N431 Care Plan #3

Lakeview College of Nursing

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Demographics (3 points)

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Date of Admission	Patient Initials	Age	Gender
10/20/2019	RM	80	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Retired	Married	Ramipril
Code Status	**Height**	**Weight**	
Full Code	176.53 cm	78.1 kg	

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Medical History (5 Points)

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Past Medical History: Acute kidney injury, anxiety, bradycardia, chronic lymphocytic leukemia, diabetes mellitus type 2, hypertension, advanced COPD, pancytopenia, lung nodule, bilateral cataracts, idiopathic hypercalciuria, hypercalcemia, hyperkalemia

Past Surgical History: amputation of Great toe, vasectomy, cholecystectomy

Family History: mother had breast cancer

Social History (tobacco/alcohol/drugs): denies use of alcohol, tobacco, or drugs

Assistive Devices: Patient has glasses

Living Situation: Patient lives at home with his wife in Windsor, Illinois

Education Level: Patient's education level is high school.

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Admission Assessment

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Chief Complaint (2 points): SOB, dyspnea

History of present Illness (10 points): Patient is an 80-year-old male who was brought into the emergency department by his wife (10/20/02019) for shortness of breath and dyspnea. He was having a coughing fit earlier in the day, approximately around 1300, and had been suffering from anxiety and under some stress as he found out a family member was brain dead from a recent neurosurgery. Patient rated pain 6/10 during this cough fit. He stated "nothing helped the

coughing and SOB". His chest pain was stabbing but he did not have a fever, chills, sweating or shakiness. His wife did mention he had been more tired than usual. Patient stated he did receive his flu shot and pneumonia shot on 10/18.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Community-acquired pneumonia

Secondary Diagnosis (if applicable):.

Pathophysiology of the Disease, APA format (20 points):

Pneumonia is a lung condition where the parenchyma of the lungs are inflamed. This occurs with a very large exposure to an infectious pathogen or exposure to a highly virulent pathogen. This disease is usually caused by microaspiration of pathogens into respiratory tract. The immune system begins to work when an organism enters the body. This is when coughing, mucociliary transport, or pulmonary macrophages are used to protect the body against the infection. An infection arises when the body's defense mechanism is weakened by the agent. Clinical manifestations of pneumonia include an abrupt onset of high fever, chills and productive cough with mucopurulent drainage (Sorenson, Quinn, & Klein, 2017). Others include reports of dyspnea, hemoptysis, pleural pain and friction rub. In relation to this patient, he suffered from dyspnea, shortness of breath, and a cough that wouldn't resolve. Some expected findings related to pneumonia are tachycardia, tachypnea, and a fever greater than 100.4 F. Due to the similarities in clinical manifestations, a chest x-ray is needed to distinguish between pneumonia and bronchitis. Computed tomography (CT) scans are the gold standard for diagnosing pneumonia (Hinkle and Cheever, 2018). In addition, sputum cultures can be useful for identifying dominant, drug-resistant, and unsuspected pathogens in bacterial pneumonias. A CT angio chest pulmonary

with contrast was performed and found nodular speculated density in the left apical region, a 3mm nodule in the lungs, lungs hyperinflated alveolar infiltrate in right perihilar region, granuloma right lung, coronary artery calcifications, and a Chest XR indicative of dyspnea. "Treatment of pneumonia depends on the severity of the pneumonia, the causative pathogen, and the health status of the patient" (Sorenson, Quinn, & Klein, 2017, pg. 485). Treatment modalities include supportive measures, antibiotics, and supplemental oxygen. Pneumonias that are treated with antibiotics specific for the bacteria can show quick and dramatic improvement (Sorenson, Quinn, & Klein, 2017). This patient was treated with azithromycin and ceftriaxone which were given IV piggyback every 24 hours.

Pathophysiology References (2) (APA):

Hinkle, J. L. &Cheever, K.H. (2018). *Brunner & Suddarth's Textbook of Medical Surgical Nursing.* (14th ed.). Philadelphia, PA: Wolters Kluwer

Sorenson, M., Quinn, L., & Klein, D. (2017). *Pathophysiology: Concepts of Human Disease.* Hoboken, NJ: Pearson.

Laboratory Data (15 points)

CBC <mark>**Highlight All Abnormal Labs**</mark>**—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	4.2-6 million	4.25	5.1	
Hgb	11.3-15.2	13.5	<mark>9.9</mark>	Patient came in for dyspnea which is indicative of low oxygen supply. Patient's low oxygen can be due to the lack of Hgb circulating oxygen to the rest of the body. (Sorenson, Quinn, & Klein, 2017)

Hct	33.2%-45.3%	41.0	39.6	
Platelets	150,000-400,00	151	169	
WBC	4,000-11,000	<mark>12.5</mark>	5.9	"In pneumonia, the white blood cell count is typically high…" (Sorenson, Quinn, & Klein, 2017, pg. 488). The patient's white blood cell count may be an early sign that the patient has an infection due to his diagnosis of pneumonia
Neutrophils	45.3-79	69.4	N/A	
Lymphocytes	11.8-45.9	25.8	N/A	
Monocytes	4.4-12.0	3.7	N/A	
Eosinophils	0.0-6.3	6.1	N/A	
Bands	N/A	N/A	N/A	

Chemistry <mark>Highlight All Abnormal Labs</mark>—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-	135-145	136	139	
K+	3.5-5.0	4.7	4.1	
Cl-	98-107	99	106	
CO2	22-29	22	24	
Glucose	70-100	131	166	
BUN	8-25	22	25	
Creatinine	0.6-1.3	0.72	1.2	
Albumin	3.5-5.2	4.2	N/A	

Calcium	8.6-10	9.2	7.4	
Mag	1.5-2	N/A	N/A	
Phosphate	0.8-1.5	N/A	N/A	
Bilirubin	<1.5	0.6	N/A	
Alk Phos	50-100	N/A	N/A	
AST	10-30	25	N/A	
ALT	10-40	24	N/A	
Amylase	30-125	N/A	N/A	
Lipase	10-150	N/A	N/A	
Lactic Acid	0.5-2.4	N/A	N/A	
Troponin	<0.05	0.026	N/A	
CK-MB	5-25	6.49	N/A	
Total CK	90-140	N/A	N/A	

Other Tests <mark>Highlight All Abnormal Labs</mark>—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	0.9-1.2	1.11	N/A	
PT	11-14 sec	13.5 sec	N/A	
PTT	20-40 sec	35 sec	N/A	
D-Dimer	<0.250	0.15	N/A	
BNP	0.5-30	N/A	N/A	

HDL	>60	N/A	N/A	
LDL	<100	N/A	N/A	
Cholesterol	3-5.5	N/A	N/A	
Triglycerides	<150	N/A	N/A	
Hgb A1c	<5.6	N/A	N/A	
TSH	0.4-5	N/A	N/A	

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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	Yellow, clear	N/A	N/A	
pH	5.0-8.0	N/A	N/A	
Specific Gravity	1.005-1.024	N/A	N/A	
Glucose	Normal	N/A	N/A	
Protein	Negative-normal	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	<5	N/A	N/A	
RBC	0-3	N/A	N/A	
Leukoesterase	negative	N/A	N/A	

Arterial Blood Gas <mark>Highlight All Abnormal Labs</mark>—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	7.35-7.45	7.37	N/A	
PaO2	>80	91	N/A	
PaCO2	35-45	36.7	N/A	

HCO3	22-26	23.5	N/A	
SaO2	95-100	99.6	N/A	

Cultures <mark>Highlight All Abnormal Labs</mark>**—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	Negative	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (APA):

Sorenson, M., Quinn, L., & Klein, D. (2017). *Pathophysiology*. Hoboken: Pearson.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT angio chest pulmonary with contrast, and XR chest

Diagnostic Test Correlation (5 points): CT scans are non-invasive imaging procedures that use x-rays and computer technology that give horizontal images of the body, or "slices" as they are often called (Sorenson, Quinn, & Klein, 2017). Bones, muscles, fat, and organs are in more detail with these CT scans versus x-rays. This CT scan revealed coronary artery calcifications, nodular speculated density in left apical region, granuloma in the right lung, hyper inflated lungs, alveolar infiltrate in right perihilar region, and a 3mm nodule that will need to be aspirated. A chest x-ray uses a small dose of radiation that produces pictures of the chest. It diagnoses shortness of breath, a persistent cough, fever, chest pain and injury when looking at the lungs, heart and chest wall (Sorenson, Quinn, & Klein, 2017). Findings indicated dyspnea and found

the heart was normal, and the lungs are clear lungs. There was no pneumothorax or pleural

effusion.

Diagnostic Test Reference (APA):

Sorenson, M., Quinn, L., & Klein, D. (2017). *Pathophysiology*. Hoboken: Pearson.

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

Home Medications (5 required)

Brand/Generic	lorazepam; Ativan	metformin; Glucophage	melatonin	simvastatin, Zocor	multivitamin; Berocca
Dose	0.5 mg	1000mg	9mg	40mg	1 tab
Frequency	Q6h	BID	Every night	Every night	Daily
Route	PO	PO	PO	PO	PO
Classification	Benzodiazepine; Anti-anxiety	Dimethylbiguanide; Antidiabetic	sedative	Antihyperlipidemic	Vitamin and minerals
Mechanism of Action	May potentiate the effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors and cortical and limbic areas of the CNS	May promote storage of excess glucose as glycogen in the liver, which reduces glucose production	Exact mechanism is unknown, but is thought to control circadian pacemaker and promote sleep	Interferes with hepatic enzyme hydroxymethylglutaryl-coenzyme A reductase. This action reduces the formation of mevalonic acid thus interrupting the pathway necessary for cholesterol synthesis	Berocca is especially formulated with the essential vitamins and minerals needed to strengthen the nerve, thus enabling the body to be in control and to perform better under stressful times
Reason Client Taking	To treat anxiety	To reduce blood glucose in type 2 diabetes	To help patient sleep	To treat hyperlipidemia	To treat vitamin deficieny
Contraindications (2)	Acute angle-closure glaucoma	Advanced renal disease	Hypersensitivity	Acute hepatic disease	Hypersensitivity

		hypersensitivity	Seizure disorder	hypersensitivity	nephrolithiasis
	Intra-arterial delivery				
Side Effects/Adverse Reactions (2)	Amnesia Apnea	hypoglycemia diarrhea	Tachycardia hyperglycemia	Abdominal pain Fatigue	urine discoloration allergic reaction
Nursing Considerations (2)	before starting Lorazepam therapy and the patient with depression make sure he already takes an antidepressant because of the increased risk of suicidal patients with untreated depression beware that lomitapide should not be given to patients with rare, hereditary problems of galactose intolerance, glucose-galactose malabsorption, or Lapp lactase deficiency because the drug may cause diarrhea and malabsorption in these patients	know that metformin should never be given to a patient with severe renal impairment expect prescriber to alter dosage of patient has a condition that decreases or delays gastric emptying such as diarrhea gastroparesis, GI obstruction, ileus or vomiting	Monitor patients' sleep cycle Monitor for any worsening or changing cognitive or behavioral issues	use simvastatin in elderly patients and those with hepatic or renal impairment And give drug 1 hour before or 4 hours after giving bile acid sequestrant cholestyramine or colestipol	Assess patient for signs of nutritional deficiency before and throughout therapy Explain to the patient that the best sources of vitamins are a well-based diet with foods from the 4 basic food groups
Key Nursing Assessment(s)/Lab(s) Prior to Administration	ALT, AST, total bilirubin, alkaline phosphatase, pregnancy test, INR	Estimated glomerular filtration rate, hepatic function, blood glucose level, hemoglobin A1c	Monitor blood glucose, coagulation panel, hormone panel, and lipid panel	serum lipoprotein level, liver enzymes, and CPK level	Vitamin B-12 levels, folic acid levels

| Client Teaching needs (2) | caution patient to swallow capsule whole and not to chew, crush, dissolve, or open capsule

remind patient of importance of adhering to the low fat diet prescribed as lomitapide therapy is not a replacement for dietary control of fat in her diet | direct patient to take drug exactly as prescribed and not to change the dosage or frequency unless instructed caution patients to avoid alcohol which can increase the risk of hypoglycemia | Store supplement in closed container away from the heat

Take at bedtime as directed | urge patient to take drug in the evening

urge to patient to follow low fat cholesterol lowering diet | Take with a full glass of water

If a dose is missed, take as soon as possible but if it is almost time for the next dose, skip the missed dose. |

Hospital Medications (5 required)

Brand/Generic	azithromycin, Zithromax **p107**	ceftriaxone, Rocephen **197**	docusate, Colace	insulin aspart; Novolog	pantaprazole; Protonix
Dose	500mg	2000mg	100mg	Sliding scale	40 mg
Frequency	Q24hr	Q24hr	BID	Meal time	daily
Route	IV piggyback	IV piggyback	PO	Sub-Q	PO
Classification	Azalide – subclass of macrolide	Third-generation cephalosporin	Laxative, stool softener	Antidiabetic	Proton pump inhibitor
Mechanism of Action	Binds to the ribosomal subunit of susceptible bacteria, blocking peptide translocation and inhibiting	Inhibits bacteria cell wall synthesis by binding to penicillin-binding proteins	Acts as a surfactant that softens stool by decreasing surface tension between oil and water in feces	Regulation of glucose metabolism by stimulating glucose uptake in skeletal muscle fat, inhibiting hepatic	suppresses the final step in gastric acid production by forming a covalent bond to two sites of the $(H+, K+)$-ATPase

				glucose production	enzyme system at the secretory surface of the gastric parietal cell
Reason Client Taking	To treat community-acquired pneumonia	pneumonia	To treat constipation	To control diabetes	Reduce stomach acid
Contraindications (2)	Hypersensitivity Cholestatic jaundice	Penicillin allergy hypersensitivity	Fecal impaction Hypersensitivity	Hypersensitivity Hypoglycemic episodes	Hypersensitivity medications containing rilpivirine
Side Effects/Adverse Reactions (2)	Agitation leukopenia	Chills Neutropenia	Dizziness Syncope	Hypoglycemia Hypokalemia	Hyperglycemia Anaphylaxis
Nursing Considerations (2)	Monitor elderly patients closely for arrhythmias because they are more susceptible to drug effects on the QT interval Monitor liver enzymes with patients with impaired liver function and expect to d/c drug immediately if signs and symptoms of hepatitis occur	Use cautiously in patients who are hypersensitive to penicillin because cross-sensitivity has occurred in about 1% to 3% of such patients Assess for arthralgia, bleeding, ecchymosis, and pharyngitis; they may indicate blood dyscrasia	Assess for laxative abuse syndrome, especially in women with anorexia nervousa, depression, or personality disorders Expect long-term to cause dependence on laxatives for bowel movements, electrolyte imbalances, osteomalacia, steatorrhea, and vitamin and mineral deficiencies	Assess for signs of hypoglycemia Do not use if cloudy, discolored, or unusual viscous	Flush IV line with D5W normal saline solution or lactated Ringer's injection before and after getting drug Expect you to your INR during therapy of patient takes an oral anticoagulant
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Culture and sensitivity, Liver enzymes, Stool culture	Culture and sensitivity, BUN and serum creatinine, I&O's, CBC, hematocrit, AST, ALT, Bilirubin, LD	Monitor for signs of constipation	Blood glucose	Monitor for diarrhea, bone fractures, PT, INR, and hypomagnesemia
Client Teaching needs (2)	Take 1 hour before or 2-3 hours after	Report evidence of blood	Take with a full glass of milk or water	Do not share needles or pens with	Advise patient to expect relief

	food Report signs and symptoms of allergic reaction	dyscrasia or superinfection to prescriber immediately Urge to report watery, bloody stools to prescriber immediately, even up to 2 months after drug therapy has ended	Encourage patient to increase fiber intake, exercise regularly; and drink 6 to 8 glasses of water daily to help prevent constipation	others Rotate injection sites and monitor for signs of lipohypertrophy	of symptoms within two weeks of starting therapy advise patient who takes warfarin to follow bleeding precautions and turn on a prescriber and immediately if bleeding occurs

Medications Reference (APA):

JONES & BARTLETT LEARNING. (2018). *Nurses's Drug Handbook* (17th ed.). Burlington, MA.

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Assessment

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Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is A&Ox4. He knows where he is, what year it is, and why he is in the hospital. Overall patient is content and comfortable, just waiting for discharge.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 22 **Drains present: Y**☐　　**N** ☒ 　**Type:**	Patient is a Caucasian male with normal elstaicity, pink, dry, and warm to the touch skin. No noted rashes, wounds, or bruises. No drains are present.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:**	Patient's head is midline with no deviations and hair is light brown in color. He has no abnormal drainage from her ears. PERLA is present. No deviated septum, turbinates are equal and bilateral. Pink and moist oral mucosa with no

Teeth:	noted abnormalities. Patient's teeth are present and yellow to white in color.
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:**	Patient's heart sounds were auscultated x5, S1 and S2 noted. Radial and pedal pulses 2+ and present bilaterally. Capillary refill average at <2 seconds. Patient doesn't have any edema or neck vein distention.
RESPIRATORY (2 points): **Accessory muscle use: Y ☐ N ☒** **Breath Sounds: Location, character**	Patient's lungs were auscultated. Lung sounds were decreased with slight wheezing bilaterally. Patient does not use accessory muscles when breathing. Patient does not use oxygen at home and is currently breathing room air. Patient denies any shortness of breath.

GASTROINTESTINAL (2 points):
Diet at home:
Current Diet: regular diet
Height: 173.56 cm
Weight: 78.1 kg
Auscultation Bowel sounds:
Last BM: 10/22/2019
Palpation: Pain, Mass etc.:
Inspection:
   Distention:
   Incisions:
   Scars:
   Drains:
   Wounds:
Ostomy: Y ☐   N ☒
Nasogastric: Y ☐   N ☒
   Size:
Feeding tubes/PEG tube   Y ☐   N ☒
   Type:
	Patient is on a regular diet at home and at the hospital. Patient's bowel sounds were auscultated and present in all four quadrants. Patient does not report any pain upon palpation and tenderness was not noted. Upon examination, there is no noted distention, wounds, or scars. Last bowel movement was 10/22. Patient doesn't have an ostomy, NG, or feeding tube. Patient is 176.53 cm and weighs 78.1 kg.

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 has ability to ambulate to the restroom by himself. His urine is yellow with no abnormal odor. Patient has no output. He has no catheter, was not on dialysis and did not have pain upon urination.

MUSCULOSKELETAL (2 points): **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** ☐	Patient is A&O x 4. Patient MAEW and has PERLA intact bilaterally. His strength is equal bilaterally. Patient speaks English and at a normal pace. His verbalization is clear and he responds appropriately when asked questions. Patient's level of consciousness was not impaired.
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 is awake in bed. He speaks English and at normal pace. Patient is MAEW and PERLA intact. His strength is equal in both arms and legs. Patient does not show signs of neurological damage.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient presented in a good mood. Patient lives with his wife at their home. Patient has his wife to help with coping.. Patient is of Methodist religion and did finish high school

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

1100	72	122/65	18	36.9	97
1400	83	124/77	14	37.4	93

Vital Sign Trends: Vital signs remained stable throughout the clinical shift.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1100	Numeric	Patient stated he was not in any pain	Patient stated he was not in any pain	Patient stated he was not in any pain	No interventions needed at this time
1400	Numeric	Patient stated he was not in any pain	Patient stated he was not in any pain	Patient stated he was not in any pain	No interventions needed at this time

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:** 10/21/2019 **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	Saline locked IV site showed no signs of erythema, drainage, or signs of infiltration. IV was patent on assessment and during medication administration.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
280	0

Nursing Care

Summary of Care (2 points)

Overview of care:

Patient received last dose of morning medications and he ordered lunch prior to discharge. Patient has a follow-up appointment with PCP in 5 days to ensure his health is good.

Procedures/testing done:

Patient received labs on the morning of discharge and will have his nodule aspirated in the near future

Complaints/Issues:

Patient had no complains during his hospitalization

Vital signs (stable/unstable):

Patient's vital signs were stable

Tolerating diet, activity, etc.:

Patient is on a regular diet at this hospital and at home. He is able to return to everyday activities.

Physician notifications:

The patient's vital signs were stable and not complications so the physician was not notified.

Future plans for patient:

Patient will follow up with PCP within 1 week

Discharge Planning (2 points)

Discharge location:

Patient is being discharged home with his wife

Home health needs (if applicable):

Patient does not have any home health needs at this time

Equipment needs (if applicable):

Patient does not need any equipment at this time.

Follow up plan:

Patient will follow-up with primary care provider and also with pulmonology about lung

nodule aspiration in the near future.

Education needs:

Patient should be educated on the importance of continuing medications for treatment of

pneumonia, maintaining hand hygiene, avoid crowded places to reduce risk of infection,

and encourage periods of rest

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 decreased energy as evidenced by shortness of and dyspnea	Patient's Chest XR shows alveolar infiltrates in the right perihilar region	**1.** Teaching and assist patient with proper deep-breathing exercises. Demonstrate proper splinting of chest and effective coughing while in upright position. Encourage him to do so often **2.** Assess the rate, rhythm, and depth of respiration, chest movement,	Patient and wife understands the importance of these interventions. Patient's goal is to continue to stay on room air and keep O2 within range

		and use of accessory muscles.	
2. Impaired Gas Exchange related to fluid-filled alveoli as evidenced by dyspnea	On the CT scan it showed there were infiltrated alveoli	**1.** observe color of skin mucous membranes, and nail beds, noting presence of peripheral cyanosis or central cyanosis **2.** Assess mental status, restlessness, and changes in level of consciousness	Patient understands protocol in order for him to get better. It is expected that the patient and family are accepting of teaching.
3. Ineffective Breathing Pattern related to as evidenced by cough, effective or ineffective; with/without sputum production	Patient was having a cough fit and was SOB upon arrival to the ED	**1.** Assess and record respiratory rate and depth at least every 4 hours **2.** Observe for breathing patterns	Patient understands the importance of these interventions.
4. Risk for Deficient Fluid Volume related to decreased oral intake AEB intake	Patient's intake for the day was only 280mL	**1.** assess vital sign changes: increasing temperature, prolonged fever, orthostatic hypotension, tachycardia **2.** Assess skin turgor, moisture of mucous membranes	Patient should increase fluid intake to prevent dehydration and the complications that follow.

Other References (APA):

https://nurseslabs.com/8-pneumonia-nursing-care-plans/

Concept Map (20 Points):

Subjective Data
- Patient's wife stated he was having a "coughing fit"
- SOB
- Dyspnea
- Cough that won't go away
- Fatigue
- Pain "6/10"

Nursing Diagnosis/Outcomes
- Ineffective Airway Clearance
  - Outcome
  - Patient will continue to be on room air and not need any supplemental O2
- Ineffective Breathing Pattern
  - Outcome
  - Patient maintains clear lung fields and remains free of signs of respiratory distress
- Impaired Gas Exchange
  - Outcome
  - Patient maintains optimal gas exchange and O2 remains within normal limits during hospitalization
- Risk for Deficient Fluid Volume
  - Outcome
  - Patient's fluid intake should mirror fluid output during the remainder of hospital stay

Objective Data
- CT results
- Chest Xray
- Hemoglobin decreased

Patient Information
80-year-old male is admitted for SOB and dyspnea. He was having a coughing fit and showing signs of fatigue. Also, stabbing chest pain was rated 6/10

Nursing Interventions
- Position the client to maximize ventilation
- Encourage coughing or suction to remove secretions
- Administer breathing treatments and medications
- Administer oxygen therapy
- Monitor for skin break down
- Promote adequate nutrition and fluid intake
- Provide rest periods for clients who have dyspnea
- Reassure the client who is experiencing