N311 Care Plan #3

Lakeview College of Nursing

Taylor Hamilton

Demographics (5 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
9/26/19	G.E.	85	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Bank Bookkeeper	Widowed	Shellfish & Iodine
Code Status	**Height**	**Weight**	
Full Code	4’11”	150.3 lbs	

Medical History (5 Points)

Past Medical History: Patient has a history of arthritis, congestive heart failure, COPD, diabetes, hypertension, and acute renal failure.

Past Surgical History: Patient has had a hysterectomy, bilateral TKA, heart catheter, pacemaker insertion

Family History: Father passed away from lung cancer, brother had diabetes and coronary heart disease.

Social History (tobacco/alcohol/drugs): Patient reported that she was never a smoker, nor did she do any drugs. Patient reported that she was a casual drinker when she was younger, and she now will have a couple glasses of wine a year at very special occasions.

Admission Assessment

Chief Complaint (2 points): Patient was experiencing shortness of breath and a fever

History of present Illness (10 points): Patient went into the ED with a difficulty breathing and had a slightly elevated fever. She stated that she was having a more shortness of breath than normal and was starting to feel very dizzy when going about daily life.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Pneumonia

Secondary Diagnosis (if applicable):

Pathophysiology of the Disease, APA format (20 points): Pneumonia is caused by the alveoli in lungs becoming filled with purulent, inflammatory cells, and fibrin. This is either from a bacterium or a virus that a person can get through inhaling the infectious agent via the patients airways, which it then travels to the lungs where it attached itself to the epithelium of the lungs. This is when the inflammatory response would begin to work. This infection effects the lower respiratory tract and the alveoli. The alveoli will be unable to fully open due to the inflammation. When doing a physical exam, you would be able to hear a crackle noise which indicated that the alveoli are unable to fully expand. Respiratory problems and other chronic diseases, like COPD and congestive heart failure, can lead to being more susceptible to getting a infection like pneumonia – both of which my patient lives with. My patient is more susceptible to infections like pneumonia because these other diseases weaken her immune system which make it harder for her body to be able to fight off the infection when it first invaded her body.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* Philadelphia: F.A. Davis Company.

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	3.5-5.2	**2.43**	**2.43**	**Could be due to anemia and renal disease**

Hgb	**11.0-16.0**	**8.2**	**8.2**	**Could be due to anemia and kidney disease**
Hct	**34.0-47.0**	**23.4**	**23.4**	**Could be due to anemia**
Platelets				
WBC				
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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-				
K+				
Cl-				
CO2				
Glucose	**70-99**	**116**	**116**	**Could be due to diabetes mellitus**
BUN	**6-20**	**27**	**27**	**Could be due to CHF and dehydration**
Creatinine				
Albumin				
Calcium				
Mag				

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				
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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Patient had a chest X-Ray to confirm pneumonia

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

Medications (5 required)

Brand/Generic	Lipitor	Bumex	Milk of Magnesia	Zoloft	Levaquin
Dose	10mg	0.5mg	400 mg/5ml	50mg	500 mg
Frequency	1 tablet Before bed	1 tablet Before bed	30 ml PRN	1 tablet before bed	1 tablet a day
Route	Orally	Orally	Orally	Orally	Orally
Classification	Antihyperlipidemic	Antidiabetic	Electrolyte, laxative	Antidepressant	Antibiotic
Mechanism of Action	Reduces plama cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the	Stimulates the insulin release from beta cells in the pancreas by	Exerts a hyperosmotic effect in the small intestine. This causes water retention that distends	Inhibits reuptake of the neurotransmittor serotonin by CNS neurons, increasing the amount	Interferes with bacterial cell replicatin by inhibiting the bacterial enzyme DNA gyrase which is essential for repair and

	liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown	increasing peripheral tissue to sensitivity to insulin, either by increasing insulin binding to cellular receptors or by increasing the number of insulin receptors.	the bowel and causes the duodenum to secrete cholecystokinin which stimulates motility and secretion	of serotonin available in nerve synapses. This results in an elevated mood and reduced depression.	replication for DNA.
Reason Client Taking	High cholesterol	Diabetes	Constipation	Depression	Pneumonia infection
Contraindications (2)	Active hepatic disease, unexplained persistent rise in serum transaminase level.	Diabetic coma, ketoacidosis	Acute abdominal pain, fecal impaction	Concurrent use of disulfiram or pimozide, hypersensitivity to sertraline or its components	Hypersensitivity to levofloxacin, other fluoroquinolones, or their components, myasthenia gravis
Side Effects/Adverse Reactions (2)	Abnormal dreams, thrombocytopenia	Vertigo, blurred vision	Vomiting, muscle cramps	Aggressiveness, dry mouth	Tachycardia, dizziness

Medications Reference (APA):

Jones & Barlett Learning. (2019). *2019 Nurses Drug Handbook.* Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** alert **Orientation:** x3 **Distress:** No apparent distress **Overall appearance:** appears to be stated age and overall well.	
INTEGUMENTARY: **Skin color:** Pink **Character:** intact **Temperature:** warm **Turgor:** less than three seconds **Rashes:** no known rashes **Bruises:** small bruises on abdomen and arms **Wounds:** pressure sore on right side of hip that is almost healed and a deep sacral pressure ulcer **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	
HEENT: **Head/Neck:** head and neck symmetric. Lymph nodes were nonpalpable and not tender **Ears:** auricle was pink and there was no drainage or discharge **Eyes:** sclera was white, conjunctiva was pink and moist. EOM's present and intact, PERRLA, patient wears glasses daily **Nose:** no drainage, but patient said she often has a runny nose **Teeth:** client wears top and bottom dentures, mucosa pink and moist, tonsils were present	.
CARDIOVASCULAR: **Heart sounds:** strong and normal rhythm **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** S1 and S2 present with a S3 murmur present. **Peripheral Pulses:** all pulses 2+ bilaterally **Capillary refill:** less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐**	.

Location of Edema: Left and right ankles – wears TED hose to help with edema in ankles, legs and feet	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Breath sounds were equal and clear bilaterally, patient feels short of breath and her respirations were 20 per minute. No wheezes or crackles were present.	.
GASTROINTESTINAL: **Diet at home:** regular **Current Diet:** regular **Height:** 4'11" **Weight:** 150.3lbs **Auscultation Bowel sounds:** bowel sounds present in all 4 quadrants. **Last BM:** 10/14/19 **Palpation: Pain, Mass etc.:** Abdomen soft with no tenderness with no pain reported while palpating. No masses felt while palpating. **Inspection:** **Distention:** none present **Incisions:** none present **Scars:** vertical abdominal scar from C-section in suprapubic region **Drains:** none present **Wounds:** none present **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	.
GENITOURINARY: **Color:** light yellow **Character:** clear with no odor present. **Quantity of urine:** void x2 **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** ROM was intact, less than on patient's left shoulder where she experiences severe arthritis **Supportive devices:** walker & reacher **Strength:** equal in all four limbs **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** Patient is in therapy to be more independent with walker and should be using walker unless going long distance. **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☒ Patient uses gait belt with assistance into wheelchair and while walking with walker **Needs support to stand and walk**☒	.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** x3 **Mental Status:** patient's mental status seems intact and sound. Patient is able to recall memories and able to talk normally about her life **Speech:** normal and understandable **Sensory:** **LOC:** no LOC	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** None noticeable **Religion & what it means to pt.:** Patient is Methodist and attends the Methodist church in St. Joseph, IL. She is an active member and still attends church weekly with her son. She said she is close with a lot of the members and raised all of her children in the church and religion was a big part of her life when she was raising her family. **Personal/Family Data (Think about home environment, family structure, and**	.

available family support): Patient lives on her farm in St. Joseph where she raised her four sons with her late husband who was a farmer. One of her sons lives near Homer with his wife and is very helpful to the patient. Her other three children live out of state but she stays very close to them. She has 11 grandchildren whom she is also very close to. She has an electronic picture board that is constantly updated with pictures that she likes to look at so she feels up to date with her family and what is going on in their lives. She seemed very happy when talking about them and explaining what each picture was and who was in it. Her son, Paul, who lives near homer does the farming now and her other sons like to come to town and help her as much as they can	

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0735	66	145/52	20	97.7	98% - uses O2 nasal canula at 2L

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1120	0/10	0	0	0	0

Intake and Output (2 points)

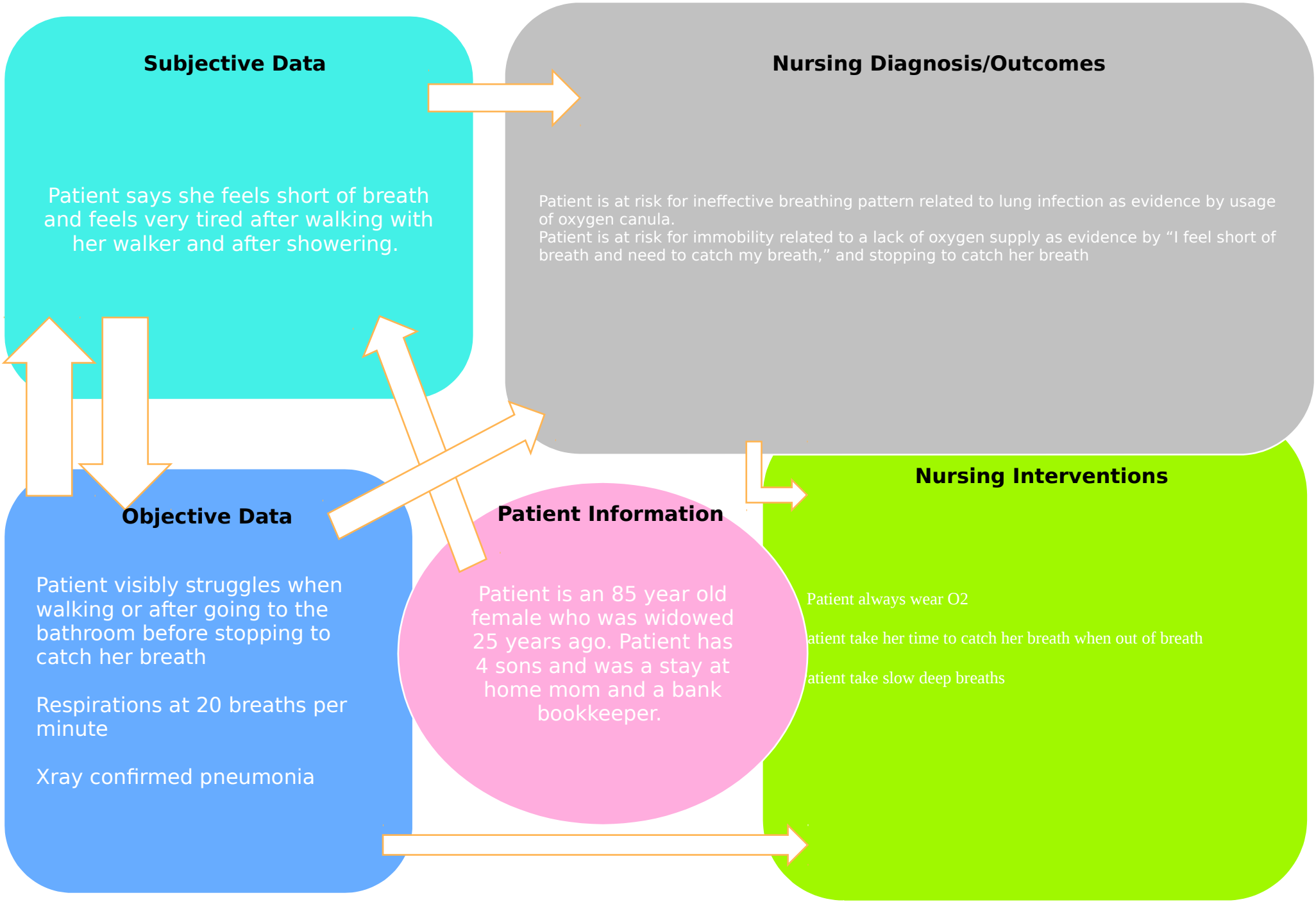
Intake (in mL)	Output (in mL)
696 mL 98% of food at breakfast	Void x2

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

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 breathing pattern related to lung infection as evidence by usage of oxygen	Patient is on continuous oxygen and struggles when she does not have it on	**1.** Continuous oxygen used to maintain high oxygen levels **2.** Have patient take deep breaths in through nose and out of mouth	Want to maintain high oxygen levels
2. Immobility related to lack of oxygen supply as evidence by "I feel out of breath, I need to catch my breath," and stopping to catch her breath	Patient has shortness of breath when she is walking with her walker and also when she is standing up and down or moving from chair or bed to wheelchair. She often stops and says that she needs to catch her breath	**1.** Give patient time to stop and catch her breath if needed. **2.** Do not remove oxygen nasal canula	Goal reached – patient reported she felt better when she would stop to catch her breath after feeling short of breath.

Other References (APA):

Concept Map (20 Points):


Subjective Data
Patient says she feels short of breath and feels very tired after walking with her walker and after showering.
Nursing Diagnosis/Outcomes
Patient is at risk for ineffective breathing pattern related to lung infection as evidence by usage of oxygen canula.
Patient is at risk for immobility related to a lack of oxygen supply as evidence by “I feel short of breath and need to catch my breath,” and stopping to catch her breath
Objective Data
Patient visibly struggles when walking or after going to the bathroom before stopping to catch her breath
Respirations at 20 breaths per minute
Xray confirmed pneumonia
Patient Information
Patient is an 85 year old female who was widowed 25 years ago. Patient has 4 sons and was a stay at home mom and a bank bookkeeper.
Nursing Interventions
Patient always wear O2
atient take her time to catch her breath when out of breath
atient take slow deep breaths