N311 Care Plan 3

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N311: Foundations of Professional Practice

Professor Merriweather

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Demographics

Date of Admission 09/24/2025	**Client Initials** P.J.S	**Age** 90	**Biological Gender** Female
Race/Ethnicity White	**Occupation** Green Meadow Girl Scout Council	**Marital Status** Widowed	**Allergies** Dogs, Horses
Code Status Full (has ACP docs)	**Height** 5'7" (170.2 cm)	**Weight** 230 lbs (104.3 kg)	

Medical History

Past Medical History: Hyperlipidemia, Hypertension, Measles, Mumps, Stroke (HCC), Incontinence

Past Surgical History: Wide Excision Basal Cell Carcinoma Right Leg and Excision Lesion Left Leg, Right Wrist Surgery, Hysterectomy

Family History: Mother (deceased): Stroke, Father (deceased): Alcohol Abuse, Paternal Grandmother (deceased): Dementia

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Never smoked or used smokeless tobacco, No alcohol currently, Never used drugs or vaped

Education: Highest education level was 12th grade

Living Situation: House by herself

Assistive devices: No assistive devices

Admission Assessment

Chief Complaint: Trouble Breathing/Pain in chest

History of Present Illness (HPI) – OLD CARTS:

Patient started having trouble breathing and chest pain on the 23rd of September, and checked herself into the hospital on the 24th. Along with the chest pain, and troubled breathing

she has not been able to keep any liquids or food down and has been vomiting. The patient has been seeing a respiratory therapist and is on one of the highest settings of oxygen possible. Patient rated her pain on a scale from 1 to 10 an 8. Patient said laying down makes breathing harder, sitting up straight helps her breath better. Patient's vomit was runny, and a yellow tone. She puked often, but not large amount every time she threw up.

Primary Diagnosis

Primary Diagnosis on Admission: Aspiration Pneumonia

Secondary Diagnosis (if applicable): No secondary diagnosis for this patient.

Pathophysiology

Pathophysiology of the Disease, APA format:

Pneumonia is described as., "An infection and inflammation process in the lobes or the lungs caused by bacteria, viruses, fungi, parasites, mycoplasma or chemicals." (Capriotti and Frizzell 2016). In this case, the patient developed Aspiration Pneumonia due to swallowing a foreign object. Aspiration Pneumonia most commonly happens in the right lung, more specifically the middle lobe. According to Capriotti and Frizzell, "Aspiration pneumonia is caused by anaerobic bacteria swallowed from the oropharynx.". Some of the pathogens, but most specifically Staph species can spread from the bloodstream to the lungs. Aspiration pneumonia can also be developed from accidental inhalation of stomach reflux. "One of the major risk factors for pneumonia is infleunza infection." (Capriotii and Frizzell, 2016). Pneumonia can cause the immune system to be severely weakened, which then leads to the lungs being weak along with the immune system. This was clear in my patient since she not only was on oxygen, but also could not keep any food down and was vomiting. Pneumonia can be detected by having difficulty breathing, chest pain while taking deep breaths, fever, coughing, or chills.

On the physical aspect, it is deciphered by diminished breath sounds, crackles, and tachycardia. Out of these factors I have included, it seems as though this patient was facing issues with all of these. Also stated was the fact that if a patient has had a stroke before, they are higher risk to developing pneumonia. (Capriotti and Frizzell, 2016). The patient has had a stoke before as well as it being in her family history, and also has high blood pressure.

Some diagnostics tests used to diagnose pneumonia include a chest x-ray, CBC tests, and in this patients case doing a chest CT to see what is causing the infection and where exactly it is at.

Treatment for pneumonia includes, antibiotic therapy, oxygenation, and Fowler's position. The patient was sitting up (not in her bed, but in a chair), and as I already stated was on one of the highest settings of oxygenation.

It is unsure as to how the patient has developed aspiration pneumonia exactly, but she had been seeing a respiratory therapist and seemed to be doing the things she should be to get herself healed.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016a). *Pathophysiology: Introductory concepts and clinical perspectives* (3rd ed.). F.A. Davis Company.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's Diagnostic & Laboratory Test Reference* (17th ed.). Elsevier.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
CMP (Sodium)	134 - low	active	136-145 mmol/L	Poor nutritional intake
CMP (Glucose)	164 – high	active	70 – 99 mg/dL	Hormonal stress
CMP (BUN)	32 – high	active	10 – 20 mg/dL	Dehydration/increased protein breakdown
CMP (BUN/Creatine Ratio)	38 - high	active	12-20	Dehydration/increased protein catabolism
CBC (WBC)	3.00 - low	11.0 - high	4.00 – 12.00 10(3)/mcL	Severe infections cause this
CBC (MPV)	6.6 - low	6.9 - low	9.7 – 12.4 fL	Bone marrow releasing numerous smaller, less reactive platelets
CBC (Absolute Lymphocytes)	0.80 - low	0.40 - low	1.30 – 3.20 10(3)/mcL	Body's inflammatory response to infection
CBC (Absolute Monocytes)	0.10 - low	0.80 - normal	0.20 – 1.00 10(3)/mcL	Monocytes are being recruited to the lungs
CBC (Neutrophils)	88.5% – high	active	47.0 – 73.0 %	Neutrophils flood the side of the infection
CBC (Lymphocytes)	4.0% - low	active	18.0 – 42.0%	Infection
Prothrombin Time (PT) (Protime Patient)	29.9 - high	39.1 - high	10.1 – 13.1 seconds	Infection

Prothrombin Time (PT) (INR)	2.6 - high	3.5 - high	0.8 – 1.1 seconds	Infection

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Blood Culture	Aspiration pneumonia	No growth within 1 day
Chest X-Ray	Chest X -Ray was taken due to her having Aspiration Pneumonia	Bibasilar Dependent Atelectasis and/or small bilateral Effusions. Cardiomegaly. Nonspecfic coarsened pulmonary interstitium can represent pneumonitis, mild fibrosis, or interstitial edema.
Chest CT	Coughing, having aspiration pneumonia versus pneumonia	Endobronchial debris right mainstem and right lower lobe bronci with patchy reticular and

		groundglass airspace opacities predominantly right lower lobe.
Swallowing Function Study	Not being able to keep anything down (vomiting)	Results not including yet, study is active.

Diagnostic Test Reference (1) (APA):

Assessment

Physical Exam – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

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

The student and instructor may complete these assessments together.

GENERAL: **Alertness:** Alert **Orientation:** Oriented **Distress:** No signs of distress **Overall appearance:** Well groomed	Patient is A&O x4 well groomed, and no signs of distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:**	

Drains present: Y☐ N ☐ **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.
CARDIOVASCULAR: **Heart sounds:** Heard, raspy **S1, S2, S3, S4, murmur etc.** No murmur, but raspy sounds **Cardiac rhythm (if applicable):** Rhythm normal **Peripheral Pulses:** 28 x 2 **Capillary refill:** More than 3 seconds in hands, more than 3 seconds in feet. **Neck Vein Distention: Y ☐ N ☒ Edema Y ☒ N ☐** **Location of Edema:** Legs, calf and feet.	Heart sounds were not quiet, but not strong.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Listened to left and right (2) on the front, and on back listened to 4 different locations.	Seemed like her breaths were very forced, coughed after taking deep breaths, and breath sounds were overall just raspy and high pitched.
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:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:**	.

Supportive devices: **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **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):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
12:57	77bpm	117/77	16	97.6 F	97 (on oxygen, 5 Liters)

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1:05	**1 – 10**				

No pain detected or reported by patient.

Intake and Output

Intake (in mL)	Output (in mL)
100 mL, 4.5 G. Patient is on a thick liquid diet only.	Unmeasurable output – 1 urine occurrence. Patient suffers with incontinence, and also was vomiting all day.

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority –	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals

highest priority to lowest priority pertinent to this client				and outcomes, modifications to plan.
1. Ineffective Breathing Pattern due to respiratory distress	This was something she was struggling with due to her aspiration pneumonia.	**1.**Being on 5 poz oxygen **2.**Putting her in Fowler's position (positioning her upright)	**1.** Breathing pattern returning to normal due to oxygen, and her ability to breathe easier because she is sitting upright.	Patient stated the importance of a stable breathing pattern
2. Urge urinary incontinence related to incontinence	Patient has to deal with this everyday	**1.** Wearing briefs, scheduled toileting **2.**Education on fluid intake and not restricting it	**1.** Patient will identify triggers and achieve intervention goals	Patient will state the understanding of tracking their fluid intake

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.