N311 Care Plan # 3

Lakeview College of Nursing

Rece Doggett

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
09/28/2019	**R M**	**90**	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	**Retired**	**Widowed**	**None**
Code Status	**Height**	**Weight**	
DNR	**5’ 7”**	**160lb**	

Medical History (5 Points)

Past Medical History: Coronary Artery Disease, Chronic Kidney Disease Stage III, Bilateral pleural effusion, Blood loss anemia, COPD, HTN, Osteoporosis, Sepsis, Acute on chronic respiratory failure w/ hypoxia

Past Surgical History: Heart transplant, Artificial valve replacement

Family History: Cardiac related problems on fathers side (unspecified), Mother died of old age, No mention of siblings.

Social History (tobacco/alcohol/drugs):Smoked a pack a day for 55 years and quit in 1999. No drug of alcohol use.

Admission Assessment

Chief Complaint (2 points):Fall, Hip pain

History of present Illness (10 points): Client fell while leaving the bathroom. He stated when he stood up, he was out of breath and his legs felt weak. He also said he was alone when he fell. The pain was a 10/10 after the fall. He then used a necklace alert system to call for an ambulance and was then taken to Carle Emergency Department. Takes several different medications for px and other health problems. Currently taking therapy to help walk again.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): S.o.b., Hypoxia, Empyema

Secondary Diagnosis (if applicable): COPD, Pneumonia

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

Chronic obstructive pulmonary disease is lung disease that can occur due to genetic and environmental factors. COPD is identified as poor irreversible airflow limitation cause by a combination of chronic bronchitis, emphysema, or hyperreactive airway disease. When COPD occurs, the lungs begin to lose the natural elasticity it needs for gas exchange as well as causing over expanding. This results in some air still being trapped in the lungs when you exhale.

The main cause of COPD in developed countries is due to smoking tobacco. With smoking there may be misdiagnosed COPD cases due to the lungs being less functional in general, if this occurs a more thorough evaluation is performed. Other causes of COPD may include exposure to chemical fumes, or excessive inhalation of dust**.**

Symptoms may include shortness of breath (especially during physical activity), wheezing, chest tightness, cyanosis in the fingers, frequent respiratory infections, lack of energy, unintended weight loss, and/or edema of the legs, feet or ankles**. Risk factors** for COPD include exposure to tobacco smoke including secondhand smoking, prolonged exposure to dust or chemicals, age, and genetics. COPD can cause complications such as respiratory infections, heart problems, lung cancer, high blood pressure in lung arteries, and depression.

There are **no treatments** for COPD, but there are preventions which include avoid smoking or secondhand smoke and reducing exposure to fumes from chemicals. The client's reason for having this disease is most likely from his history of smoking. His COPD caused him to be out of breath and fall to the ground resulting in him being transferred to the facility.

Pathophysiology References (2) (APA):

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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**	**2.65**	**None**	**Anemia**
Hgb	**11.0 -16.0**	**8.0**	**None**	**Anemia**
Hct	**34.0 – 47.0**	**25.6**	**None**	**Anemia**
Platelets	**140 - 400**	**175**	**None**	
WBC	**4.0 – 11.0**	**9.57**	**None**	
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-	**136 – 145**	**139**		
K+	**3.5 – 5.1**	**4.2**		

Cl-	**96 - 106**	**105**		
CO2				
Glucose	**70 - 100**	**127**		**Related to decreased renal function as well as low RBC count.**
BUN	**7 – 18**	**21**		**Kidney Failure**
Creatinine	**.55 – 1.02**	**1.32**		**Kidney Failure**
Albumin	**3.4 – 5.0**	**2.6**		**Kidney Failure**
Calcium	**8.5 – 10.1**	**8.2**		
Mag	**1.5 – 2.5**	**2.1**		
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	**No Urinalysis on file**			
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	**Negative**	**Unknown**	**Unknown**	**MRSA blood culture – Results pending.**
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspectives.*Philadelphia: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Pro – BNP monoclonal – 10577 normal range is >500

Client received a chest X-ray AP only, findings of dense consolidation in the setting of newly developed pneumonitis. CT of chest PE Protocol.

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

Medications (5 required)

Brand/ Generic	**Doxycycline hyclate (vibramycin)**	**Ferrous Sulfate (feosol)**	**Doxazosin (Cardura)**	**Finasteride (Proscar)**	**Prednisone**
Dose	**100 mg tablet**	**324 mg Tablet**	**8mg Tablet**	**5mg Tablet**	**10mg Tablet**
Frequency	**Twice Daily**	**1 tablet/day**	**1 tablet/day**	**1 tablet/day**	**4 tablets for 7days, 3tab for 5 days, 2tab for 5 days, 1 tab for 5 days, .5tab for 5 days**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Antibiotic**	**Nutritional supplement**	**Antihypertensive**	**Benign prostatic hyperplasia agent**	**Anti-inflammatory**
Mechanism of Action	**Bacteriostatic effect vs gram + and gram – organisms.**	**Normalizes RBC production by binding with hemoglobin, or by being oxidized and stored as hemosiderin**	**Inhibits alpha 1 – adrenergic receptors in the sympathetic nervous system**	**Inhibits 5-alpha reductase. Which converts testosterone to its metabolite.**	**Binds to intracellular glucocorticoid receptors and suppresses inflammatory and immune responses**
Reason Client Taking	**Prevent Infection**	**Regulate RBC count**	**Hypertension prevention**	**Prostate enlargement**	**Pain**

Contraindications (2)	**Hypersensitivity to doxycycline, other tetracyclines**	**Hemochromatosis, hemolytic anemias**	**Hypertension to doxazosin or prazosin**	**Heart failure in the last 6 months, MI, Stroke**	**Systemic fungal infection, Hypersensitivity to prednisone**
Side Effects/ Adverse Reactions (2)	**Pericarditis, Anaphylaxis**	**Chest pain, Dyspnea**	**Arrythmia, GI obstruction**	**Depression, AV blocks, bronchitis**	**Euphoria, Heart failure, adrenal insufficiency**

Medications Reference (APA):

Jones & Bartlett Learning, J. B. (2018). *2019 Nurse's Drug Handbook*. United States: Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL: AO x 3 name date place **Alertness:** **Orientation:** **Distress: No acute distress** **Overall appearance: dressed well, proper hygiene**	
INTEGUMENTARY: **Skin color: Pink with dark age spots** **Character: Dry, thin** **Temperature: Warm** **Turgor: Between 6 – 7 seconds** **Rashes: None visible** **Bruises: None visible** **Wounds: None visible** **Braden Score: Moderate risk - 13** **Drains present: Y☐ N ☒**	

Type:	
HEENT: **Head/Neck: Normal cephalic, WDL** **Ears: Auricles without deformity, slight hearing loss, no hearing aids.** **Eyes: sclera white, conjunctiva pink, PERRLA,** **Nose: septum medial, nares intact** **Teeth: Mostly white, dentures in mouth, most teeth are missing.**	.
CARDIOVASCULAR: **Heart sounds: S3 sounds present** **Peripheral Pulses:1+ throughout extremities** **Capillary refill: Between 6 and 7 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema: lower legs, ankles, and feet.**	**PMI at 4th intercostal space**
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds:**	**Labored breaths. Crackles and wheezes throughout entire lung more prevalent in right lung. Client becomes SOB quickly, which gets worse with physical activity.**
GASTROINTESTINAL: **Diet at home: Normal** **Current Diet: Normal** **Height: 5' 7"** **Weight: 160 lbs** **Auscultation Bowel sounds: Normoactive** **Last BM: 45 minutes prior to assessment ~ 1100** **Palpation: No abnormalities** **Inspection:** **Distention: None** **Incisions: None** **Scars: None** **Drains: None** **Wounds: None** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒**	**Client may need a low sodium diet.**

GENITOURINARY: **Color: Clear w/ slight yellow tint** **Character:** **Quantity of urine: 380 mL** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: Unknown** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM: Limited, but well for client** **Supportive devices: Wheelchair** **Strength: Weak** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: High** **Activity/Mobility Status: Confined to wheelchair** **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: Understands and follows commands** **Mental Status: No confusion noted** **Speech: Slightly slurred** **Sensory: Trouble hearing worse in left ear** **LOC: No LOC**	**Clients left leg was at less strength due to hip fracture**
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):**	**Client states that he is a protestant Christian. Continues to go to church despite his physical setbacks and trouble breathing. He has 2 daughters, one of them visits every other day at least. The same daughter also helps him around the house when she is available.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0830	**70**	**118/56**	**24**	**98 Temporal**	**90%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0835	**0/10**	**L Hip**	**0**	**"It doesn't hurt when I'm not using it."**	**None needed.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
75% of breakfast, 480 mL of fluids	**385 mL – Folly Catheter**

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes,

			modifications to plan.
1. Dyspnea	**Related to COPD as evidence by increase respirations and short of breath. While standing client stated "I'm out of breath."**	**1.Controlled breathing – having him breath deeply and exhaling slowly 2.Assess O2 saturations every 2 hours to be sure client is within 88-92%**	**Goal met with client by keeping O2 within recommended limits for COPD. Number of respirations reduced to normal range.**
2. Impaired physical mobility	**Related to COPD and broken hip as evidence by inability to stand, and use of wheelchair**	**1. Promote exorcise and ROM to help muscle strength. 2.Make sure client stays in wheelchair and has call light within reach.**	**Goal in progress with client. The client was still sob upon physical activity. Client is still unable to move moderate distance by self.**

Other References (APA):

Concept Map (20 Points)

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Subjective Data

Client states he has trouble breathing with any physical activity. Px after his fall was a 10/10 and is currently a 0/10. Client admitted to being SOB before fall.

Nursing Diagnosis/Outcomes

Dyspnea related to COPD as evidence by increase respirations and short of breath. While standing client stated, "I'm out of breath." Kept clients O2 saturation in the desired range and keeping a steady respiration rate.

Impaired physical mobility related to COPD and broken hip as evidence by inability to stand and use of wheelchair. Client still SOB upon physical activity and unable to move at desired distance.

Objective Data

X-ray and CT scan showing pneumonitis. Client has a history of COPD and pneumonia. Vitals as follows,
P - 70
R - 24
T – 98.0
BP – 118/56
O2 - 90
Px – 0/10

Patient Information

90 YO Male with COPD and stage III kidney failure admitted to facility after a fall at home.

Nursing Interventions

1 a. Controlled breathing – having him breathe deeply and exhaling slowly
1 b. Assess O2 saturations every 2 hours to be sure client is within 88-92%

2 a. Promote exorcise and ROM to help muscle strength.

2 b. Make sure client stays in wheelchair and has call light within reach.

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