N311 Care Plan #1

Lakeview College of Nursing

Marianne Florido

Demographics (5 points)

Date of Admission 9/16/19	Patient Initials JP	Age 94 years	Gender Male
Race/Ethnicity White	Occupation Not employed/retired	Marital Status Married	Allergies No known allergies
Code Status DNAR	Height 1.829 m (6' 0")	Weight 73.5 Kg (162 lb)	

Medical History (5 Points)

Past Medical History: COPD, HTN, PAD, Type II Diabetes

Past Surgical History: Enderectomy, AVR (Aortic Valve Replacement)

Family History: (Unable to obtain this information at this time)

Social History (tobacco/alcohol/drugs): Former smoker (quit 8/2/1962) No drinking or recreational drug use

Admission Assessment

Chief Complaint (2 points): Acute respiratory failure w/hypoxia

History of present Illness (10 points): Onset: 2 days ago. Pt was brought to hospital via ambulance. Location: Lungs. Duration: Intermittent. Characteristic: Short of breath when walking short distances. Association: None. Relief: Resting after exertion. Treatment: None.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute hypoxic respirator

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): Chronic Obstructive Pulmonary Disorder (COPD) is the third leading cause of death and twelfth leading cause of morbidity in the United States (Swearingin, 2016). COPD is not fully reversible. It is characterized by airflow limitation that is progressive and associated with an abnormal inflammatory response of the

lungs to noxious particles or gases. COPD results in chronic inflammation throughout the airways, parenchyma, and pulmonary vasculature (Swearingin, 2016). The chronic airflow limitation characteristic of COPD is the result of a mixture of small airway inflammation (bronchitis) and parenchymal destruction (emphysema), the relative contributions of each varying from person to person. The patient identifies with the most common symptoms associated with chronic COPD, which includes dyspnea, chronic cough, and chronic sputum production. The dyspnea that he has interferes with his normal daily activities thus causing discomfort and frustration with activity. Cigarette smoking is the most commonly encountered risk factor. The patient was a former smoker and smoked for 40 years of his life. The cigarette smoke injures the airways and alveoli in the lungs leading to decreased oxygenation in the patient. The decrease in oxygen causes the body to become fatigued and weak.

Pathophysiology References (2) (APA):

https://www.healthline.com/health/copd/pathophysiology#disease-progression

Swearingen, L.P. (2016). All-In-One Nursing Care Planning Resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric-Mental Health. St. Louis, MO. Elsevier.

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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	**4.10 – 5.70**	**3.44 ↓**	**	**Anemia of chronic disease is the most common type of anemia associated with COPD. Chronic system inflammation and obstruction of oxygen exchange in lungs is decreased. Thus, his RBC production is decreased.**
Hgb	**12.0 – 18.0**	**9.3 ↓**	**	**Since his RBC count is decreased, his hemoglobin level will also be decreased because there aren't enough RBC's to carry the hemoglobin.**
Hct	**37.0 – 51.0%**	**30.7 ↓**	**	**The hct is decreased due to decreased levels of anemia.**
Platelets	**140-400**	**120 ↓**	**	**Platelets low due to the inflammatory process associated with COPD. Iron-deficiency anemia reduces production of platelets.**
WBC	**4.00 – 11.00**	**4.50**	**	
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

****Pt left Clark-Lindsey so was not able to obtain today's value.**

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-	**136 - 145**	**141**	**	

K+	**3.5 – 5.1**	**4.0**	**	
Cl-	**98 - 107**	**101**	**	
CO2	**21.0 – 32.0**	**33.0 ↑**	**	**The pt is in acidosis. Pt does not have enough diffusion, not able to intake oxygen therefore the pt's CO2 will be increased.**
Glucose	**60-99**	**123 ↑**	**	**Due to Diabetes Mellitus Type II Pt's glucose is increased.**
BUN	**7-18**	**35 ↑**	**	**The BUN is increased due to azotemia, which means the functioning of his liver and kidney are decreased. Thus, the BUN amount of urea nitrogen in the blood is high.**
Creatinine	**0.70-1.30**	**1.22**	**	
Albumin	**3.4-5.0**	**3.7**	**	
Calcium	**8.5-10.1**	**9.5**	**	
Mag	**1.6-2.6**	**2.2**	**	
Phosphate				
Bilirubin				
Alk Phos				

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				
pH				****No Urine culture completed for this pt.****
Specific Gravity				

Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

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				****No cultures completed for this pt.****
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). Mosbys diagnostic and laboratory test reference. St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

US Abdomen → small volume ascites identified in the right upper quadrant & also the right lower quadrant.

XR Kub (Kidney, Ureter, Bladder) → Prominent vascular calcifications especially of the splenic artery. Degenerative changes in lumbar spine.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**Acetaminophen Tylenol**	**Albuterol Sulfate Nebulizer Solution 2.5 mg/3mL**	**Carvedilol Coreg**	**Dextrose 40% Glucose**	**Finasteride Proscar**
Dose	**650 mg**	**0.63 mg**	**6.25 mg**	**15 g**	**Tablet 5mg**
Frequency	**Every 4 hours PRN**	**Every 4 hours**	**2x daily w/meds**	**PRN**	**At bedtime**
Route	**OR (oral)**	**Nebulization**	**OR**	**OR**	**OR**
Classification	**Antipyretic Non-opioid analgesic**	**Selective beta2-adrenergic agonist, sympathomimetic**	**Anti-hypertensive**	**Antidiabetic, nutritional supplement**	**Benign prostatic hyperplasia agent**
Mechanism of Action	**Inhibits enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the PNS.**	**Attaches to beta2 receptors on bronchial cell membranes, stimulates the intracellular enzyme adenylate cyclase to convert ATP to cyclic adenosine monophosphat**	**Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance.**	**Prevents protein and nitrogen loss, promotes glycogen deposition, prevents or decreases ketosis.**	**Inhibits 5-alpha reductase, an intracellular enzyme that converts testosterone to its metabolite in liber, prostate, and skin.**

		e.			
Reason Client Taking	**For pain**	**Wheezing/ cough**	**To control his high blood pressure**	**For BG 40-69 or symptoms of hypoglycemia**	**To treat male-pattern baldness**
Contraindications (2)	**Hypersensitivity to acetaminophen, Severe hepatic impairment**	**Hypersensitivity to albuterol or its components, (only one listed)**	**Asthma or related bronchospastic donitions, Cardiogenic shock**	**Diabetic coma with excessively elevated BG levels, anuria**	**Age, female patients**
Side Effects/Adverse Reactions (2)	**Agitation, Anxiety**	**Potassium-wasting diuretics: possibly increased hypokalemia, Beta blockers: inhibited effects of albulterol brochodilators**	**CNS: asthenia, depression**	**Confusion, glycosuria**	**Asthenia, depression**

Medications Reference (APA):

Institute for Safe Medication Practices: ISMP Medication Safety Alert. http://www.ismp.org/.

Jones & Bartlett Learning. (2019). 2019 Nurse's Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **A&O x3** **Patient is Orientated 3** **Patient is in no current distress** **Normal**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	 **Skin color consistent, warm, pink, dry** **No lesions** **Normal 98.3 F** **Patient turgor +2** **No signs of rashes, bruises, or wounds** **n/a** **no**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck symmetrical normal cephalic** **Patient's ears are free of discharge negative hearing loss, eyes symmetrical EOM, nose symmetry no deviation, teeth well-groomed.** .
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 normal S1 S2 no murmur or gallops detected in S3 and S4** **Capillary refill less than 3 seconds** **Peripheral Pulses 2+ symmetric** **No neck vein distention** **No sign of edema**
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Yes** **Respirations are regular even and unlabored, symmetrical, crackling found in the upper left lobe. Possibly due to the history of COPD**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:**	**Low sodium diet** **6'0"** **162 lbs** **Bowel sounds are clear and normoactive. No CVA tenderness.**

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:**	**11:00 am** **No abnormalities found upon inspection.** **Ostomy : No** **Nasogastric: No** **Feeding tubes/PEG tube: No**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	 **Yellow** **Not cloudy but clear** **240 cc** **N** **N** **N**
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 ☐**	 **Normal Range of Motion** **Strength in both upper and lower extremities** **Y** **Y** **N** **Uses walker for assistance when walking longer distances, does not use all the time**
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:**	 **Y** **Y** **Y** **Both** **Alert** **Cognitive of space, time, and location** **Articulative speech mature and cognitive** **Alert**

LOC:	**1**
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):**	 Family Mature N/A Daughter available to support the patient. Patient states, "my daughter helps me whenever I become sick and are aware of what's going on and the treatments that are being done."

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
12:16 pm	**62**	**108/54**	**18**	**97.8 F**	**95.0%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
12:05 pm	**0**	**n/a**	**n/a**	**n/a**	**n/a**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
500 mL	**240 mL**

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing	• Explain why the		• How did the

diagnosis with "related to" and "as evidenced by" components	nursing diagnosis was chosen		patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Decreased gas exchange	**The patient's shortness of breath characteristics may signal varying problems. The patient has low O2 status (<90%).**	**1.Assess respiratory status every 2-4 hours and as indicated by the patient's condition.** **2.Aucultate breath sounds every 2-4 hours and as indicated by the patient's condition.**	**The client and family were responsive to the nurse's action.** **After treatment/interventions, the patient's breathing pattern improves as evidenced by reduction in or absence of reported dyspnea and related symptoms.**
2. Fatigue with decreased exercise tolerance	**The patient's oxygen level is decreased especially with exertion. He needs to take many breaks because he becomes short of breath.**	**1. ROM exercises will be incorporated to help build stamina and prevent complications of decreased mobility.** **2.Ninety minutes of undisturbed rest decreases oxygen demand and enables adequate physiologic recovery.**	**The client and family were responsive in managing appropriate exercises to increase stamina.** **The patient reports decreasing dyspnea during activity or exercise and rates perceived exertion at 3 or less on a 0–10 scale.**

Other References (APA): n/a

Concept Map (20 Points):

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Subjective Data

Patient states he has been short of breath, especially when walking. States he has to take multiple breaks. He feels as if he cannot catch his breath and becomes dizzy.

Nursing Diagnosis/Outcomes

Shortness of breath related to decreased gas exchange as evidenced by acute respiratory failure
with hypoxia.
Shortness of breath related to fatigue with decreased exercise tolerance as evidenced by acute respiratory failure with hypoxia.

Objective Data

Client is diagnosed with Acute Hypoxic Respirator. Presenting sign of shortness of breath and O2 status below <90%.
Vital:
BP: 108/54
RR: 18
Temp: 97.8 F
SpO2% 95
Pulse: 62

Patient Information

94 y/o white male lives alone. Daughter helps dad when she is available and he is in need.

Nursing Interventions

Client was given Acetaminophen/Tylenol for pain management every 4 hours PRN.
Client was given Albuterol Sulfate/Nebulizer solution every 4 hours PRN to improve his wheezing/cough and allow for better oxygen exchange.
Client was given Carvedilol/Coreg to control his high blood pressure and help to reduce cardiac output, tachycardia, causes vasodilation, and decreases peripheral vascular resistance. This is to allow for controlled blood pressure which in turn helps his shortness of breath risks.

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