5 %**	**COPD disrupts normal production (Pagana,2023).**
MPV	**7.0 FL**	**7.1 FL**	**9.7-12.4 FL**	**Exacerbation lowers reading (Pagana,2023).**
Neutrophils	**86.1 %**	**82.8%**	**47.0-73.0 %**	**When you have an exacerbation with COPD it raises your**

				neutrophils (Pagana,2023).
Lymphocytes	**8.5 %**	**10.3%**	**18.0-42.0%**	**Lymphocytes are often low in COPD patients due to their immune system being in constant activated state (Pagana,2023).**
Absolute neutrophils	**9.70 10(3)/mcL**	**6.50 10(3)/mcL**	**1.60-7.70 10(3)/mcL**	**The use of Corticosteroids (Pagana,2023).**
Absolute lymphocytes	**1.00 10(3)/mcL**	**0.80 10(3)/mcL**	**1.30-3.20 10(3)/mcL**	**COPD causes a decrease in production (Pagana,2023).**
Chloride	**95 mmol/L**	**96 mmol/L**	**98-107 mmol/L**	**Increased CO2 levels caused by breathing problems (Pagana,2023).**
Creatinine	**0.49 mg/dL**	**0.41 mg/dL**	**0.60-1.000 mg/dL**	**Chronic inflammation causes damage to vessels due to low oxygen level which can impair the kidney functions (Pagana,2023).**

BUN	**24 ratio**	**37 ratio**	**12-20 ratio**	**Dehydration from having poor respiratory function (Pagana,2023).**
Glucose	**177 mg/dL**	**111 mg/dL**	**70-99 mg/dL**	**High glucose levels are common in CODP patients due to low oxygen levels. Also, prednisone raises glucose levels (Pagana,2023).**
Albumin	**3.3 g/dL**	**2.9 mg/dL**	**3.5-5.0 g/dL**	**Corticosteroids use (Pagana,2023).**
A/G ratio	**0.8**	**0.9**	**1.0-2.2**	**Inflammatory conditions cause tissue trauma (Pagana,2023).**
C-Reactive Protein	**20.27 mg/dL**	**N/A**	**<0.50 mg/dL**	**Patient was tachycardic (Pagana,2023).**
NT proBNP	**607.0 pg/mL**	**N/A**	**< 450.0 pg/mL**	**Patient was tachycardic (Pagana,2023).**
Protime- Patient	**13.4 sec**	**N/A**	**10.1-13.1 sec**	**Patient was tachycardic (Pagana,2023).**
Sodium	**136 mmol/L**	**134 mmol/L**	**136-145 mmol/L**	**Patient was tachycardic (Pagana,2023).**

Calcium	**9.0 mg/dL**	**8.6 mg/dL**	**8.7-10.5 mg/dL**	**Corticosteroids use (Pagana,2023).**

Current Diagnostic Test & Purpose	Clients Signs and Symptoms	Results and correlate to client diagnosis and condition
Xray of chest	**Shortness of breath**	**Found an elevation on the left side of the diaphragm, inflammation or scar tissue found (Pagana, 2023)**

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's Diagnostic and Laboratory Test Reference* (16th ed.). Elsevier.

Active Orders

Active Orders	Rationale
Diet cardiac	**Patient was tachycardic when she was admitted.**
Diet supplement- supplement dinner	**To ensure patient is getting enough nutrients.**
CMP daily	**To keep track of patients lab values and trend them.**
CBC daily	**To keep track of patients lab values and**

	trend them.
Magnesium	**To keep track of patients lab values and trend them.**
OT eval and treat	**Patient has general weakness due to having CODP.**
Aerosol Nebulizer- subsequent	**Patient needs multiple nebulizer treatments a day.**
Communication with respiratory therapy	**To get patients albuterol and ipratropium medication from home transferred to the hospital while she is admitted.**
MDI treatment Rt- subsequent	**Patient needs more than one MDI treatment a day.**
Oxygen Therapy	**To get the patient set up with a nasal cannula.**
Pulmonary rehab eval	**Being a COPD patient, they have to do an evaluation on her to see how she is doing.**
Pulse ox, spot	**To monitor if she has any changes on her heart rate or breathing.**
RT Assessment	**To make a treatment plan and make sure it is working for the patient.**
Admission weight	**To be able to properly dose some medications.**
Cardiac monitoring	**Patient came in tachycardic.**

Incentive spirometry nursing	**To help clear her lungs and prevent pneumonia**
Insert and maintain peripheral IV	**To give the patient the fluids and medications that she needs or may need.**
Intake/output	**To keep track of her input and output to ensure they match.**
Maintain IV while on telemetry	**Ensure that you can get patient medications they need.**
Notify physician	**Notify the physician if patient has symptoms of bradycardia or ventricular arrythmias. Also, when the prior to admission medication review is completed.**
Patient may shower with assistance	**Patient is a high fall risk patient, so she needs assistance with all ADLs.**
Pulse oximetry	**To monitor the patient's oxygen levels.**
Teach incentive spirometer pulmonology	**So the patient knows how to do the exercises with it to help prevent pneumonia**
Telemetry monitoring	**Patient has a new and unstable onset of arrhythmias.**
Up as tolerated	**Keep the patient moving to prevent DVT and PE.**
Vital signs per unit routine	**To monitor the patients vital signs to ensure she isn't having any other**

	complications.

Hospital Medications (Must List ALL)

Brand/ Generic	**0.9 % sodium chloride solution**	**Diltiazem (Cardizem)**	**Enoxaparin (Lovenox)**	**Ipratropium (albuterol)**	**Methylprednisolone (solumedrol)**	**Mometasone (Asmanex)**
Dose, frequency, route	**500 mL, once, IV**	**300 mg daily, oral**	**40 mg, daily, subcutaneous**	**3 ml, nebulization, 4 times daily**	**40 mg, intravenous, daily**	**2 puffs, 2 times daily, inhalation**
Classification (Pharmacological and therapeutic and action of the drug	**Electrolyte replenisher and fluid replacer**	**Calium channel blocker**	**Anticoagulant, antithrombotic**	**Anticholinergic bronchodilator**	**Corticosteroid Glucocorticoid**	**Glucocorticoid Topical Corticosteroids**
Reason Client Taking	**Client was dehydrated upon admissions**	**Client is taking because she is tachycardic**	**Client is taking to prevent blood clots copd increases the risk of hypercoagulability**	**Client is taking to help open her airways to make breathing easier**	**Client is taking for severe exacerbation of COPD**	**Client is taking to reduce swelling in the lungs**
Two contraindications (pertinent to the	**Congestive heart failure And**	**Sick sinus syndrome and second or third**	**Elderly patients have an increased bleeding**	**hypersensitivity to food related products**	**systemic fungal infections**	**Allergies to milk protein**

client)	**Hepatic impairment**	**degree atrioventricular (AV) block**	**risk Renal impairment**	**such as soy trouble breathing**	**hypertension**	** Paradoxical bronchospasm**
Two side effects or adverse effects (Pertinent to the client)	**Swelling Increased heart rate**	**Headaches Constipation**	**Hemorrhagic stroke Anemia**	**Urinary retention Trouble swallowing and breathing**	**Weight gain Sleep problems**	**Sore throat Oral thrush**
Key nursing assessment (s) prior to administration	**Assess for fluid overload Assess for hypertension**	**Assess for signs of heart failure Assess heart and blood pressure**	**Assess for allergies to pork Assess renal function**	**Assess breathing and reception rate Assess hydration of patient**	**Review baseline electrolyte levels (especially potassium), blood glucose, complete blood count (CBC), and lipid panel. Assess for hypertension or heart failure**	**Assess lung sounds Assess respiration rate**

Brand/ Generic	**Multivitamin(minerals) MVM**	**Tiotropium (Olodaterol)**	**Acetaminophen (Tylenol)**	**Albuterol (Proventil)**	**Calcium carbonate (TUMS)**	**Guaifenesin (Mucinex)**
Dose, frequency, route	**1 tablet, orally, daily**	**2 puffs, daily, inhalation**	**650 mg, every 4 hours PRN, orally**	**2.5 mg, every 4 hours PRN, nebulization**	**1,000 mg, orally, PRN every 8 hrs**	**600m mg, orally, 2 times daily PRN**
Classification (Pharmacological and	**broad-spectrum**	**Long-acting muscarinic**	**Analgesic and antipyretics**	**Bronchodilators**	**Chemical compound reduces**	**Expectorant**

therapeutic and action of the drug	**special populations**	**antagonist, Anticholinergic agent, Bronchodilator**	**Pain reducer and fever reducer**	**short-acting beta2-adrenergic agonist (SABA)**	**acid**	
Reason Client Taking	**Client takes for nutrients support, immune function, antioxidant capacity, and bone health, and can reduce lung function decline and the frequency of exacerbations.**	**Client is taking because it decreases exacerbations**	**Client is taking for mild pain**	**Client takes because it causes the airways to relax and open, easing symptoms**	**Client is taking for heartburn**	**Client is taking for congestion**
Two contraindications (pertinent to the client)	**Iron overload** **Liver problems**	**Severe renal impairment** **Cardiac conditions**	**Active liver disease and severe hepatic impairment**	**Cardiovascular disorders** **Hyperthyroidism**	**High urine calcium levels** **achlorhydria**	**Increased heart rate** **anticoagulants (monitor patients who use)**
Two side effects or adverse effects (Pertinent to the client)	**Trouble sleeping** **Headaches**	**Dry mouth** **Constipation**	**Difficulty breathing** **Rash**	**Tachycardia** **Throat or nasal irritation**	**Increased urine output and loss of appetite**	**Headache** **Upset stomach**
Key nursing assessment(s) prior to administration	**Assess for an upset stomach** **Assess for consumption of other supplements**	**Assess breath sounds** **Assess respiration rate**	**Assess for prior pain-relieving meds** **Assess for**	**Assess lung sounds** **Assess respiratory rate**	**Assess calcium levels and assess phosphate levels**	**Assess lung sounds** **Assess pulse**

			trouble breathing			
Brand/ Generic	**Magnesium hydroxide (milk of magnesium)**	**Melatonin (Circadin)**	**Ondansetron (Zofran)**	**Polyethylene glycol (MiraLAX)**	**Senna (senokot)**	
Dose, frequency, route	**30 ml, orally, daily PRN**	**6 mg, nightly PRN, orally**	**4mg orally or intravenously, PRN**	**17 g, orally, 2 times daily PRN**	**8.6 mg, 2 times daily, PRN**	
Classification (Pharmacological and therapeutic and action of the drug	**inorganic compound**	**Biogenic amine and regulates the sleep wake cycle**	**5-HT3 antagonist and antiemetics blocks serotonin**	**osmotic laxative. hydrophilic compound**	**stimulant laxative**	
Reason Client Taking	**Client is taking for constipation**	**Client is taking help aid in sleep**	**Client is taking for nausea**	**Client is taking for constipation**	**Client is taking for constipation**	
Two contraindications (pertinent to the client)	**electrolyte imbalances hypermagnesemia**	**Messes with high blood pressure medications and medications broken down in the liver**	**Hypotension Loss of consciousness**	**Electrolyte imbalances Cardiovascular disease**	**Electrolyte imbalances Cardiovascular disease**	
Two side effects or adverse effects (Pertinent to the client)	**Gastrointestinal discomfort Skin breakdown due to diarrhea**	**Dry itchy skin and feeling irritable**	**Headache Constipation**	**Abdominal discomfort dehydration**	**Abdominal discomfort dehydration**	

Key nursing assessment (s) prior to administration	**Assess for low bloop pressure** **Assess blood pressure**	**Assess for low blood pressure and make sure they aren't taking hypotension medications**	**Assess heart rate** **Assess bowel sounds**	**assess for abdominal distention and the presence of bowel sounds** **Assess the baseline hydration and electrolyte status**	**assess for abdominal distention and the presence of bowel sounds** **Assess the baseline hydration and electrolyte status**	

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
Ipratropium	**Establishing patient's airway is the most important priority**	**Urinary retention** **Trouble breathing**
Enoxaparin	**Preventing the patient from getting a clot and causing further complications**	**Hemorrhagic stroke** **Anemia**
Diltiazem	**Getting her heart rate under control so there is not**	**Headache** **Constipation**

	permanent damage	

Medications Reference (1) (APA)

Drugs.com. (n.d.-a). Prescription drug information. Drugs.com. https://www.drugs.com/

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness: alert and responsive** **Orientation: person, place, time, situation** **Distress: Shortness of breath and coughing** **Overall appearance: clean, properly dressed** **Infection Control precautions: N/A** **Client Complaints or Concerns: Pain in her head 7-10**	
VITAL SIGNS: **Temp: 96.8 degrees** **Resp rate: 22 bpm** **Pulse: 78 bpm** **B/P: 140/67 mmHg** **Oxygen: 98%** **Delivery Method: 2 liters, nasal cannula**	
PAIN ASSESSMENT: **Time: 0900** **Scale: 0-10** **Location: head** **Severity: 7-10** **Characteristics: aching** **Interventions: Tylenol given**	
IV ASSESSMENT: **Size of IV: 20 g** **Location of IV: left forearm** **Date on IV: 09/25/25** **Patency of IV: flushes without difficulty** **Signs of erythema, drainage, etc.: N/A** **IV dressing assessment: dry, clean, intact** **Fluid Type/Rate or Saline Lock: saline lock**	
INTEGUMENTARY:	

Skin color: usual for ethnicity, olive **Character: dry, intact** **Temperature: warm** **Turgor: returns immediately** **Rashes: n/a** **Bruises: n/a** **Wounds: n/a** **Braden Score: 19** **Drains present: Y☐ N ☒** **Type:**	
HEENT: **Head/Neck: symmetrical, trachea midline, no noticeable lymph nodes noted** **Ears: hearing intact, no lumps or bruises** **Eyes: vision good, conjunctiva pink and moist and the sclera white and clear,** **Nose: septum midline, no obstruction, no breakdown to skin on nose** **Teeth: Missing a few teeth, has own teeth, dry mouth**	.
CARDIOVASCULAR: **Heart sounds: regular rhythm, no extra sounds** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable): n/a** **Peripheral Pulses: plus 3 bilaterally** **Capillary refill: less than 3 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema: n/a**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **Wheezing in upper left and right sides, coarse throughout all lobes**	.
GASTROINTESTINAL: **Diet at home: Normal** **Current Diet: cardiac** **Is Client Tolerating Diet? Yes** **Height: 5' 4"** **Weight: 86 lbs 3.2 oz** **Auscultation Bowel sounds: present in all**	.

quadrants, active **Last BM: 9/27/25** **Palpation: Pain, Mass etc.:** **Inspection: no bruise, scars etc** **Distention: non-distended, soft** **Incisions: n/a** **Scars: n/a** **Drains: n/a** **Wounds: n/a** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color: clear, yellow** **Character: no smell, voids without difficulty** **Quantity of urine: unmeasurable** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: no rashes, lesions, swelling** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
Intake (in mLs) **960 ml** **Output (in mLs)** **3 urination voids** **0 bowel**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM: active** **Supportive devices: walker** **Strength:4 , mild weakness** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 87** **Activity/Mobility Status: 1 assist** **Activity Tolerance: yes, with assistance** **Independent (up ad lib) no**	.

Needs assistance with equipment yes, walker **Needs support to stand and walk yes, one assist and walker**	
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: person, place, time, situation** **Mental Status: normal cognition** **Speech: clear** **Sensory: all senses intact** **LOC: alert**	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s): music, reading, relaxing** **Developmental level: formal operational and wisdom** **Religion & what it means to pt.: n/a** **Personal/Family Data (Think about home environment, family structure, and available family support): daughter and grandson**	.

Discharge Planning

Discharge location: home

Home health needs: oxygen

Equipment needs: a walker and oxygen

Follow up plan: see her primary care physician

Education needs: teach patient that nasal cannula tubing can be a fall/trip hazard and keep clear paths for getting around with a walker.

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

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	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Impaired gas exchanged related to ineffective airway clearance as evidence by shortness of breath.	Patient was admitted to the ED with shortness of breath.	**Patient will have normal breath sounds.**	1. **Assess and record pulmonary status every 4 hours.** **2. Change position every 2 hours to help move secretions.**	**Patient agrees with these goals and outcomes.**
2. Decreased activity tolerance related to imbalance between oxygen supply and demand as evidence by shortness of breath	Patient was having trouble getting enough air.	**patient will perform self-care activities to tolerated level**	**1. identify activities that are important to patient** **2. Teach patient exercises that can improve tolerance.**	**Patient agrees with these goals and outcomes.**
3. Risk of adult falls related to impaired balance as evidence being a fall	**Patient was a fall risk on the unit**	**Patient will make a plan to ensure safety**	**1. Identify factors that can cause falls** **2 improve environmental safety factors**	**Patient agrees on goals and outcomes**

risk				

Nursing Process Prioritization	Rationale
1. Impaired gas exchanged related to ineffective airway clearance as evidence by shortness of breath.	**Having an efficient airway so the patient can breathe is the top priority**
2. Decreased activity tolerance related to imbalance between oxygen supply and demand as evidence by shortness of breath	**Having decreased activity tolerance leads to other health complications such clots, muscle atrophy, and poor cardiac function**
3. Risk of adult falls related to impaired balance as evidence being a fall risk	**This is a priority because being a fall risk she is at risk for other injuries.**

Other References (APA):

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