N431 **CARE PLAN 1**

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N431: Adult Health II

Travis Whisman

10/9/2025

Demographics

Date of Admission	Client Initials	Age	Biological Gender
10/3/2025	LF	81	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Retired	Married	Penicillin
Code Status	**Height**	**Weight**	
Full Code	183 cm (6 ft)	125.2 kg (276.7 lb.)	

Medical History

Past Medical History: adenopathy, allergic rhinitis, atrial fibrillation, arthroscopy of L knee, BPH, chest pain, COPD with hypoxia, chronic lower back pain, chronic respiratory failure with hypoxia, facet arthritis of lumbar region, glaucoma, hepatosplenomegaly, hip pain, HNT, hyperlipidemia, hypertension cardiovascular disease, intermittent urinary stream, lumbar pain, lumbar radiculopathy, lumbar spinal stenosis, MGUS, morbid obesity, myofascial pain, nocturia, pulmonary fibrosis, SOB, urinary frequency and urgency

Past Surgical History: transforaminal lumbar epidural steroid injection with fluoroscopy (9/2017), arthroplasty knee total (4/2019) (11/2021), lumbar facet joint injection medial branch block with fluoroscopy (11/2023), ablation (3/2024), flexible cystoscopy (7/25)

Family History: father (deceased) had anemia

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

Education: Unable to gather information from chart or patient

Living Situation: at home with spouse

Assistive devices: cane, walker, oxygen

Admission History

Chief Complaint: SOB, ankle pain

History of Present Illness (HPI)– OLD CARTS

LF presented to the hospital with complaints of shortness of breath. He also stated that he's been having mild ankle discomfort for a while. His breathing complications began a couple of days ago. I was unable to gather any alleviating factors and treatment used at home due to minimal information from the chart.

Admission Diagnosis

Primary Diagnosis: COPD with hypoxia

Secondary Diagnosis (if applicable): Edema

Pathophysiology

Chronic obstructive pulmonary disease is a preventable and treatable respiratory disease of airflow obstruction and limitation that can be reversible (Hinke et al., 2022). This most common respiratory disease is characterized by cough with mucus making it one of the leading causes of death (Kikuchi et al., 2020). The obstruction and limited airflow are related to the lungs abnormal inflammatory response that occur throughout the proximal and peripheral airways where narrowing occur (Hinkle et al, 2022). Airway resistance is determined by the radius and size of airway, lung volume, and velocity (Hinkle et al, 2022). The lungs are lined with a serous membrane called pleura that covers and lung and the thoracic cavity to lubricate and permit smooth motion of the lungs during inhalation and expiration for the purpose of gas exchange (Hinkle et al, 2022). The volume of oxygen is measured by partial pressure of oxygen (PaO2) where the higher the PaO2, the greater the amount of oxygen, vice versa (Hinkle et al, 2022). The maximum percentage of O2 is the oxygen saturation (SaO2) where it can be affected by carbon dioxide (CO2) that determines the acid-base balance (Hinkle et al, 2022). Due to an obstruction, the patient has a difficult time exhaling forcefully (Hinkle et al, 2022).

Difficult breathing is a major sign and symptoms of COPD following sign of chronic bronchitis, emphysema, and asthma (Capriotti, 2020). Serious complications can include pneumonia, pulmonary hypertension, and even pneumothorax (Cleveland Clinic, 2024). Most symptoms won’t appear until a lot of lung damage has occurred (Mayo Clinic, 2024). Coughing and wheezing occur due to the narrowing of the airway and airflow. When symptoms are worsening, it is known as exacerbation, which can last for several days to weeks (Mayo Clinic, 2024). Productive cough, hypoxia, and lack of arterial oxygen in the blood are signs of chronic bronchitis that stimulate pulmonary arterial vasoconstriction (Capriotti, 2020). Right sided heart

failure is a symptom of prolonged, long-term bronchitis (Capriotti, 2020). The loss of lung elasticity leads to having a barrel chest (Hinkle et al, 2022). Chronic obstructive pulmonary disease can lead to conditions like edema in ankles, feet or legs, lack of energy, and sometimes fever (Mayo Clinic, 2024).

There are many forms of treatment. Treatment is based on the severity of symptoms and the risk of them getting any worse (Mayo Clinic, 2024). Beta-2-adrenergic agonist inhalers are forms of treatment that work to dilate bronchiole smooth muscle (Capriotti, 2020). Inhaled corticosteroids improve symptoms of COPD, but it does not slow the decline in lung function (Hinkle et al, 2022). Corticosteroids and bronchodilators are used in the hospital setting to treat and manage COPD (Hinkle et al, 2022). Bronchodilators relax the muscles around the airways and help in relieving coughs (Mayo Clinic, 2024). Medication mostly used are inhalers and nebulizers, where inhalers are powder or fine mist form while nebulizers changes medication to a liquid to help loosen mucus (Mayo Clinic, 2024). For respiratory infections, antibiotics like azithromycin are commonly used to prevent exacerbation (Mayo Clinic, 2024).

Arterial blood gas (ABG) measurements and the use of spirometry can be used to diagnosis COPD (Hinkle et al, 2022). Spirometry is measured from the ratio of forced vital capacity (Hinkle et al, 2022). The vital capacity is measured by taking a maximum breath in and exhaling fully through a spirometry (Hinkle et al, 2022). A pulmonary function test can be performed to assess the function of your lungs (Mayo Clinic, 2024). Other exams or tests utilized are chest Xray and CT scans to look for changed, a blood test to check protein levels, and an ECG/EKG to assess heart function and rule out heart disease (Cleveland Clinic, 2024)

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives Second Edition*. F.A. Davis Company.

Cleveland Clinic. (2024). Chronic Obstructive Pulmonary Disease (COPD). Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/8709-chronic-obstructive-pulmonary-disease-copd

Hinkle, J., Cheever, K., Overbaugh, K. (2022). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing: 15th edition*. Wolters Kluwer

Kikuchi, S., Imai, H., Tani, Y., Tajiri, T., Watanabe, N. (2020). *Proton pump inhibitors for chronic obstructive pulmonary disease*. National Library of Medicine. https://pmc.ncbi.nlm.nih.gov/articles/PMC8188959/#:~:text=Gastroesophageal%20reflux%20disease%20(GERD)%20is%20one%20cause%20of%20COPD%20exacerbation,life%20for%20people%20with%20COPD.

Mayo Clinic. (2024). *COPD.* Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Chloride	**108 ↑**	105	98 – 106 mEq/L (Pagana et al, 2021)	The chloride was abnormally elevated due to metabolic acidosis (Pagana et al, 2021)
CO2	**21↓**	27	23 – 30 mEq/L (Pagana et al, 2021)	The CO2 was decreased due to metabolic acidosis (Pagana et al, 2021)
Glucose	111	**131 ↑**	82 – 115 mg/dL (Pagana et al, 2021)	The blood glucose is elevated due to acute stress response (Pagana et al, 2021)
BUN	**38 ↑**	17	10 – 20 mg/dL (Pagana et al, 2021)	The BUN was abnormally elevated due to congestive heart failure (Pagana et al, 2021)
Creatinine	**1.83 ↑**	1.2	0.6 – 1.2 mg/dL (Pagana et al, 2021)	The creatinine was abnormally elevated due to congestive heart failure (Pagana et al, 2021)
eGFR	**36↓**	**55↓**	90 – 120 mL/min (UCSF Health, 2023)	The eGFR is abnormally decreased due to chronic kidney failure (UCSF Health, 2023)
Bilirubin total	0.6	**1.2 ↑**	0.3 – 1 mg/dL (Pagana et al, 2021)	The bilirubin is abnormally elevated due to chronic respiratory diseases (Dai et al., 2022)
BNP	**237 ↑**	No data	<100 pg/mL (Pagana et al, 2021)	The BNP was abnormally elevated due to shortness of breath (Pagana et al, 2021)
RBC	**3.08 ↓**	**3.88 ↓**	4.7 – 6.1 10^6/mcL (Pagana et al, 2021)	The RBS is abnormally decreased due to anemia (Pagana et al, 2021)
Hgb	**6.9↓**	**9.1 ↓**	14 – 18 g.dL (Pagana et al, 2021)	The hemoglobin is abnormally decreased due to low numbers of RBC indicating anemia (Pagana et al, 2021)
Hct	**22.7 ↓**	**28.5 ↓**	42% - 52% (Pagana et al, 2021)	The hematocrit is abnormally decreased due to low numbers of RBC

				indication anemia (Pagana et al, 2021)
MCV	**73.8 ↓**	**73.3 ↓**	80 – 95fL (Pagana et al, 2021)	The MCV lab is abnormally decreased due to iron deficiency (Pagana et al, 2021)
MCH	**22.5 ↓**	**23.6 ↓**	27 – 31pg (Pagana et al, 2021)	The MCH lab is abnormally decreased due to low numbers of RBC (Pagana et al, 2021)
MCHC	**30.5 ↓**	32.1	32 – 36 g/dL (Pagana et al, 2021)	The MCHC lab is decreased due to hemoglobin deficiency (Pagana et al, 2021)
Platelets	**142 ↓**	157	150 – 400 103/mcL	The platelet count was abnormally decreased due to thrombocytopenia (Pagana et al, 2021)
Lymph absolute	**0.7 ↓**	0.8	0.90 – 3.30 10^3/mcL (Pagana et al, 2021)	The absolute lymph lab is abnormally decreased due to a bacterial infection (Pagana et al, 2021)
RDW	**23.4 ↑**	**23.7 ↑**	11% - 14.5%% (Pagana et al, 2021)	The RDW lab is abnormally elevated due to iron deficiency anemia (Pagana et al, 2021)
Lymph auto	15.3	**10.2 ↓**	20 – 40% (Pagana et al, 2021)	The lymphocyte lab has decreased due to infection (Pagana et al, 2021)
Mono auto	7.1	**14.2 ↑**	2 – 8% (Pagana et al, 2021)	The monocyte lab is elevated due to infection (Pagana et al, 2021)
Baso auto	**2.2 ↑**	0.4	0.5 – 1 % (Pagana et al, 2021)	The basophil lab was decreased due to infection (Pagana et al, 2021)

Previous diagnostic prior to admission (ER, clinic etc.) if pertinent to admission diagnosis	**Previous diagnostic results and correlation to client admission**	**Current Diagnostic Test & Purpose**	**Clients Signs and Symptoms**	**Results and correlate to client diagnosis and condition**

Chest Xray ***Date****: 10/3/2025*	**Indication**: shortness of breath	**Purpose**: to produce images of your heart, lungs, blood vessels, airways and the bone of the chest and spine to reveal fluid in or around your lungs (Mayo Clinic Staff, 2024)	Patient showed signs of respiratory distress presenting as SOB	**Findings**: aorta atherosclerotic, patency bilateral interstitial and airspace opacities, sequelae of scarring atelectatic
Electrocardiogram (EKG) *Date*: 10/4/2025	**Indication**: congestive heart failure	**Purpose**: a noninvasive test that records the heart electrical activities (Cleveland Clinic, 2025)	Patient showed signs of SOB	**Findings**: small pericardial effusion, mild pulmonary regurgitation, increased pulmonary pressure, moderate calcification of posterior leaflet, R and L atrium moderately and R ventricle mildly dilated, L ventricle hypertrophy
XR bone survey *Date*: 10/3/2025	**Indication**: monoclonal gammopathy	**Purpose**: a skeletal imaging test to detect fractures, tumors, or conditions that cause degeneration of the bone (UCSF Health, 2023).	Patient showed signs of pain from R ankle	**Finding**: mild osteopenia, degenerative scattered L knee prosthesis, arterial calcification, coarse interstitial lung changes with the lateral costophrenic sulci mild heart enlargement
Upper Endoscopy (EGD) Date: 10/6/2025	**Indication**: blood loss anemia, iron deficiency anemia	**Purpose**: a procedure to examine the upper parts of the digestive tract	Patient had abnormal low iron labs	**Finding**: no gross abnormal finding of esophagus, stomach, duodenal bulb

		(Cleveland Clinic, 2024)		

Diagnostic Test Reference (1) (APA):

Cleveland Clinic. (2025). *EGD Procedure (Upper Endoscopy*). Cleveland Clinic. https://my.clevelandclinic.org/health/procedures/22549-egd-procedure-upper-endoscopy

Cleveland Clinic. (2025). *Electrocardiogram (ECG/EKG*). Cleveland Clinic https://my.clevelandclinic.org/health/diagnostics/16953-electrocardiogram-ekg

Dai, C., Wang, Z., Deng, Z.,Wu, F., Yang, H., Xiao, S., Wen, Z., Zheng, Y., Xu, J., Lu, L., Zhao, N., Huang, P., Zhou, Y., Ran, P. (2022). *Association Between Serum Total Bilirubin Level and Lung Function Decline in Patients with COPD: Results from a Pooled Study*. National Library of Medicine. https://pmc.ncbi.nlm.nih.gov/articles/PMC9084194/#:~:text=Increased%20TB%20level%20was%20related,with%20a%20certain%20disease%20severity.

Mayo Clinic Staff. (2024). *Chest X-rays*. Mayo Clinic. https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494#:~:text=If%20you%20go%20to%20a%20health%20professional,cancer%20or%20any%20of%20several%20other%20conditions.

UCSF Health. (2023). *Glomerular filtration rate*. UCSF Health. https://www.ucsfhealth.org/medical-tests/glomerular-filtration-rate

UCSF Health. (2023). *X-ray – skeleton*. UCSF Health. https://www.ucsfhealth.org/medical-tests/x-ray---skeleton#:~:text=Definition,ray%20views%20may%20be%20uncomfortable.

Active Orders

Active Orders	Rationale
Obtain consent	For EGD
Peripheral IV	For medication administration
Pulse-Ox	To monitor pulse and oxygen status for any irregularities
Pack RBC – routine	For active bleeding and loss
Intermittent pneumatic compression device	To prevent deep vein thrombosis (DVT) and pulmonary embolism (PE)
Cardiac monitoring	For indication of cardiac/respiratory arrest
Intake/Output – routine, Q8	To monitor number of voids and stools every 8 hours
Resuscitation status	To identify is full code
Braden assessment	To detect risk of pressure injuries
Morse Fall Risk Assessment	To assess risk of falls
Oral care - BID	To prevent tooth loss and overall hygiene
Ambulate with assistance -TID	To prevent deep vein thrombosis (DVT) and fall prevention
NPO	For dietary restriction for surgery
Sodium chloride 0.9% IV solution 1000mL rate 30mL/hr.	To expand extracellular fluid (ECF)
Occult blood stool	To detect gastrointestinal tract bleeding
Vitals – Q4	To monitor changes throughout the day and compare baseline admission vitals
Daily weight	To monitor changes throughout the day and compare baseline admission weight
Oxygen therapy – routine	To treat respiratory distress with a goal of 90-95%

Hospital Medications (Must List ALL)

Brand/Generic	Astepro/ Azelastine (Jones & Bartlett, 2024)	Proscar/ Finasteride (Jones & Bartlett, 2024)	Diflucan/ Fluticasone (Jones & Bartlett, 2024)	Xalatan/ Latanoprost (Mayo Clinic, 2025)	Protonix/ Pantoprazole (Jones & Bartlett, 2024)
Dose, frequency, route	137mcg, BID, nasal	5mg, daily, PO	100mcg, daily, nasal	One drop, eye, daily	40mg, Q12hr, IV push
Classification (Pharmacologica	**P**: H_1-receptor antagonist	**P**: 5-alpha reductase	**P**: Azole antifungal	P: prostaglandin	**P**: Proton pump inhibitor (Jones

l and therapeutic and action of the drug	(Jones & Bartlett, 2024) **T**: antihistamine (Jones & Bartlett, 2024)	inhibitor (Jones & Bartlett, 2024) **T**: benign prostatic hyperplasia agent (Jones & Bartlett, 2024)	(Jones & Bartlett, 2024) **T**: Antifungal (Jones & Bartlett, 2024)	analog (Medline Plus, 2023) T: antiglaucoma (Medline Plus, 2023)	& Bartlett, 2024) **T**: antiulcer (Jones & Bartlett, 2024)
Reason Client Taking	To treat symptoms of seasonal allergic rhinitis (Jones & Bartlett, 2024)	To treat symptoms of benign prostatic hyperplasia (Jones & Bartlett, 2024)	To treat systemic candida infections including pneumonia (Jones & Bartlett, 2024)	To treat types of glaucoma and increase the outflow of fluid from the eye (Mayo Clinic, 2025)	Treat erosive esophagitis associated with GERD (Jones & Bartlett, 2024)
Two contraindications (pertinent to the client)	1. may cause thickening of bronchial secretions (Med Central, 2025) 2. airway obstruction (Med Central, 2025)	1.may cause an anaphylaxis (NHS, 2023) 2. May cause dyspnea (Jones & Bartlett, 2024)	1. may cause dizziness and seizures (Govindarajan, 2024) 2. may cause proarrthymic conditions (Govindarajan, 2024)	1. hypersentivity to sodium chloride (Tripathy et al., 2024)	1. for hypersensitivity to medication, substitute benzimidazole (Jones & Bartlett, 2024)
Two side effects or adverse effects (Pertinent to the client)	1. atrial fibrillation (Jones & Bartlett, 2024) **2**. weight gain (Jones & Bartlett, 2024)	1. hypotension (Jones & Bartlett, 2024) 2. dyspnea (Jones & Bartlett, 2024)	1. anaphylaxis (Jones & Bartlett, 2024) 2. prolonged QT interval (Jones & Bartlett, 2024)	1. Blurred/ decreased vision (Mayo Clinic, 2025) 2. chest tightness (Mayo Clinic, 2025)	1. bronchitis (Jones & Bartlett, 2024) 2. upper respiratory tract infection (Jones & Bartlett, 2024)
List two teaching needs for the medication pertinent to the client	**1**. Teach patient how to use nasal spray properly to achieve	1. Review and determine patient's understanding to side effects	1. Complete the entire course of the therapy (Jones & Bartlett,	1. Shake before each use and wash hands before and after each use (Mayo	1. Expect relief of symptoms within 2 weeks (Jones & Bartlett, 2024)

	maximum therapeutic effects (Jones & Bartlett, 2024) **2**.patient should place spray to about ¼ inch into the nostril then aim to the back of the nose (Jones & Bartlett, 2024)	(Jones & Bartlett, 2024) 2. Urge the patient to have periodic follow-ups to determine drug effectiveness (Jones & Bartlett, 2024)	2024) 2. Medication may cause an allergic reaction involving the skin (Jones & Bartlett, 2024)	Clinic, 2025) 2. Do not use other eye drops therapy, only what is prescribed by the provider	2. May causes an adverse effect of increased coughing (Jones & Bartlett, 2024)
Two Key nursing assessments prior to administration	Have patient clear nostril gently before using spray (Jones & Bartlett, 2024) Monitor for respiratory distress	1. Expect patient to have a digital rectal examination of the prostate before starting therapy (Jones & Bartlett, 2024) Monitor for respiratory distress	Cautious in patients due to prolonged QT intervals leading to irregular heartbeat (Jones & Bartlett, 2024) Monitor for respiratory distress	Assess autonomy and understanding of how to use eye drops	Check calcium, magnesium, and potassium levels (Jones & Bartlett, 2024) Monitor for respiratory distress
Brand/Generic	Lyrica/ Pregabalin (Jones & Bartlett, 2024)	Daliresp/ Roflumilast (Jones & Bartlett, 2024)	Zocor/ Simvastatin (Jones & Bartlett, 2024)	Cialis/ Tadalafil (Jones & Bartlett, 2024)	Flomax/ Tamsulosin (Jones & Bartlett, 2024)
Dose, frequency, route	100mg, TID, PO	500mcg, daily, oral	20mg, daily, oral	5mg, daily, oral	0.4mg, BID, oral
Classification (Pharmacological and therapeutic and action of the drug	**P:** gamma-aminobutyric acid analogue (GABA) (Jones & Bartlett, 2024) **T**:	**P**: selective phosphodiesterase 4 inhibitor **T**: antipulmonic obstructive agent (Jones &	**P**: HMG-CoA reductase inhibitor (statin) (Jones & Bartlett, 2024) **T**: antilipemic	**P**: phosphodiesterase-5 inhibitor (Jones & Bartlett, 2024) **T**: benign prostatic	**P**: alpha-adrenergic antagonist T: benign prostatic hyperplasia (BHA) (Jones & Bartlett,

	Anticonvulsant (Jones & Bartlett, 2024)	Bartlett, 2024)	(Jones & Bartlett, 2024)	antihyperplasia agent (Jones & Bartlett, 2024)	2024)
Reason Client Taking	To relieve neuropathic pain (Jones & Bartlett, 2024)	To reduce risk of COPD exacerbation associated with chronic bronchitis (Jones & Bartlett, 2024)	To treat hyperlipidemia and reduce risk of cardiovascular events (Jones & Bartlett, 2024)	To treat BPH and pulmonary arterial hypertension (Jones & Bartlett, 2024)	To treat BPH (Jones & Bartlett, 2024)
Two contraindications (pertinent to the client)	1. Risk for respiratory distress (Aremu, 2021)	1. Can cause moderate to severe liver impairment (Jones & Bartlett, 2024)	1. Grapefruit juice will increase the risk of myopathy (Jones & Bartlett, 2024)	1. Do not administer with nitrates (Jones & Bartlett, 2024) 2. Grapefruit prolong effects (Jones & Bartlett, 2024)	1. phosphodiesterase-5 inhibitor increase risk of hypotension (Jones & Bartlett, 2024)
Two side effects or adverse effects (Pertinent to the client)	1. Respiratory distress (Jones & Bartlett, 2024) 2. Pneumonia (Jones & Bartlett, 2024)	1. abdominal pain (Jones & Bartlett, 2024) 2. angioedema (Jones & Bartlett, 2024)	1. interstitial lung disease (Jones & Bartlett, 2024) 2. bronchitis (Jones & Bartlett, 2024)	1. dyspnea (Jones & Bartlett, 2024) 2. upper respiratory tract infection (Jones & Bartlett, 2024)	1. respiratory impairment (Jones & Bartlett, 2024) 2. dyspnea (Jones & Bartlett, 2024)
List two teaching needs for the medication pertinent to the client	1. Alert patient that medication may cause edema and weight gain (Jones & Bartlett, 2024) 2. Stop medication gradually to decrease risk	1. Administer at the same time every day (Jones & Bartlett, 2024) 2. Monitor weight and notify if significant weight loss (Jones & Bartlett, 2024)	1. obtain liver enzymes prior to initiation of medication 2. advise patient to avoid grapefruit juice to decrease risk of drug toxicity (Jones	1. Take medication at the same time every day (Jones & Bartlett, 2024) 2. Use cautiously in patient with	1. administer 30 minutes after meal to prevent risk of orthostatic hypotension (Jones & Bartlett, 2024) 2. change positions slowly (Jones & Bartlett,

	of seizures (Jones & Bartlett, 2024)		& Bartlett, 2024)		2024)
Two Key nursing assessments prior to administration	Administer immediate-release in the morning and extended-release in the evening (Jones & Bartlett, 2024) Monitor signs of respiratory distress	Monitor effectiveness in reducing COPD exacerbations (Jones & Bartlett, 2024) Monitor signs of respiratory distress	Take medication in the evening on an empty stomach (Jones & Bartlett, 2024) Monitor signs of respiratory distress	Assess for risk of hypotension (Jones & Bartlett, 2024) Monitor for respiratory distress	Change position slowly to minimize orthostatic hypotension (Jones & Bartlett, 2024) Monitor signs of respiratory distress

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Roflumilast	I chose this medication because it is used to reduce the risk of COPD (Jones & Bartlett, 2024)	**1.** abdominal pain (Jones & Bartlett, 2024) **2.** angioedema (Jones & Bartlett, 2024)
2. Lyrica	I chose this medication because it has a risk of respiratory factors that reduce lung function (FDA, 2022)	**1.** Pneumonia (Jones & Bartlett, 2024) **2.** Respiratory Distress (Jones & Bartlett, 2024)
3. Azelastine	I chose this medication because it has may cause thickening of bronchial secretions obstructing the airway resulting in status asthmaticus (Med Central, 2025)	**1.** nosebleeds (Drugs.com, 2025) **2.** stuffy nose (Drugs.com, 2025)

Medications Reference (1) (APA)

Aremu, F. (2021). *What is pregabalin*? Medical News Today. https://www.medicalnewstoday.com/articles/322429

Drugs.com (2025). *Azelastine nasal*. Drugs.com. https://www.drugs.com/mtm/azelastine-nasal.html

FDA. (2022). *FDA warns about serious breathing problems with seizure and nerve pain medicines gabapentin (Neurontin, Gralise, Horizant) and pregabalin (Lyrica, Lyrica CR)*. FDA. https://www.fda.gov/drugs/fda-drug-safety-podcasts/fda-warns-about-serious-breathing-problems-seizure-and-nerve-pain-medicines-gabapentin-neurontin#:~:text=Welcome%20to%20the%20FDA%20Drug,the%20risk%20of%20respiratory%20depression.

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Tripathy, K, Patel, P., Geetha, R. (2024). *Latanoprost*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK540978/#article-37245.s6

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	**Orientation**: Alert and oriented x4 to person, place, time. **Appearance**: well groomed, no acute signs of distress No infection or isolation precaution **Chief complaint**: ankle pain, SOB
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	**Time**: 7:31am **Temp**: 37.6 C (99.7 F), oral **Resp** rate: 18 **Pulse**: 75 **BP**: 169/78 **O_2**: 92%, room air • 95%, 2L nasal cannula
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	**Time**: 7:31am **Scale**: 7 out of 10 **Location**: R ankle **Severity**: mild **Characteristics**: tenderness with palpation, normal ethical skin color, no redness **Intervention**: elevation
IV ASSESSMENT: **Size of IV:** **Location of IV:** **Date on IV:**	**Size**: 20 gauge **Location**: R forearm **Date**: 10/3/2025 **Patency**: flushed, patent

Patency of IV: **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	**Dressing**: transparent, intact, dry Saline-lock No signs of erythema or drainage, no phlebitis or infiltration
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Color**: white, relation with ethnicity/race **Character**: warm, dry **Temperature**: warm upon palpation **Turgor**: normal mobility No rashes, bruises, drains, or wounds identified **Braden Score**: 19
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head/Neck**: symmetrical, trachea midline without deviation, bilateral carotid pulses, no nodules or lymphadenopathy identified **Ears**: bilateral canal clear, no hearing loss, no visual deformities, lumps, or lesions **Eyes**: bilateral white sclera and clear cornea, PERRLA bilaterally, no visual drainage or lesions **Nose**: septum midline, bilateral frontal sinuses are nontender, no visual bleeding **Teeth**: characteristic align with age, no dentures
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:**	**Heart sounds**: clear, diminished, S1 and S2 heard without murmurs, gallops, or rubs **Rhythm**: Afib **Peripheral Pulses**: +2 bilaterally strong **Capillary Refill**: less than 3 seconds fingers and toes bilaterally No neck vein distention or edema identified
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Breath Sounds**: normal rate, symmetrical and non-labored, clear No uses of accessory muscle
GASTROINTESTINAL: **Diet at home:**	**Home Diet**: regular **Current Diet**: clear liquids

Current Diet: **Is Client Tolerating 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:**	**Height**: 6ft **Weight**: 276.7 lb. **Bowel Sounds**: hyperactive in all four quadrants **Last BM**: 10/5/2025 No masses or tenderness noted upon palpation No ostomy, nasogastric, or feeding tube identified
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**Color**: clear, yellow **Character**: clear, transparent **Quality**: thin **Catheter**: external catheter used No pain when urinating. No dialysis. Did not assess genitals
Intake (in mLs) **Output (in mLs)**	**Intake**: NPO since midnight **Output**: 1250, ex cath
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:**	**ROM**: all extremities have full range of motions **Supportive device**: walker **Strength**: hand grips normal and equal, pedal pushed and pulls equally weak **Fall Risk**: 60 **Mobility status**: two assists **Assistance device**: walker, gait belt

Activity Tolerance: **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:**	**MAEW**: intact **PERLA**: intact **Strength** • Arms – equal 3+, bilaterally • Legs – equal +1, bilaterally **Orientation**: A/O x4 to person, place, time, and situation **Mental status**: normal cognition **Speech**: clear, slow, stutters **LOC**: answer questions appropriately
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Unable to assess coping methods, religious, personal family data outside of medical records due to surgery **Developmental level**: integrity vs despair (Cherry, 2024)

Discharge Planning

Discharge location: Patient plan to return home upon discharge

Home health needs: Physical therapy

Equipment needs: Oxygen tank, rolling walker

Follow up plan: Patient is to call their PCP and make a follow-up appointment within two weeks

Education needs: I would educate the patient on oxygen therapy on what and what not to do.

Nursing Process

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

Nursing Diagnosis	Rationale	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
Impaired gas exchange related to COPD with hypoxia as evidence by shortness of breath	This nursing diagnosis was chosen because the patient's primary diagnosis is COPD with hypoxia while needing oxygen therapy	Patient till use correct bronchial hygiene (Phelps, 2020).	1. Perform bronchial hygiene including coughing, percussion, postural (Phelps, 2020). 2. Administer oxygen therapy to enhance oxygenation and detect signs of decompensation (Phelps, 2020)	Patient understand correct bronchial hygiene.
Ineffective breathing pattern related to obesity as evidence by dyspnea ((Phelps, 2020).	I chose this nursing diagnosis because ineffective respiratory mechanics can result in air trapping and airway obstruction.	Patient will achieve maximum lung expansion with adequate ventilation (Phelps, 2020).	1. Provide rest periods between breathing enhancement measures to avoid fatigue (Phelps, 2020). 2. Teach patient about pursed-lip breathing, abdominal breathing, and relaxation techniques (Phelps, 2020)	Patient performs diaphragmatic pursed-lips breathing (Phelps, 2020).
Risk of infection as related to respiratory distress.	I chose this nursing diagnosis because this patient has a risk of infectious complications like pneumonia	Patient's WBC count and differential will stay within normal range (Phelps, 2020).	1. Offer oral hygiene to patient every 4 hours to prevent colonization of bacteria and	Patient's secretions remain clear and demonstrate appropriate personal and

			reduce risk of descending infection (Phelps, 2020). 2. Have patient cough and deep breathe every 4 hours to help remove secretions and prevent pulmonary complications (Phelps, 2020)	oral hygiene (Phelps, 2020).
Risk of activity intolerance as related to physical deconditioning (Phelps, 2020).	I chose this nursing diagnosis because the patient was a two assist with the uses of a gait belt and walker.	Patient will demonstrate understanding of the rationale for maintaining activity level (Phelps, 2020).	1. Discuss factors that increase risk of activity intolerance and education on how to avoid intolerance (Phelps, 2020). 2. Help patient identify activities that are personally meaningful and develop a realistic plan to incorporate meaningful activities into the daily routine to heighten satisfaction (Phelps, 2020)	Patient states five risk factors for activity intolerance and explain rationale for maintaining activity level (Phelps, 2020).

Other References (APA):

Phelps, L. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual: Eleventh Edition*.

Wolters Kluwer

Nursing Process Prioritization	Rationale
1. Impaired gas exchange	Prioritized for the risk of pulmonary edema and collection of secretions due to a deficit of oxygen (Simple Nursing, 2025).
2. Ineffective breathing pattern	Prioritize because this can result in airway obstruction from mucus production (Simple Nursing, 2025).
3. Risk of infection	Prioritize because bacterial pneumonia can result in respiratory failure (Biggers, 2025).
4. Risk of activity intolerance	Prioritize to prevent muscle weakness, discomfort and dyspnea (Emfietzoglou, 2025)

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