N431 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
9/17/19	B.W.	60 years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Retired	Single	Sulfa antibiotics, Latex, Prednisone, Ibuprofen
Code Status	**Height**	**Weight**	
Full	5’0	212 pounds	

Medical History (5 Points)

Past Medical History: Chronic kidney disease, acute renal failure, arthritis, allergies, neuropathy, hypertension, hypocholesteremia, gout, GERD, fibromyalgia, diabetes mellitus, CHF, cataracts, and chronic anemia.

Past Surgical History: Toe amputation, hysterectomy, cholecystectomy, 2 cataract removals, and carpal tunnel release.

Family History: Lung cancer, diabetes, alcohol abuse, coronary artery disease, hypertension, thyroid disease, and seizures.

Social History (tobacco/alcohol/drugs): Never a smoker, doesn’t drink, doesn’t use drugs, not sexually active.

Assistive Devices: 2 liters oxygen at home, uses a cane and walker at home when needed.

Living Situation: Lives with daughter and her 6 grandkids.

Education Level: Associates degree in computer science.

Admission Assessment

Chief Complaint (2 points): Chest pain

History of present Illness (10 points): Patient presented to emergency department on 9/17/19 with complaints of chest pain and shortness of breath for 5 hours. She is also complaining of

productive cough with green phlegm. She denies nausea, vomiting, or diarrhea but states she has had night sweats, fever and chills the past 3 nights. Patient denies rash, stiffness, leg pain or swelling. She states she wears CPAP at night at home for sleep apnea. Patient tried to treat symptoms at home with albuterol treatments but it wasn't helping. Chest x-ray ordered.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): Pneumonia is defined as a bacterial, viral, or fungal infection of one or both sides of the lungs. Pneumonia is caused by normal flora present in patients whose resistance has been changed or from aspiration of flora present in the oropharynx. There is typical an acute or chronic underlying disease that has changed the resistance. Pneumonia can also be caused by blood borne organisms that enter the pulmonary circulation and get trapped in the pulmonary capillary bed. Pneumonia affects both ventilation and diffusion of oxygen and carbon dioxide. There is an inflammatory reaction that occurs in the alveoli that produces and exudate that interferes causing the problem with diffusion. Neutrophils, a type of white blood cell fill the air-filled spaces causes' partial obstruction of secretions and mucosal edema which inhibits the lungs from being properly ventilated. Pneumonia typically occurs in patients with history of heart failure, diabetes, alcoholism, COPD or AIDS. While signs and symptoms vary per patient, some common ones include cough, phlegm, fever, chills, and trouble breathing. To diagnose pneumonia the physician will complete a physical exam and order a chest x-ray and possibly blood work, blood culture and sputum examination. The results of a culture and sensitivity will determine what antibiotic is ordered by the physician. Patients

will be started on intravenous antibiotics and only switched to oral medications once hemodynamically stable and able to keep down medications and fluids

Pathophysiology References (2) (APA):

Hinkle, J. L., Brunner, L. S., Cheever, K. H., & Suddarth, D. S. (2014). *Brunner & Suddarth's textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia: Lippincott Williams & Wilkins.

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**3.80-5.30**	**2.70**	**N/A**	**History of chronic anemia and chronic kidney disease (Mayo clinic, 2018).**
Hgb	**12.0-15.8**	**7.9**	**N/A**	**History of chronic anemia and chronic kidney disease (Mayo clinic, 2018).**
Hct	**36.0-47.0**	**24.8**	**N/A**	**History of chronic anemia and chronic kidney disease (Mayo clinic, 2018).**
Platelets	**140-440**	**189**	**N/A**	**N/A**
WBC	**4-12.0 10(3) mcl**	**10.00**	**N/A**	**N/A**
Neutrophils	**47.0-73%**	**75.2**	**N/A**	**"The complete blood cell (CBC) count may reveal an elevated white blood cell (WBC) count, increased neutrophils, anemia, and thrombocytosis in patients with bacterial pneumonia caused by anaerobic bacteria" (Medscape, 2019).**
Lymphocytes	**18-42%**	**12.1**	**N/A**	**"Infections are the most common cause. Any serious infection can temporarily reduce lymphocyte count, but most of these are acute, to the point that people need hospitalization" (Medscape, 2019).**

Monocytes	**4-12%**	**10.0**	**N/A**	**N/A**
Eosinophils	**0.0-5.0%**	**1.7**	**N/A**	**N/A**
Bands	**N/A**	**N/A**	**N/A**	**N/A**

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**133-144**	**138**	**N/A**	**N/A**
K+	**3.5-5.1**	**4.6**	**N/A**	**N/A**
Cl-	**98-107**	**104**	**N/A**	**N/A**
CO2	**21-31**	**25**	**N/A**	**N/A**
Glucose	**70-99**	**154**	**N/A**	**Patient has diabetes mellitus.**
BUN	**7-20 mg/dl**	**44**	**N/A**	**"When kidney function slows down, the BUN level rises" (National Kidney Foundation, 2018). Patient has history of chronic kidney disease and acute renal failure.**
Creatinine	**0.5-1.1 mg/dl**	**1.50**	**N/A**	**"When kidney function slows down, the creatinine level rises" (National Kidney Foundation, 2018). Patient has history of chronic kidney disease and acute renal failure.**
Albumin	**3.4-5.4 g/dl**	**3.5**	**N/A**	**N/A**
Calcium	**8.5-10.5 mg/dl**	**8.8**	**N/A**	**N/A**
Mag	**N/A**	**N/A**	**N/A**	**N/A**
Phosphate	**N/A**	**N/A**	**N/A**	**N/A**

Bilirubin	**0.2-0.8**	**0.4**	**N/A**	**N/A**
Alk Phos	**34-104**	**81**	**N,/A**	**N/A**
AST	**13-39**	**18**	**N/A**	**N/A**
ALT	**7-52**	**21**	**N/A**	**N/A**
Amylase	**N/A**	**N/A**	**N/A**	**N/A**
Lipase	**N/A**	**N/A**	**N/A**	**N/A**
Lactic Acid	**N/A**	**N/A**	**N/A**	**N/A**
Troponin	**0-0.4**	**<0.030**	**N/A**	**N/A**
CK-MB	**N/A**	**N/A**	**N/A**	**N/A**
Total CK	**N/A**	**N/A**	**N/A**	**N/A**

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**0.8-1.1**	**2.0**	**N/A**	**Vitamin K deficiency and recent antibiotic use can increase for INR (Brunner, Cheever, Hinkle & Suddarth, 2014).**
PT	**10.1-13.1**	**23.3**	**N/A**	**Things that cause your blood to clot slowly are blood thinning medications, liver problems, inadequate levels of protein, and vitamin K deficiency (Brunner, Cheever, Hinkle & Suddarth, 2014).**
PTT	**N/A**	**N/A**	**N/A**	**N/A**
D-Dimer	**N/A**	**N/A**	**N/A**	**N/A**

BNP	**< than 125 pg/ml**	**244**	**N/A**	**A high BNP is representative of a congestive heart failure diagnosis. This could be baseline for the patient because she has CHF (Brunner, Cheever, Hinkle & Suddarth, 2014).**
HDL	**N/A**	**N/A**	**N/A**	**N/A**
LDL	**N/A**	**N/A**	**N/A**	**N/A**
Cholesterol	**N/A**	**N/A**	**N/A**	**N/A**
Triglycerides	**N/A**	**N/A**	**N/A**	**N/A**
Hgb A1c	**N/A**	**N/A**	**N/A**	**N/A**
TSH	**N/A**	**N/A**	**N/A**	**N/A**

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**N/A**	**N/A**	**N/A**	**N/A**
pH	**N/A**	**N/A**	**N/A**	**N/A**
Specific Gravity	**N/A**	**N/A**	**N/A**	**N/A**
Glucose	**N/A**	**N/A**	**N/A**	**N/A**
Protein	**N/A**	**N/A**	**N/A**	**N/A**
Ketones	**N/A**	**N/A**	**N/A**	**N/A**
WBC	**N/A**	**N/A**	**N/A**	**N/A**
RBC	**N/A**	**N/A**	**N/A**	**N/A**
Leukoesterase	**N/A**	**N/A**	**N/A**	**N/A**

Arterial Blood Gas Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	**N/A**	**N/A**	**N/A**	**N/A**
PaO2	**N/A**	**N/A**	**N/A**	**N/A**
PaCO2	**N/A**	**N/A**	**N/A**	**N/A**
HCO3	**N/A**	**N/A**	**N/A**	**N/A**
SaO2	**N/A**	**N/A**	**N/A**	**N/A**

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**N/A**	**N/A**	**N/A**	**N/A**
Blood Culture	**N/A**	**N/A**	**N/A**	**COLLECTED, IN PROGRESS.**
Sputum Culture	**N/A**	**N/A**	**N/A**	**N/A**
Stool Culture	**N/A**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (APA):

Mayo Clinic. (2018, April 7). Low hemoglobin count Causes. Retrieved from https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760

Gamache, J. (2019, August 29). Is a CBC count useful in the evaluation of suspected aspiration pneumonia? Retrieved from https://www.medscape.com/answers/296198-38048/is-a-cbc-count-useful-in-the-evaluation-of-suspected-aspiration-pneumonia

Roach, K. (2015, July 12). Dr. Roach: Low lymphocyte count is cause for concern. Retrieved from https://www.detroitnews.com/story/life/advice/2015/07/12/dr-roach-advice/29990511/

Hinkle, J. L., Brunner, L. S., Cheever, K. H., & Suddarth, D. S. (2014). Brunner & Suddarth's textbook of Medical-Surgical Nursing (14th ed.). Philadelphia: Lippincott Williams & Wilkins.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest x-ray 2 views- not read while at clinical.

Diagnostic Test Correlation (5 points): Normal pulmonary tissue is radiolucent. So when a patient is sick with something like pneumonia a chest x-ray is ordered because densities can be detected because it is not normal pulmonary tissue, therefore it is not radiolucent. The routine chest x-ray consists of 2 views and it obtained after the patient takes a big breath and holds it. This it done because the lungs are best visualized when they are full of air. Chest x-rays are contraindicated in pregnant women but this was not a concern with my patient.

Diagnostic Test Reference (APA):

Hinkle, J. L., Brunner, L. S., Cheever, K. H., & Suddarth, D. S. (2014). *Brunner & Suddarth's textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia: Lippincott Williams & Wilkins.

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	**Allopurinol (Aloprim)**	**Amlodipine (Norvasc)**	**Ascorbic acid (Apo-C)**	**Atorvastatin (Lipitor)**	**Furosemide (Lasix)**
Dose	**300 mg**	**5 mg**	**500 mg**	**40 mg**	**40 mg**
Frequency	**BID**	**Daily**	**Daily**	**Daily**	**Every am**

Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Antigout agent**	**Antihypertensive, antianginal.**	**Vitamin**	**Lipid lowering agents**	**diuretic**
Mechanism of Action	**Inhibits the production or uric acid by inhibiting the action of xanthine oxidase. Lowers serum uric acid levels.**	**Decreases the intracellular calcium level, inhibiting smooth-muscle cell contractions and relaxing the coronary and vascular smooth muscles.**	**Replacement of deficiency states, supplementation during increased requirements.**	**Lowers total and LDL cholesterol and triglycerides. Slightly increases HDL cholesterol**	**Inhibits the reabsorption of sodium and chloride from the loop of henle and distal renal tubule.**
Reason Client Taking	**History of gout.**	**Client taking medication to control hypertension**	**Nutritional imbalance.**	**Hypocholesteremia.**	**CHF**
Contraindications (2)	**Dehydration, renal insufficiency.**	**Aliskiren therapy in patients with diabetes or renal impairment and hypersensitivity to amlodipine or its components**	**Recurrent kidney stones, avoid chronic use in large doses.**	**Hypersensitivity, active liver disease, pregnancy.**	**Hypersensitivity, anuria, hepatic coma, avoid in patients with alcohol intolerance.**
Side Effects/Adverse Reactions (2)	**Hypotension, drowsiness, diarrhea, renal failure,**	**Constipation, dyspnea, weight loss, fatigue**	**Drowsiness, cramps, fatigue, kidney stones, flushing.**	**Amnesia, confusion, dizziness, headache, rhinitis.**	**Blurred vision, dizziness, headache, vertigo, hearing loss, and**

	rash.				**tinnitus.**
Nursing Considerations (2)	**Monitor intake and output, monitor joint pain and swelling.**	**Monitor blood pressure while adjusting the dosage. Assess the patient frequently for chest pain when increasing the dose of amlodipine**	**Asses for signs of deficiency of vitamin C before and during therapy. Provide adequate nutrition.**	**Obtain a diet history, help the patient when getting up or out of bed.**	**Assess fluid status and monitor daily weight.**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Assess serum and urine uric acid levels. Monitor blood glucose.**	**Assess renal and liver function labs.**	**Monitor serum bilirubin and urine oxalate, urate, and cysteine levels.**	**Evaluate the serum cholesterol and triglycerides levels before and after, monitor liver function.**	**Monitor electrolytes, renal and hepatic function, serum glucose and uric acid.**
Client Teaching needs (2)	**Don’t double dose, caution driving is drowsy, report and signs of rash.**	**Suggest taking amlodipine with food to reduce GI upset. Tell patient to take missed dose as soon as remembered and next dose in 24 hours.**	**Take as directed and do not exceed dose prescribed, encourage patient to comply with diet recommendations.**	**Advise patient that this medication should be taken in conjunction with diet restrictions, report unexplained muscle pain or tenderness especially is accompanied by fever or malaise.**	**Change positions slowly, try to eat a diet high in potassium, contact health care provider if you gain more than three pounds in one day.**

Hospital Medications (5 required)

Brand/Generic	**Amlodipine (Norvasc)**	**Acetaminophen**	**Cetirizine (Aller Relief)**	**Levemir (insulin detemir)**	**Ipratropium/ Albuterol**
Dose	**5 mg**	**650 mg**	**10 mg**	**25 units**	**3 ml**
Frequency	**Daily**	**Every 4 hours as needed**	**Daily**	**BID**	**Every 4 hours prn**
Route	**Oral**	**Oral**	**Oral**	**Subq**	**Nebulizer**
Classification	**Antianginal, antihypertensive**	**Non-opioid analgesic, antipyretic**	**Allergy, cold and cough remedies, antihistamine.**	**Antidiabetic hormones**	**Bronchodilator**
Mechanism of Action	**Decreases the intracellular calcium level, inhibiting smooth-muscle cell contractions and relaxing the coronary and vascular smooth muscles.**	**Inhibition of central prostaglandin synthesis elevates the pain threshold. Reduces fever by inhibiting release of prostaglandins in the CNS as well as endogenous pyrogens at the hypothalamic thermoregulatory center.**	**Relief of allergic symptoms caused by histamine release including: seasonal allergic rhinitis.**	**Lowers blood glucose by stimulating glucose uptake in skeletal muscle and fat.**	**Inhibits cholinergic receptors in bronchial smooth muscle resulting in decreased concentrations or cyclic guanosine.**
Reason Client Taking	**Control hypertension**	**Client takes this for pain as needed**	**Seasonal allergies.**	**Diabetes mellitus**	**Trouble breathing due to pneumonia.**

Contraindications (2)	**Aliskiren therapy in patients with diabetes or renal impairment and hypersensitivity to amlodipine or its components**	**Active/severe hepatic disease and hypersensitivity to product**	**Hypersensitivity to cetirizine, hydroxyzine, lactation.**	**Hypoglycemia, allergy or hypersensitivity to a particular type of insulin.**	**Avoid use during bronchospasm, and use cautiously in patients with glaucoma or urinary retention.**
Side Effects/Adverse Reactions (2)	**Constipation, dyspnea, weight loss, fatigue**	**Headache, nausea, vomiting, insomnia, agitation**	**Dizziness, drowsiness, fatigue, pharyngitis.**	**Hypoglycemia, hypokalemia, pruritus.**	**Dizziness, headache, nervousness, blurred vision, sore throat, cough.**
Nursing Considerations (2)	**Monitor blood pressure while adjusting the dosage. Assess the patient frequently for chest pain when increasing the dose of amlodipine.**	**Monitor renal function and urine for albumin and blood. Monitor renal function in patients on long term therapy.**	**Assess allergy symptoms during therapy, assess lung sounds and secretions. Maintain fluid intake of 1500-2000 ml/day to decrease viscosity of secretions.**	**Monitor blood glucose before and during therapy, monitor body weight, assess for signs and symptoms of hypoglycemia.**	**Make sure patient isn't allergic to atropine or belladonna alkaloids, avoid in peanut allergy patients.**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Assess renal and liver function labs.**	**Assessing patient's liver functions labs**	**Be aware that it could cause false-negative result in allergy skin testing, assess allergy symptoms**	**Monitor blood glucose every 6 hours during therapy and more often if in ketoacidosi**	**Assess respiratory status, assess patient for rhinorrhea.**

			prior to during therapy.	**s and times of stress. Monitor hemoglobin A1C for 3-6 months to determine effectiveness.**	
Client Teaching needs (2)	**Suggest taking amlodipine with food to reduce GI upset. Tell patient to take missed dose as soon as remembered and next dose in 24 hours.**	**Tell patients that tablets may be crushed or swallowed whole. Caution patient not to exceed the recommended dosage.**	**Caution driving until you know how this medication affects you, tell them to avoid taking alcohol concurrently with this drug.**	**Instruct patients on signs and symptoms of hypoglycemia and hyperglycemia and what to do if they occur.**	**Rinse mouth after using, take as directed and do ot double doses. Do not exceed 12 doses in 24 hours.**

Medications Reference (APA):

Vallerand, A. H., Sanoski, C. A., & Quiring, C. (2019). Davis' Drug Guide for Nurses.

Philadelphia, PA: F.A. Davis Company

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**A & 0 x3** **Awake, sitting up and talking to me.** **Pleasant but fatigued and ready to go home.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:**	**Skin is pink, warm and dry.** **Skin has rapid recoil.** **No signs of rash or open wounds.** **1 bruise at right AC from IV.** **Braden score is 22.**

Rashes: **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**No drains present.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head is normocephalic** **PERRLA and EOM intact** **Conjunctiva is pink** **Ears show no sign of irritation.** **Nose: turbinate's are pink and moist.** **Good dentition. Moist mucous membranes.** **Thyroid non palpable. No JVD**
CARDIOVASCULAR (2 points): **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:**	**S1 and S2 present.** **No gallops or murmurs present.** **Regular cardiac rate and rhythm.** **Cap refill less than 3 seconds.** **Pulses palpable throughout. 2+ bilaterally.** **No JVD.** **+1 non pitting edema.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Lung sounds clear bilaterally.** **Respirations unlabored.** **Regular respiratory rate.** **No retractions.** **No signs of respiratory distress.**
GASTROINTESTINAL (2 points): **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:**	**Patient tries to follow a low sodium, carb and sugar diet.** **Patient is following a diabetic diet while in the hospital.** **Patient is 5'0 and weighs 212 lbs.** **Bowel sounds are normoactive in all quadrants.** **Patients last BM was 9/17/19 before admission.** **No pain with palpation.** **No masses or distention.** **No abdominal distention, drains, wounds or scars.** **Patient does not have an ostomy or nasogastric or feeding tube.**

Feeding tubes/PEG tube Y ☐ N ☒ **Type:**	
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Patient is incontinent at times. Urine is light yellow in color. Patient voided 3 times while on clinical. No dialysis or urinary catheter. Patient states she has no pain with urination. No lesions, nodules or swelling noted.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 14** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk ☐**	**Patient has equally strength in arms and legs. ROM intact. Patient uses a walker/cane at times but not consistently. Patient is a stand by assist while hospitalized. Patient has a fall score of 14 and requires a gait belt when ambulating.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Patient moves all extremities well.** **PERRLA intact.** **Patient has equal strength in both arms and both legs.** **Patient is alert and orientated x3.** **Patient's speech is not impaired.**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home**	**Patient lives at home with her daughter and grandchildren. She says her daughter helps her out a lot and that she would have a hard time living on her own. Patient has an associate's degree in computer science. Patient stated she is a "Christian but doesn't go to church".**

environment, family structure, and available family support):	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0750	**79**	**132/63**	**20**	**97.6**	**98**
1145	**80**	**130/72**	**20**	**98.2**	**98**

Vital Sign Trends: The vital signs relatively stayed the same throughout the shift. Pulse, blood pressure and temperature varied slightly but respiratory rate and oxygen stayed the same.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0750	**5**	**Chest/medial**	**Ache/heavy**	**Mild**	**Sit her up, deep breaths, oxygen on.**
1145	**3**	**Overall body**	**Weakness, ache, fatigue**	**Mild**	**Acetaminophen given PRN.**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 gauge. **Location of IV: Right AC** **Date on IV: 9/17/19** **Patency of IV: Appeared patent but when I went to flush it, patient was having some pain so we had to take it out.** **Signs of erythema, drainage, etc.: Bruising at the site of insertion.** **IV dressing assessment: Tegaderm dressing**	Patients IV was saline locked.

was dry and intact.	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
620 ml	**100 ml at 0730** **325 ml at 1130. Patients depends was** **soaked and had to be changed at this time.**

Nursing Care

Summary of Care (2 points)

Overview of care: After introducing myself to my patient and helping her back to the bathroom, I went and reviewed and collected her morning meds. She took about 12 morning meds. My instructor and I administered her morning medications and obtained the patient's blood sugar and she ordered breakfast. After breakfast she stated she was exhausted and wanted to nap so I worked on my care plan and helped the nurse with her other patients for a little bit. During this time I helped my nurse hang iron for another patient. Later on about 10am, my patient had more medications that needed to be given so my instructor and I collected and administered these. This is when we also further investigated her IV because one of them was an IV medication. My instructor located a vein using the vein finder and he inserted a new IV on the top of her left hand.

Procedures/testing done: N/A

Complaints/Issues: Patient was very particular about her new iv placement and when she got a new IV placed it just so happened to "fall out".

Vital signs (stable/unstable): Vital signs were stable throughout the shift.

Tolerating diet, activity, etc.: Patient stated she felt more comfortable sitting up in her bed and eating. The nurse was fine with this but told her not to lay down directly following

eating because of her GERD. She ate 75% of her breakfast and her lunch hadn't arrived before we left.

Physician notifications: Physician stated in care meeting that patient would be here for a few more days.

Future plans for patient: Discharge home with antibiotic therapy.

Discharge planning (2 points)

Discharge location: Home with daughter and grandkids

Home health needs (if applicable): Patient stated she doesn't have a need at this time for home health.

Equipment needs (if applicable): Patient stated she already has a cane and a walker and feels those items would well when she isn't ill.

Follow up plan: Patient should finish antibiotic therapy at home and if she still isn't feeling well she should follow up with her primary doctor.

Education needs: Patient was educated on signs and symptom of respiratory distress and when to return to the doctor's office or emergency room.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

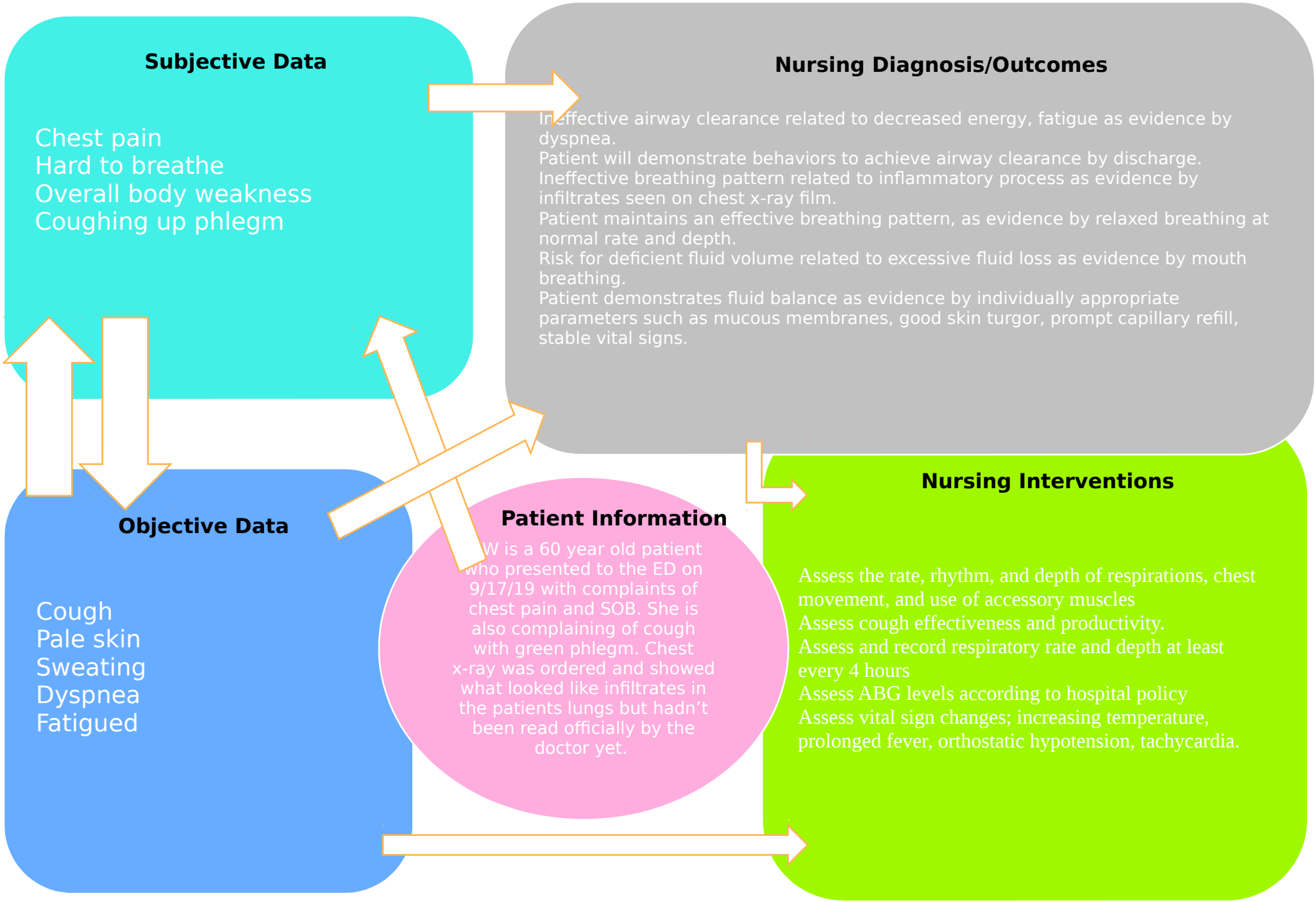
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective airway clearance related to decreased	**Altered breathing pattern may**	**1. Assess the rate, rhythm,**	**Patient will demonstrate behaviors to achieve**

energy, fatigue as evidence by dyspnea.	**occur together with use of accessory muscles to increase chest expansion to have effective breathing. Coughing is the most effective way to remove secretions caused by pneumonia.**	**and depth of respirations, chest movement, and use of accessory muscles.** **2. Assess cough effectiveness and productivity.**	**airway clearance by discharge. Patient will maintain patent airway with clear breath sounds and absence of dyspnea and cyanosis. Patient was practicing focusing on her breathing and doing cluster care to avoid overexertion.**
2. Ineffective breathing pattern related to inflammatory process as evidence by infiltrates seen on chest x-ray film.	**The average respiratory rate is 12-20 for adults. Its important to take action when there is an increase or decrease outside of the norm. This can help you detect early signs of respiratory compromise. ABG's monitor oxygenation and ventilation status.**	**1. Assess and record respiratory rate and depth at least every 4 hours.** **2. Assess ABG levels according to hospital policy.**	**Patient maintains an effective breathing pattern, as evidence by relaxed breathing at normal rate and depth. Patient's respiratory rate remains within established limits.**
3. Risk for deficient fluid volume related to excessive fluid loss as evidence by mouth breathing.	**Elevated temperature and prolonged fever increases metabolic rate and fluid loss through evaporation.**	**1. Assess vital sign changes; increasing temperature, prolonged fever, orthostatic hypotension, tachycardia.**	**Patient demonstrates fluid balance as evidence by individually appropriate parameters such as mucous membranes, good skin turgor,**

	Orthostatic bp changes and increasing tachycardia may indicate systemic fluid deficit. Mucous membranes are an indicator of adequate fluid volume. They can be dry because of mouth breathing or use of oxygen.	**2. Assess skin turgor and moisture of mucous membranes.**	**prompt capillary refill, stable vital signs.**
4. Acute pain related to persistent coughing as evidence by complaints of discomfort/overall body weakness.	**Chest pain is usually a symptom associated with pneumonia. Non-analgesic measures can lessen discomfort. Patient involvement in pain control is important for independence and well-being.**	**1. Assess pain characteristics, location and intensity.** **2. Provide comfort measures: position changes, quite music, massage. Encourage use of relaxation and or breathing exercises.**	**Patient will verbalize relief/control of pain at level less than 3 using a 0-10 pain scale. Patient will demonstrate relaxed manner, resting/sleeping and engaging in activity.**

Other References (APA): N/A

Concept Map (20 Points


Subjective Data
Chest pain
Hard to breathe
Overall body weakness
Coughing up phlegm
Nursing Diagnosis/Outcomes
Ineffective airway clearance related to decreased energy, fatigue as evidence by dyspnea.
Patient will demonstrate behaviors to achieve airway clearance by discharge.
Ineffective breathing pattern related to inflammatory process as evidence by infiltrates seen on chest x-ray film.
Patient maintains an effective breathing pattern, as evidence by relaxed breathing at normal rate and depth.
Risk for deficient fluid volume related to excessive fluid loss as evidence by mouth breathing.
Patient demonstrates fluid balance as evidence by individually appropriate parameters such as mucous membranes, good skin turgor, prompt capillary refill, stable vital signs.
Objective Data
Cough
Pale skin
Sweating
Dyspnea
Fatigued
Patient Information
W is a 60 year old patient who presented to the ED on 9/17/19 with complaints of chest pain and SOB. She is also complaining of cough with green phlegm. Chest x-ray was ordered and showed what looked like infiltrates in the patients lungs but hadn't been read officially by the doctor yet.
Nursing Interventions
Assess the rate, rhythm, and depth of respirations, chest movement, and use of accessory muscles
Assess cough effectiveness and productivity.
Assess and record respiratory rate and depth at least every 4 hours
Assess ABG levels according to hospital policy
Assess vital sign changes; increasing temperature, prolonged fever, orthostatic hypotension, tachycardia.