

N321 Care Plan #2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 10/11/2019	Patient Initials RR	Age 90	Gender Female
Race/Ethnicity Caucasian	Occupation Retired factory worker	Marital Status Married	Allergies NKA
Code Status Full Code	Height 158 cm	Weight 89.4 kg	

Medical History (5 Points)**Past Medical History:**

- Chronic kidney disease, COPD, heart disease, hypertension, metastatic breast cancer

Past Surgical History:

- Not available

Family History:

- **Mom:** breast cancer and hypertension, **Father:** hypertension

Social History (tobacco/alcohol/drugs):

- No past use of alcohol or drugs, former cigarette smoker for 30 years

Assistive Devices:

- Gait belt and walker

Living Situation:

- Assisted living facility

Education Level:

- High school

Admission Assessment

Chief Complaint (2 points): Shortness of breath

History of present Illness (10 points): The patient arrived at the emergency room complaining of shortness of breath, chronic cough, and an O2 saturation of 89%. Her pain was a 0/10 when asked. Patient has a history of COPD. Patient was given 2L of O2 and felt relief.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): COPD exacerbation

Secondary Diagnosis (if applicable): Acute stroke

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

Chronic obstructive pulmonary disorder is a condition that is characterized by chronic bronchitis, emphysema, and hyperactive airway disease (Capriotti & Frizzell, 2016, p. 467). Patients experience poorly reversible airflow limitation during each breath. Patients presenting with a COPD exacerbation usually experience a chronic cough and dyspnea. A key observation with these patients is clubbing of the fingernails due to chronic hypoxia. COPD can manifest itself in many ways such as hypersecretions of mucus, hypoxia, and cyanosis (Capriotti & Frizzell, 2016, p. 467). The build up of mucus causes obstruction to inspiratory airflow that inhibits optimal oxygenation (Capriotti & Frizzell, 2016, p. 467). Several pathophysiologic changes occur with COPD such as narrowing, excessive mucus and fibrosis of the bronchioles, loss of alveolar elastic recoil, and smooth muscle hypertrophy (Capriotti & Frizzell, 2016, p. 467).

COPD is considered to be a disease that affects older people the most. Patients with a history of smoking and older age are at higher risk for developing COPD. Patients exhibit a culmination of symptoms such as dyspnea, productive cough, hypoxia, and cyanosis. My patient specifically was experiencing shortness of breath, chronic cough, and the use of her accessory muscles while breathing. These are tell tale signs of a COPD exacerbation. When monitoring vital signs it is important to focus on the patient's respiratory rate, rhythm, and depth (Capriotti & Frizzell, 2016, p. 467). My patient in particular had a steady respiratory rate throughout my shift. Pulmonary function tests or spirometry are an essential component in diagnosing COPD (Capriotti & Frizzell, 2016, p. 467). This test measures for restrictive versus obstructive

pulmonary disease. Patient has to have had a cough for 5 months out of the year for two years in order to be diagnosed (Capriotti & Frizzell, 2016, p. 467). Doctors will order a CBC, blood chemistry panel, ECG, and ABG's to help aid in the diagnosis. (Crptiotti & Frizzell, 2016, p. 467) In mild COPD patient's labs should all be relatively normal except for the PFT, while patients with severe COPD will have a chest x-ray that's consistent with emphysema (Capriotti & Frizzell, 2016, p. 467)

If COPD goes untreated it can cause a multitude of issues. The treatment for COPD involves a series of steps. First, they prescribe short-acting bronchodilators while incorporating long-lasting agents as the condition worsens (Capriotti & Frizzell, 2016, p. 467). Beta-2 adrenergic agonist inhalers are used to inhibit bronchiole smooth muscle, which helps to dilate the bronchioles (Capriotti & Frizzell, 2016, p. 467). Pairing medication with nonpharmacological agents can help aid in the treatment of COPD. Actions such as quitting smoking, pneumonia and flu shot, pulmonary rehabilitation, and oxygen therapy can decrease symptoms.

My patient presenting with shortness of breath, chronic cough, and an O2 sat of 89%. Other than her O2 sat, my patient's vitals were stable. My patient had a pain rating of 0/10 on the numeric scale. They placed my patient on 2L of continuous oxygen therapy immediately upon admission. A sputum culture and swallow test were in progress during my shift.

Labs that come back as abnormal for COPD include pulmonary function tests, ABG's, chest x-rays, and sputum cultures. My patient had evidence of emphysema on her x-ray.

My patient's secondary diagnosis was acute stroke. A stroke results from a halt in the supply of blood to the brain that causes brain tissue damage or infarction (Sorenson, Quinn, & Klein, 2019, p. 671). There are two different types of stroke, which can be either ischemic or

hemorrhagic. With ischemic strokes the patients have partial or complete blockage to a specific part of the brain. “Atherosclerosis develops from injury to vascular endothelial cells by mechanical, biochemical and/or inflammatory insults. Monocytes and lymphocytes that migrate to the vessel attach to the area of injury along the wall of the vessel and stimulate proliferation of smooth muscle cells and fibroblasts, leading to the formation of the fibrous plaque” (Sorenson, Quinn, & Klein, 2019, p. 671). Through this process the build up of plaque on the vessel wall and decreases the amount of blood able to pass through. Patients present with facial drooping, arm or leg weakness especially on one side of the body, and sudden onset speech difficulty (Sorenson, Quinn, & Klein, 2019). Ischemic stroke can be diagnosed using a 12 lead electrocardiography, CT scan, MRI, and Carotid Doppler Ultrasonography. Treatment consists of oxygen therapy, blood pressure management, and Aspirin 325 mg orally given within 25-48 hours of onset.

A hemorrhagic stroke occurs when a blood vessel bursts in the brain causing a bleed. “A hemorrhagic stroke is intracerebral when a vessel bleeds into the brain tissue, intraventricular when it bleeds into the ventricles, or extracerebral when a vessel bleeds into the membranes surrounding the brain” (Sorenson, Quinn, & Klein, 2019, p. 672). Patients experiencing a stroke present with a sudden onset of a focal neurological deficit that lasts for at least 24 hours. This is caused by the lack of cerebral circulation to the blood vessels. CT scans of the brain are able to identify the presence of a hemorrhagic stroke. Patients can be treated with surgical evacuation, and endovascular therapy (Sorenson, Quinn, & Klein, 2019).

My patient presented with speech difficulty and general weakness. Her vitals were stable but her MRI showed presence of a right cerebral infarct. My patient is receiving an Aspirin once daily, and being monitored continuously on telemetry. She has been stable since the stroke

occurred and is regaining her orientation. Normal labs for patients who have had a stroke include CBC, blood clotting tests, blood glucose level, and cholesterol tests (Sorenson, Quinn, & Klein, 2016). Her labs came back with an elevated PTT, elevated blood glucose, elevated RBC, elevated neutrophils, and elevated lymphocytes. These labs all indicate a stroke.

Pathophysiology References (2) (APA):

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

Sorenson, M., Quinn, L., & Klein, D. (2019). *Pathophysiology: concepts of human disease*. Hoboken, NJ: Pearson Education.

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	3.80-5.41 mcl	3.36 mcl	3.30 mcl	Patients red blood cell count is low due to brain bleed as a result of acute stroke
Hgb	11.3-15.2 g/dL	12.4 g/dL	12.3 g/dL	N/A
Hct	33.2-45.3 %	35.7 %	35.5 %	N/A
Platelets	149-393 k/mcl	225 k/mcl	164 k/mcl	N/A
WBC	4.0-11.7 k/mcl	5.2 k/mcl	4.9 k/mcl	N/A
Neutrophils	45.3-79.0%	88.9%	84.6%	Patients neutrophils are high due to COPD exacerbation
Lymphocytes	11.8-45.9%	9.1%	10.8%	Patients lymphocytes are low due to COPD exacerbation
Monocytes	4.4-12.0%	1.9%	4.5%	N/A
Eosinophils	0-6.3%	N/A	N/A	N/A
Bands	N/A	N/A	N/A	N/A

mChemistry **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 mmol/L	140 mmol/L	143 mmom/L	N/A
K+	3.5-5.1 mmol/L	3.6 mmol/L	3.5 mmol/L	N/A
Cl-	98-107 mmol/L	99 mmol/L	107 mmol/L	N/A
CO2	21-31 mmol/L	31 mmol/L	27 mmol/L	N/A
Glucose	74-109 mg/dL	132 mg/dL	123 mg/dL	Patients glucose is high due to acute stroke diagnosis
BUN	7-25 mg/dL	25 mg/dL	25 mg/dL	N/A
Creatinine	0.50-0.90 mg/dL	1.24 mg/dL	0.89 mg/dL	Patients creatinine is high due to diagnosis of chronic kidney disease
Albumin	3.5-5.2 g/dL	3.9 g/dL	N/A	N/A
Calcium	8.6-10.3 mg/dL	9.2 mg/dL	8.1 mg/dL	N/A
Mag	1.6-2.4 mg/dL	N/A	N/A	N/A
Phosphate	35-105 unit/L	N/A	N/A	N/A
Bilirubin	0.3-1.0 mg/dL	0.8 mg/dL	N/A	N/A
Alk Phos	35-105 unit/L	51 unit/L	N/A	N/A
AST	0-32 intlunit/L	18 intlunit/L	N/A	N/A
ALT	0-33 intlunit/L	9 intlunit/L	N/A	N/A
Amylase	56-90	N/A	N/A	N/A
Lipase	0-110	N/A	N/A	N/A

Lactic Acid	6-16	N/A	N/A	N/A
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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	0.9-1.2	1.03	N/A	N/A
PT	11-14	13.7	N/A	N/A
PTT	16-40	45.5	N/A	Patients PTT is high due to acute stroke and brain bleed
D-Dimer	0-250	N/A	N/A	N/A
BNP	<100	N/A	N/A	N/A
HDL	N/A	54	N/A	N/A
LDL	N/A	94	N/A	N/A
Cholesterol	<200	116	N/A	N/A
Triglycerides	<150	105	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	Yellow, clear	Straw color, clear	N/A	N/A
pH	5.0-8.0	6.0	N/A	N/A
Specific Gravity	1.005-1.035	1.005	N/A	N/A
Glucose	Normal	WNL	N/A	N/A

Protein	Negative	Negative	N/A	N/A
Ketones	Negative	Negative	N/A	N/A
WBC	<5	<1	N/A	N/A
RBC	0-3	<1	N/A	N/A
Leukoesterase	Negative	Negative	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	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2017). Davis's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications (7th ed.). Philadelphia, PA: F.A. Davis Company

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- CT scan- brain and head for stroke protocol, chest X-Ray 1 view for COPD, MRI of brain without contrast, Echo Doppler of carotid and vertebral vasculature

Diagnostic Test Correlation (5 points):

- **CT-** Stroke protocol, useful in diagnosing a brain bleed from stroke
- **Echo-** Monitor HR and function
- **Chest X-Ray-** presentation of SOB and COPD exacerbation, can detect presence of emphysema in the lungs
- **MRI of brain w/o contrast:** To diagnose and monitor brain bleed from acute stroke

Diagnostic Test Reference (APA):

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

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

Home Medications (5 required)

Brand/Generic	Arimidex (anastrozole)	Calcium	Cyanocobalam in (Vitamin B12)	Diflucan (fluconazole)	Furosemide (Lasix)
Dose	1 mg	600 mg	1000 mcg/mL	200 mg	20 mg
Frequency	Once daily	Once daily	Once daily	Once daily	Once daily
Route	Oral	Oral	Injectable	Oral	Oral
Classification	Aromatase inhibitor	Elemental cation	B vitamins	Triazole derivative	Sulfonamide
Mechanism of Action	Lowers serum estradiol concentrations for post menopausal women with a history of metastatic breast cancer	Increases levels of intracellular and extracellular calcium	Provides upkeep of vitamin B12 for nutritional intake imbalance	Damages fungal cells by interfering with the fungal cell membrane	Inhibits water a sodium reabsor to increase urin formation
Reason Client Taking	Patient has history of metastatic breast cancer	Patient does not get enough calcium through her diet	Patient is deficient in B12 due to her diet	Patient has pervious history of vaginal candidiasis	Patient has hypertension
Contraindications (2)	Patients with hepatic impairment, patients with a lactose intolerance	Hypercalcemia, renal calculi	Injection is harmful in combination with warfarin, sensitivity to cobalt	Coadministr ation of drugs known to prolong the QT interval, hypersensitiv ity to	Anuria unrespo to furosemide, hypersensitivity furosemide

				Diflucan	
Side Effects/Adverse Reactions (2)	Hot flashes, hypertension	Paresthesia, hypotension	Joint pain, dizziness	Chills, prolonged QT interval	Dizziness, arrhythmias
Nursing Considerations (2)	Monitor patients for hypertension, educate client on the importance of not getting pregnant while using this drug	Use cautiously for patients with chronic kidney insufficiency, Assess renal function prior to giving medication	Monitor for S/S of hypokalemia, ensure patient is not on a blood thinner	Monitor hepatic and renal function frequently, monitor patients for symptoms of overdose	Obtain a patient weight before and periodically during therapy to monitor fluid loss, monitor blood pressure

Hospital Medications (5 required)

Brand/Generic	Aspirin	Gabapentin	Lasix	Protonix	Zofran
Dose	81 mg	300 mg	40 mg	40 mg	4 mg
Frequency	Once daily	TID	BID	Once daily	Q6H PRN
Route	Oral	Oral	IV Push	Oral	IV Push
Classification	Salicylate	Cyclohexane-acetic acid derivative	Sulfonamide	Proton pump inhibitor	Carbazole
Mechanism of Action	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis	GABA inhibits the firing of neurons associated with seizures	Inhibits water and sodium reabsorption to increase urine formation	Binds to enzyme in the presence of acidic gastric pH	Blocks serotonin centrally in the chemoreceptor trigger zone.
Reason Client Taking	DVT prevention	Treatment for chronic pain	Patient has hypertension	Treat short term GERD	To reduce nausea from chemotherapy
Contraindications (2)	Asthma, bleeding problems	Hypersensitivity to gabapentin and its components	Anuria unresponsive to furosemide, hypersensitivity to	Hypersensitivity to Protonix, pregnancy	Concomitant use of apomorphine, congenital long QT syndrome

			furosemide		
Side Effects/Adverse Reactions (2)	CNS depression, bronchospasm	Agitation, abdominal pain	Dizziness, arrhythmias	Hyperglycemia, diarrhea	Agitation, hypotension
Nursing Considerations (2)	Ask about tinnitus, don't crush time released or controlled release unless directed	Monitor renal function test results, be aware that various brands of gabapentin are not interchangeable	Obtain a patients weight before and periodically during therapy to monitor fluid loss, monitor blood pressure	Assess AST and ALT labs for increased levels, assess GI system routinely for pain	Do not administer if patient has hypokalemia or hypomagnesemia, monitor patient closely for serotonin syndrome

Medications Reference (APA):

Jones & Bartlett Learning. (2019). 2019 Nurses drug handbook (18th ed.). Burlington, MA.

RxList. (2017, May 18). Cyanocobalamin: Side Effects, Dosages, Treatment, Interactions, Warnings. Retrieved from https://www.rxlist.com/consumer_cyanocobalamin_vitamin_b12/drugs-condition.htm#what_is_cyanocobalamin_and_how_does_it_work.

RxList . (2017, December 6). Arimidex (Anastrozole): Side Effects, Interactions, Warning, Dosage & Uses. Retrieved from <https://www.rxlist.com/arimidex-drug.htm#description>.

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	Patient is A+O 2. Upon initial assessment patient didn't know the date, the current president, or what hospital she was at. When asked an hour later, she was able to say the date and identify where she was. Patient appears disheveled and in good spirits.
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes:	Patient's skin is pink, warm, and dry. Skin turgor is loose and not taunt. No rashes upon assessment. Bruising is noted along patient's backside over the coccyx that is dark purple with slough. No open wounds assessed. Patient has a Braden Score of 14. No drains are

<p>Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>present.</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Patients head is midline with no deviations. Hair is well distributed. Ears are symmetrical. Eyes meet PERRLA. Nose is midline and patient uses nasal cannula at 2L. Patient has dentures. Oral mucosa is pink and moist.</p>
<p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Patient presents with normal sinus rhythm on telemetry. S1 and S2 are present upon assessment. Peripheral pulses are palpable. Capillary refill is < 3 seconds. No neck vein distention noted. Edema is present mildly on ankles bilaterally.</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>The use of accessory muscles while breathing was observed. Patient presented with SOB but felt relief after admission. Rhonchi was heard bilaterally at the top of the lungs. Patient wears 2L O2.</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Regular Current Diet: Dysphagia Height: 158 cm Weight: 89.4 kg Auscultation Bowel sounds: Hypoactive Last BM: 10/21/19 Palpation: Pain, Mass etc.: None Inspection: Normal Distention: None Incisions: None Scars: None Drains: None Wounds: Pressure ulcer Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Patients diet at home is regular. Patient is currently on the dysphagia diet while in the hospital. Patient is 158 cm tall and weighs 89.4 kg. Bowel sounds are present and hypoactive in all four quadrants. Last bowel movement was 10/21/19. No pain expressed during palpation in all four quadrants. No distention, incisions, scars, or drains observed. Patient has open wound from a pressure ulcer over her coccyx. Patient has no ostomy, NG tube, or feeding tubes.</p>

<p>GENITOURINARY (2 Points): Color: Yellow Character: No smell Quantity of urine: N/A Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	<p>Patient is incontinent. Patient reports no pain with urination. No catheters present. Patient is not on dialysis. Genitals are normal in appearance upon assessment.</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: YES Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) NO Needs assistance with equipment Yes Needs support to stand and walk Yes</p>	<p>Patients fall risk score is 60. Patient uses walker and is a +2 assist. Patients ROM and strength could not be assessed. Patient has no pain upon moving extremities. Patient uses gait belt and a walker but is on general bed rest due to her age.</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: A+Ox Mental Status: Speech: Sensory: LOC:</p>	<p>Patient is A+Ox 2. She appears confused. Patient cannot move all extremities well due to her advanced age. PERLA is present. Strength is not equal in all extremities. Patient’s mental status is altered. Patient’s speech is clear and slow. Patients taste, touch, site, and smell are in tact. LOC x3.</p>
<p>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):</p>	<p>Patient enjoys watching television and listening to music in her free time and as a coping method. Patient has a high school education. Patient is Christian but would not elaborate. Patient lives in an assisted living facility and sees her children often.</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
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0200	71	122/63	18	37.1	93
0818	68	146/70	18	36.9	95

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0200	0-10	N/A	0	N/A	N/A
0818	0-10	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 g Location of IV: Right AC Date on IV: 10/12/19 Patency of IV: Open with no blockage Signs of erythema, drainage, etc.: No visible drainage or erythema IV dressing assessment: Transparent dressing with proper date on it, clean, dry, and in tact	Saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1961	450

Nursing Care

Summary of Care (2 points)

Overview of care: During the shift we administered the patients medications for the morning, changed her sheets, did a full body assessment, monitored her pressure wound, and helped her eat breakfast. The patient was disoriented after waking up and upon initial assessment. After eating breakfast and taking her medicine the patient was able to respond to questions with the correct answer. My patient's pain level was a 0/10 during my shift.

Procedures/testing done: CT scan, X-ray of chest 1 view, MRI of brain w/o contrast, echocardiogram, Doppler of carotid and vertebral vasculature.

Complaints/Issues: Patient has no complaints or issues during assessment or throughout the shift.

Vital signs (stable/unstable): Patients vital signs stayed stable throughout the shift

Tolerating diet, activity, etc.: Patient is tolerating the dysphagia diet well. Patient is on bed rest.

Physician notifications: No notifications necessary.

Future plans for patient: Patient is discharged back to her assisted living facility. Patient should follow up with her primary care provider after discharge.

Discharge Planning (2 points)

Discharge location: Back to assisted living facility.

Home health needs (if applicable): Patient will go back to assisted living facility.

Equipment needs (if applicable): Patient will need a walker at the assisted living facility.

Follow up plan: Patient will have continuous monitoring of pressure ulcer. Patient should take all medication as directed.

Education needs: Patient should be educated on signs and symptoms of stroke, medication compliance, cessation of smoking, and the importance of incentive spirometry.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <ul style="list-style-type: none"> • 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 COPD exacerbation as evidence by shortness of breath.	Patient presented with SOB due to COPD exacerbation	1. Auscultate the lungs after coughing as needed to note any significant change 2. Assess for change in respiratory rate, depth, and use of accessory muscles	<ul style="list-style-type: none"> • Patient still had presence of rhonchi after coughing • Patients respiratory rate stayed consistent throughout the shift
2. Impaired gas exchange related to COPD as evidence by chronic hypoxia and cyanosis.	Patient has SOB due to COPD, which causes impaired gas exchange	1. Assess for altered breathing patterns 2. Assess for restlessness and changes in the level of consciousness	<ul style="list-style-type: none"> • Patient presented with normal respirations while on 2L O2. • Patient presents as A+O2 upon initial assessment. An hour after med pass patient was A+O3 after assessment
3. Imbalanced nutrition related to	Patient is deficient in calcium and B12	1. Assess the patients physical ability to eat	<ul style="list-style-type: none"> • Patient went to swallow study and determined

poor diet as evidence by B12 and calcium deficiency.	due to inadequate intake	2. Monitor lab values that indicate nutritional status	she should follow a dysphagia diet <ul style="list-style-type: none">• Patient is deficient in B12 and calcium
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Other References (APA):

Gulanick, M., & Myers, J. L. (2014). *Nursing care plans: diagnoses, interventions, & outcomes*. St. Louis, MO: Mosby, an imprint of Elsevier Inc.

Concept Map (20 Points):

Subjective Data

- Patient complains of shortness of breath and a cough
- Patient has COPD
- Patient has history of metastatic breast cancer

Nursing Diagnosis/Outcomes

- Ineffective airway clearance
 - Patient still had presence of rhonchi after coughing
 - Patients vitals respiratory rate stayed stable throughout the shift
- Impaired gas exchange
 - Patient presented with normal respirations while on O2
- Imbalanced nutrition
 - Patient is deficient in B12 and calcium therefore requires daily supplements

Objective Data

- Patient presents with shortness of breath, cough, and 89 O2 saturation
- Patients vital signs are stable
- Patient is on 2L of oxygen

Patient Information

Patient is a 90-year-old female who presents with shortness of breath. Patient has a history of chronic kidney disease, COPD, heart disease, hypertension, and metastatic breast cancer.

Nursing Interventions

- Auscultate the lungs after coughing
- Assess for change in respiratory rate
- Assess for altered breathing patterns
- Assess for restlessness and changes in level of consciousness
- Assess the patients physical ability to eat
- Monitor lab values that indicate nutritional status



