# N321 Care Plan #1

Lakeview College of Nursing

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## Demographics (3 points)

| Date of Admission | Patient Initials | Age | Gender |
|---|---|---|---|
| 1/26/20 | DR | 63 | M |
| **Race/Ethnicity** | **Occupation** | **Marital Status** | **Allergies** |
| Caucasian | Disability | Single | NKA |
| **Code Status** | **Height** | **Weight** | |
| Full (no ACP document) | 6' 3" | 410 lbs<br>BMI: 51.24(obese) | |

## Medical History (5 Points)

**Past Medical History: Arthritis of the R. Knee, DM, Hyperlipidemia, Impaired fasting glucose, Psoriasis, and shingles**

**Past Surgical History: L. Knee Arthroscopy 2009, Total R. Knee Arthroplasty 2019**

**Family History: N/A**

**Social History (tobacco/alcohol/drugs): Tobacco-1.5 pack/day of cigarettes since 1980 and states he is in the process of quitting, no alcohol consumption, no drugs**

**Assistive Devices: Cane (pt supplied)**

**Living Situation: Alone in own apartment**

**Education Level: High School Diploma**

## Admission Assessment

**Chief Complaint (2 points): Pneumonia, Located right pleural effusion, snoring, hypersomnia, edema in legs**

**History of present Illness (10 points):**.

**63 y/o client presents on an acute basis on 1/26/20 for signs/symptoms of pneumonia with wheezing and shortness of breath that started 2 days ago. Client reports symptoms have increasingly worsened and finds it hard to do normal activities. Feels sharp, shooting pain upon inspiration. Pain increases when doing activities but decreases with sitting down.**

**Client also reported sleeping excessively, snoring, and edema present in legs. Client reported taking Tylenol to help with pain but did not help. Ct done to rule out PE but showed R. sided pleural effusion. Tapped effusion of lung with exudate present. Client needed high oxygen saturation but then switched to room air. Client resting comfortably, vs stable and will receive IV antibiotics for the pneumonia.**

| | |
|---|---|
| **General** | Fatigue, weight changes, fevers, chills, night sweats |
| **Skin** | Dryness, rashes, lesions, non-healing sores, hair changes, puritis |
| **HEENT** | Headache, head injury, blurry vision, double vision, earache, drainage, change in hearing, nasal congestion, nose bleeds, nasal drainage, dry mouth, sore throat, swallowing difficulty, |
| **Cardiac** | Chest pain, palpitations, diaphoresis, dyspnea, PND, Orthopnea, claudication |
| **Respiratory** | Wheezing, cough, difficulty breathing, increase in sputum production |
| **GI** | Nausea, vomiting, diarrhea, constipation, abdominal pain, heartburn, jaundice, Hematochezia, Melena |
| **GU** | Hesitancy, frequency, urgency, burning, hematuria, incontinence, flank pain, flow changes |
| **MSK** | Swelling, stiffness or soreness in joints, back or neck pain |
| **Neuro** | Weakness, numbness, LOC, syncope, dizziness, headache, coordination changes, recent falls |

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):. Bilateral Pneumonia infection unknown organism**

**Secondary Diagnosis (if applicable):. Pleural Effusion Right lower lobe**

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

Pneumonia is defined as an infection within the lungs that is anywhere from moderate to severe. The alveoli in the lungs become filled with fluid or even pus, which makes it hard for someone to breathe in oxygen to reach the bloodstream. People will have shortness of breath, feel fatigued, and some experience pain because of the pulmonary edema that develops from the infection. People who have a weak immune system may be more susceptible to this lung infection.

There are three causes of Pneumonia, which are from bacteria, viruses, or fungi. The infection can affect one or both lungs; in this case, it has affected both with the client. With this client, he has a history of smoking cigarettes since 1980, and this increases the chances of catching Pneumonia as well. The inflammatory response can lead to the development of a pleural effusion, which is the case with this client. His vital organs are oxygen-deprived at initial onset and require respiratory effort for each breath, which results in a disturbance within the regular breathing pattern.

Upon presenting to a healthcare facility, it is vital to check vital signs of the client, which may be abnormal: oxygen saturation decreased, respiratory rate, and heart rate will be increased (Khati, 2019). It is imperative to make sure treatment is diagnosed because Pneumonia can lead to damaging lung tissue, pulmonary edema, and impaired lung expansion. Pneumonia's most common signs and symptoms include chest pain with inspiration or coughing, fatigue, production of phlegm or mucus, nausea, vomiting, diarrhea, or shortness of breath (Khati, 2019). Doing a respiratory assessment of the client is good because it will help you formulate a plan of care. With this pt he presented with crackles in both lungs, which gave a pretty good indication there is fluid present bilaterally.

Pneumonia is diagnosed by doing substantial blood tests such as CBC with differential, ABG's, Chest x-ray to find the infection, and if it's spread, sputum test to find the cause of the disease. Some other tests that may be done are Bronchoscopy, CT scan to have a more detailed look at the lungs, and pleural fluid culture to find out the bacteria causing the infection (Khati, 2019). This pt had a chest x-ray done, chest CT, blood work, and sputum cultures were taken to help diagnose Pneumonia. My pt's X-ray showed a small Right pleural effusion, which means there was a small amount of fluid between the right pleural membrane and the inside of the chest wall. A CT was done with my patient to rule out a Pulmonary Embolism, and doing so showed the Right pleural effusion with associated atelectasis of the right lower lobe as well. They had the CT done to get better imaging of the lung and make sure nothing else was abnormal. If the severity of the pleural effusion is high, they may do a thoracentesis which sucks out the fluid through a catheter between the ribs into the pleural space; my pt did not require this because it was small. Instead, the provider tested a blood culture that showed no growth and sputum culture, which showed presumptive *Candida albicans***,** a fungus (Weerakkody,n.d.). This type of fungus is present in healthy flora of the mouth; therefore, it doesn't make it abnormal.

Treatment of Pneumonia includes antibiotics if it is bacterial, and if it is viral, pushing fluids, resting, and keeping a fever down is crucial to recovery.

**Pathophysiology References (2) (APA):**

Khatri, M. (2019, September 28). Pneumonia: Symptoms, Causes, Diagnosis, Treatment, and Complications. Retrieved from https://www.webmd.com/lung/understanding-pneumonia-basics#1

Weerakkody, Y. (n.d.). Pulmonary candidiasis: Radiology Reference Article. Retrieved from https://radiopaedia.org/articles/pulmonary-candidiasis?lang=us

## 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 | 4.40-5.80 | 4.17 | 4.29 | Decreased RBC because of anemia and dietary deficieny in pt, pt taking iron. |
| Hgb | 13.0-16.5 | 13.4 | 13.5 | |
| Hct | 42-52 | 40.3 | 41.0 | Decreased Hct because of anemia and dietary deficieny. |
| Platelets | 150-400 | 494 | 584 | Elevated platelets because of iron deficiency and anemia. |
| WBC | 4-12 | 19.30 | 16.80 | Elevated WBC in pt with pneumonia is on IV antibiotic Zosyn. |
| Neutrophils | 55-70 | 85.3 | 82.9 | Elevated neutrophils because of inflammation of lungs. |
| Lymphocytes | 20-40 | 6.9 | 8.3 | Decreased lymphocytes because of immunodeficiency. |
| Monocytes | 2-8 | 5.9 | 6.7 | |
| Eosinophils | 1-4 | 1.7 | 1.9 | |
| 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- | 133-144 | 138 | 138 | |
| K+ | 3.5-5.1 | 4.5 | 4.0 | |
| Cl- | 98-107 | 99 | 100 | |
| CO2 | 21-31 | 28 | 29 | |

| | | | | |
|---|---|---|---|---|
| **Glucose** | **70-99** | **131** | **118** | **Elevated glucose because of DM and acute stress response.** |
| **BUN** | **7-25** | **19** | **15** | |
| **Creatinine** | **0.50-1.20** | **0.82** | **0.83** | |
| **Albumin** | **3.5-5.7** | **3.3** | **3.1** | **Decreased because of malnutrition and inflammatory disease.** |
| **Calcium** | **8.6-10.3** | **9.5** | **9.2** | |
| **Mag** | | **----------** | **----------** | |
| **Phosphate** | **>=60** | **>60** | **>60** | |
| **Bilirubin** | **0.2-0.8** | **0.4** | **0.4** | |
| **Alk Phos** | **34-104** | **62** | **60** | |
| **AST** | **13-39** | **21** | **55** | **Elevated because of recent surgery of knee.** |
| **ALT** | **7-52** | **69** | **122** | **Elevated because of trauma or recent surgery of knee.** |
| **Amylase** | | **----------** | **---------** | |
| **Lipase** | | **----------** | **----------** | |
| **Lactic Acid** | | **----------** | **----------** | |

**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** | **0.9-1.1 sec** | **1.5** | **1.3** | **Elevated because of liver issue.** |
| **PT** | **10.1-13.1 sec** | **17.3** | **14.7** | **Elevated because of liver issue.** |
| **PTT** | | **----------** | **----------** | |

| | | | | |
|---|---|---|---|---|
| **D-Dimer** | | **----------** | **----------** | |
| **BNP** | | **----------** | **----------** | |
| **HDL** | | **----------** | **----------** | |
| **LDL** | | **----------** | **----------** | |
| **Cholesterol** | | **----------** | **----------** | |
| **Triglycerides** | | **----------** | **----------** | |
| **Hgb A1c** | | **----------** | **----------** | |
| **TSH** | | **----------** | **----------** | |

**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** | | **No growth** | **No growth** | |
| **Sputum Culture** | | **Mixed growth** | **Mixed growth** | **(Presumptive Candida albicans)** |
| **Stool Culture** | | **----------** | **----------** | |

**Lab Correlations Reference (APA):**

Pagana, K. D., & Pagana, T. J. (2014). *Mosbys manual of diagnostic and laboratory tests*. St. Louis, MO: Elsevier Mosby.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):**

**Diagnostic Test Correlation (5 points):**

**Chest x-ray done on 1/25/20 10:09 showed bilateral pulmonary infiltrate greater on the right, with small right pleural effusion.**

**Chest CT done on 1/25/20 11:55 ruled out PE, showed moderate pleural effusion with associated atelectasis of right lower lobe**

**Chest X-ray done on 1/28/20 showed increased consolidation in right upper/bilateral lobes**

**Abd US Level 3 Organ done on 1/29/20 showed 0.8 cm non-calcified indeterminate nodule or right lower lobe fatty infiltration of the liver.**

**Diagnostic Test Reference (APA):**

Pagana, K. D., & Pagana, T. J. (2014). *Mosbys manual of diagnostic and laboratory tests*. St. Louis, MO: Elsevier Mosby.

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

**Home Medications (5 required)**

| **Brand/ Generic** | **Humira(adalimumab)** | **(Vit C)Ascorbic acid** | **Aspirin** | **Iron (Ferrous sulfate)** | **Melatonin** |
|---|---|---|---|---|---|
| **Dose** | **40 mg/0.8 ml** | **500 mg** | **81 mg** | **65 mg** | **10 mg** |
| **Frequency** | **Q day for 7 days (Mondays)** | **Daily** | **Daily** | **Daily** | **Nightly** |
| **Route** | **Subq** | **PO** | **PO** | **PO** | **PO** |
| **Classification** | **Antirheumatic agent(disease modifying)** | **Water soluble vitamin** | **Nonopiod analgesic** | **hematinic** | **sedative** |
| **Mechanism of Action** | **Helps with decreasing inflammation** | **Needed for wound healing, collagen synthesis, antioxidant, carb metabolism** | **Blocks pain impulses, reduces inflammation,decreases platelet aggregation** | **Replaces iron stores needed for RBC development** | **Hormone secreted by pineal gland to regulate normal sleep/ wake cycle** |
| **Reason Client** | **Decrease pain , inflammation** | **Help iron** | **Mild-moderate pain from RA,** | **Iron deficienc** | **Help improve sleep pattern** |

| | | | | | |
|---|---|---|---|---|---|
| **Taking** | **of joints, better ROM** | **absorb in GI tract** | **thrombosis prevention, fever prevention** | **y** | |
| **Contraindications (2)** | **Hypersensitivity** | **Tartrazine, sulfite** | **Pregnancy cat D, GI bleeding** | **Thalassemia, sideroblastic anemia** | **Hypersensitivity, pregnancy/lactation** |
| **Side Effects/ Adverse Reactions (2)** | **Guillain-Barre syndrome, GI bleed** | **Hemolytic anemia, headache** | **Seizures, coma** | **Nausea, constipation** | **Hypotension, drowsy** |
| **Nursing Considerations (2)** | **Assess for anaphylaxis** | **Teach pt smoking decreases vit C levels** | **Assess for pain, Monitor liver function tests** | **Advise pt that iron will make stools black/dark green and will stain teeth** | **Caution pt to avoid driving until medication response is known, take at bedtime** |

**Hospital Medications (5 required)**

| **Brand/ Generic** | **Lipitor(atorvastatin)** | **Tessalon perles(benzonatate)** | **Lovenox(enoxaprin)** | **Humalog (Insulin lispro) Mild sliding scale** | **Zosyn(piperacillin tazobactan)** |
|---|---|---|---|---|---|
| **Dose** | **10 mg** | **100 mg** | **135 mg** | **100 Units/** | **4.5 g in** |

| | | | | | |
|---|---|---|---|---|---|
| | | | | **ml 2-12 Units** | **Na+Cl-** |
| **Frequency** | **Nightly** | **TID** | **Q 12 hrs scheduled** | **QID w/meals** | **Q 8 hr 25 ml/hr** |
| **Route** | **PO** | **PO** | **subq** | **Subq 100 ml** | **IVPB** |
| **Classification** | **Lipid-lowering agents** | **antitussives** | **anticoagulants** | **antidiabetic** | **Broad spectrum antiinfective** |
| **Mechanism of Action** | **Inhibits enzyme responsible for cynthesis of cholesterol** | **Local oral anesthesia** | **Blood thinner** | **Decreased blood glucose** | **Interferes with cell wall replication of susceptible organisms** |
| **Reason Client Taking** | **Lower blood cholesterol** | **Decrease cough** | **Prevent clots** | **Therapeutic for DM** | **Pneumonia** |
| **Contraindications (2)** | **hypersensitivity** | **Hypersensitivity, psychiatric effects** | **Active major bleeding, thrombocytopenia** | **Hypersensitivity to protamine, creosol** | **Hypersensitivity to penicillins, neonates** |
| **Side Effects/Adverse Reactions (2)** | **Abdominal cramps, constipation** | **Pruritis, GI upset, cardiovascular** | **Bleeding, fever, anemia** | **Blurred vision, flushing** | **Seizures, cardiac toxicity** |
| **Nursing Considerations (2)** | **Assess for drug therapy myopathy, Monitor for signs of angioneurotic edema/hypersensitivity reactions** | **Assess for choking, Assess for anaphylaxis** | **Assess for bleeding, Assess if pt is pregnant** | **Assess fasting glucose, Advise pt to keep insulin equipment readily available at all times** | **Assess pt for previous sensitivity to penicillins or other cephalosporins, Assess for nephrotoxicity through urine** |

**Medications Reference (APA):**

Skidmore-Roth, L. (2017). *Mosbys drug guide for nursing students*. St. Louis, MO: Elsevier.

## Assessment

**Physical Exam (18 points)**

| | |
|---|---|
| **GENERAL (1 point):**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | **A/o x4, obese, poor grooming, no acute distress, appears stated age** |
| **INTEGUMENTARY (2 points):**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor: positive**<br>**Rashes:None**<br>**Bruises: None**<br>**Wounds: L. Lower leg 1/2020**<br>**R. knee incision 10/2019**<br><br>**Braden Score: 23**<br>**Drains present: Y☐ N ☒**<br>**Type:N/A** | **No clubbing of nails, nail bed normal r/t ethnic background, skin normal warm/ dry, positive skin turgor, cap refill <3 seconds,** |
| **HEENT (1 point):**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:** | **Head/neck symmetrical, trachea midline without deviation, thyroid not palpable, no noted nodules. Carotid pulses are palpable** |

| | |
|---|---|
| **Nose:**<br>**Teeth:** | **and strong. No lymphadenopathy. Chvostek's sign negative**<br><br>**Sclera white, cornea clear, conjunctiva pink, no visible drainage. Lids moist/pink without lesions or discharge, PERRLA intact, red light reflux present. Rosemburg 20/20**<br>**Auricle moist/pink without lesions noted, canal is clear with pearly grey TM**<br><br>**Nose septum midline, turbinates are moist/pink, no visible bleeding/polyps,sinuses are nontender**<br><br>**Posterior pharynx/tonsils moist/pink without exudate, uvula midline, soft palate rises/falls symmetrically, denition good, oral musoca moist/pink without lesions** |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses: present and strong**<br>**Capillary refill:<3 sec**<br>**Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☒ N ☐**<br>**Location of Edema: Legs +2 pitting** | .**Clear S1/S2 without murmurs, gallops, or rubs. PMI at 5th intercostal space at MCL.** |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☒ N ☐**<br>**Breath Sounds: Location, character** | .**Respirations increased, labored, diminished breath sounds, crackles present in both lobes, wheezes present, breathing is symmetrical** |
| **GASTROINTESTINAL (2 points):**<br>**Diet at home:**<br>**Current Diet**<br>**Height: 6' 3"**<br>**Weight:410 lbs**<br>**Auscultation Bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention: None**<br>**Incisions: None**<br>**Scars:NOne**<br>**Drains: None**<br>**Wounds:None** | **Soft, nontender abdomen, no organomegaly or masses. Bowel sounds are normoreactive. No CVA tenderness. Psoas performed and no pain noted.** |

| | |
|---|---|
| **Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☒**<br>**Type:** | |
| **GENITOURINARY (2 Points):**<br>**Color:Yellow**<br>**Character:Clear**<br>**Quantity of urine: 30ml/hr**<br>**Pain with urination: Y ☐ N ☒**<br>**Dialysis: Y ☐ N ☒**<br>**Inspection of genitals: clean/dry**<br>**Catheter: Y ☐ N ☒**<br>**Type:**<br>**Size:** | **No urinary issues** |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:**<br>**Strength:**<br>**ADL Assistance: Y☐ N ☒**<br>**Fall Risk: Y ☐ N☒**<br>**Fall Score: 12**<br>**Activity/Mobility Status:**<br>**Independent (up ad lib)** ☐<br>**Needs assistance with equipment** ☐<br>**Needs support to stand and walk**☐ | **Pink, warm, dry and symmetrical extremities with intact of ROM. Pulses are +2 throughout. Homan's sign is negative.**<br>**No noted deformities, gait normal.** |
| **NEUROLOGICAL (2 points):**<br>**MAEW: Y ☒ N☒**<br>**PERLA: Y ☒ N☐**<br>**Strength Equal: Y ☒ N ☐ if no -**<br>**Legs ☐ Arms ☐ Both ☒**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:clear**<br>**Sensory:normal**<br>**LOC:** | **No focal deficits. DTR's in tact. No sensory loss noted. CNII through XII grossly intact.** |
| **PSYCHOSOCIAL/CULTURAL (2 points):**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and** | **Able to cope normally, non-religious, normal development level.** |

| | |
|---|---|
| **available family support):** | |

**Vital Signs, 2 sets (5 points)**

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **1400** | **94** | **115/72 sitting** | **18** | **96.7 F** | **95%** |
| **1526** | **92** | **121/73 sitting** | **18** | **96.7 F** | **96%** |

**Pain Assessment, 2 sets (2 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **1500** | **0/10 Numeric rating scale** | **chest** | **w/inspiration** | **Sharp, shooting pain** | **Relaxation techniques** |
| **1700** | **0/10 Numeric rating scale** | **chest** | **w/inspiration** | **Sharp, shooting pain** | **Relaxation techniques** |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV:18 gauge single lumen**<br>**Location of IV:Left median cubital vein**<br>**Date on IV:1/25/20**<br>**Patency of IV: normal**<br>**Signs of erythema, drainage, etc.:N/A**<br>**IV dressing assessment: clean, dry, intact** | Zosyn 4.5 g in Na+Cl-<br>Q 8hr 25ml/hr |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| **Nothing doc./NO I and O assessed during shift** | **Nothing doc./No I and O assessed during shift** |

## Nursing Care

**Summary of Care (2 points)**

**Overview of care:**

**Procedures/testing done:None**

**Complaints/Issues: Sharp pain with inspiration**

**Vital signs (stable/unstable): Stable**

**Tolerating diet, activity, etc.: Pain with activity from inspiration**

**Physician notifications: None.**

**Future plans for patient:None.**

**Discharge Planning (2 points)**

**Discharge location: Home to apt. alone**

**Home health needs (if applicable): None**

**Equipment needs (if applicable): incentive spirometer**

**Follow up plan: Follow up with primary care provider in 2 weeks**

**Education needs: maintain fluids, maintain activity, use incentive spirometer, notify physician if any adverse reactions happen**

## Nursing Diagnosis (15 points)

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

| **Nursing Diagnosis**<br>• Include full nursing diagnosis with "related to" and "as evidenced by" components | **Rational**<br>• Explain why the nursing diagnosis was chosen | **Intervention (2 per dx)** | **Evaluation**<br>• How did the patient/family respond to the nurse's actions?<br>• Client response, status of goals and outcomes, modifications to plan. |
|---|---|---|---|
| **1. Impaired Breathing Pattern r/t pleuritic chest pain, coughing, shallow breathing, and SOB.**<br>**2. AEB "I have sharp shooting pain 2/10 every time I breathe in"** | **Impaired breathing is noticed upon assessment and having pain with inspiration pt stated "I try not to take too deep of breaths"** | **1.Auscultate breath sounds at least every 4 hours to detect decreased or adventitious breath sounds;report changes**<br><br>**2. Provide rest periods between breathing enhancement measures to avoid fatigue** | **1. Patient indicates, either verbally or through behavior, feeling comfortable when breathing.**<br>**2. Patient reports feeling rested each day**<br>**3. Patient demonstrates maximum lung expansion with adequate ventilation.** |
| **3. Risk for Infection r/t presence of adventitious sounds(dimished crackles) in lungs bilaterally. AEB auscultation of lungs, pale skin color, activity** | **Infection is always a priority to monitor especially with respiratory issues.** | **1. Minimize patient's risk of infection by proper hand hygiene.**<br><br>**2. Monitor WBC count, as ordered. Report elevations or depression. Elevated total WBC count indicates infection** | **1.Patient's WBC count and differential remain within normal range.**<br>**2. Pt IV sites show no signs of inflammation.**<br>**3. Patient remains free from signs/symptoms of infection.** |

| | | | |
|---|---|---|---|
| **intolerance, and body malaise.** | | | |
| **4. Activity intolerance r/t presence of respiratory problems and obesity. AEB weight of 410 lbs.** | **Pt is obese for his size and with not having much activity could make it difficult to move around and have respiratory issues.** | **1.Assess pt physiologic response to increased activity(BP/Resp/HR/rhythm)**<br><br>**2.Teach pt symptoms of overexertion, such as dizziness, chest pain, and dyspnea.** | **1. Pt states at least 3 symptoms of overexertion.**<br>**2. Pt explains rationale for maintaining activity intolerance.** |

**Other References (APA):**

Lippincott Williams & Wilkins. (2013). *Spark & Taylors: Nursing diagnosis reference manual*. London.

**Concept Map (20 Points):**

**Subjective Data**

**"I have no pain without activity"**
**"I have sharp shooting pain 2/10 every time I breathe in**
**"I try not to take too deep of breaths"**

**Nursing Diagnosis/Outcomes**

ired Breathing Pattern
**Patient indicates, either verbally or through behavior, feeling comfortable when breathing.**
**Patient reports feeling rested each day**
**Patient demonstrates maximum lung expansion with adequate ventilation.**
Risk for Infection
**1.Patient's WBC count and differential remain within normal range.**
**2. Pt IV sites show no signs of inflammation.**
**3. Patient remains free from signs/symptoms of infection.**
Activity Intolerance
**Pt states at least 3 symptoms of overexertion.**
**Pt explains rationale for maintaining activity intolerance.**

**Objective Data**

Resp 18
Shows signs of diminished breath sounds
Upon auscultation pt has diminished crackles in lungs bilaterally
Leg edema
Previous knee surgery/incision
Chest Xray shows pleural effusion

**Patient Information**

63 y/o male pt with s/s of pneumonia admitted for SOB, wheezing, pleuritic pain upon inspiration, fatigue started 2 days ago

**Nursing Interventions**

**1. Auscultate breath sounds at least every 4 hours to detect decreased or adventitious breath sounds; report changes**
**2. Provide rest periods between breathing enhancement measures to avoid fatigue**

**1. Minimize patient's risk of infection by proper hand hygiene.**
**2. Monitor WBC count, as ordered. Report elevations or depression. Elevated total WBC count indicates infection**

**1. Assess pt. physiologic response to increased activity (BP/ Resp/HR/rhythm)**
**2.Teach pt. symptoms of overexertion, such as dizziness, chest pain, and dyspnea.**