# N441 Care Plan

Lakeview College of Nursing

Martine Adekpe

**Demographics (3 points)**

| Date of Admission | Patient Initials | Age | Gender |
|---|---|---|---|
| 2/10/20 | T.S | 53 | Male |
| **Race/Ethnicity** | **Occupation** | **Marital Status** | **Allergies** |
| Caucasian | | married | NKA |
| **Code Status** | **Height** | **Weight** | |
| Full Code | 5'9 | 233lb | |

**Medical History (5 Points)**

**Past Medical History: He has a past medical history of Coronary Arteries disease, Hypertension, Hyperlipidemia, Angioedema, borderline DM II**

**Past Surgical History: Pt has no past surgical history.**

**Social History (tobacco/alcohol/drugs): Patient never smoked before. He said he drinks occasionally.**

**Assistive Devices: N/A**

**Living Situation: Patient lives with his husband.**

**Education Level: Patient graduated from college.**

**Admission Assessment**

**Chief Complaint (2 points): Allergic reactions.**

**History of present Illness (10 points):** Pt is presents last night to the ED with complaints of dyspnea associated with severe tongue swelling from an unknown allergic reaction. Patient mentions he has had this issue for 4 years but this is the first time it has gotten this serious. Patient's husband is present at the bedside. Husband states the patient's breathing became worse at 1700 and the patient took two benadryl at home prior to bringing him to the ED.

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):** Angioedema

**Secondary Diagnosis (if applicable): N/A**

**Pathophysiology of the Disease, APA format (20 points): Angioedema is the rapid edema, or swelling, of the area beneath the skin or mucosa. It's an allergic reaction, but it can also be genetic. In my patient's case, I think it's genetic because the doctors have tried to find the cause of the allergic reaction, and they haven't seen anything yet. His sister also has the same issue, and it started happening to them about four years ago. Angioedema only affects the upper dermis or top layer of the skin. The treatment of Angioedema depends on the cause, but the main focus is to open the airway. This means that in an emergency, an immersed tube might be placed for safety (Sampson, 2018). An allergy may be treated with epinephrine or other medications such as antihistamines and corticosteroids. If the cause is hereditary, the patient may receive specialized medications. My patient doesn't know yet if it's genetic, but he is going to see a specialist to get it to figure out. Specific causes of angioedema include; insect bites, contact with latex, foods, certain medications(ACE inhibitor, penicillin, aspirin), and a gene. Symptoms include; feeling faint or dizzy, swellings, difficulty breathing, vision may also be affected (Sampson, 2018). A doctor will typically be able to form a precise diagnosis of the type of Angioedema from the appearance of the symptoms, a description of what may have triggered them, and by taking a family and medical history. Complications of Angioedema include; sudden or rapidly escalating breathing, fainting or dizziness, and collapsing (Sampson, 2018). My**

**patient's symptoms usually are not this severe to the point that he ends up in the E.R., but this time around, he was having difficulty breathing, so his husband brought him to the E.R.**

**Sampson, S. (2018). Biodiversity Data Journal 4: e7720. https://doi.org/10.3897/BDJ.4.e7720. *Angioedema & Hives*. doi: 10.3897/bdj.4.e7720.figure2f**

**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 | | 5.48 | 4.85 | |
| Hgb 11 | 13.0-16.5 | 15.7 | 13.5 | |
| Hct 38.9-50 | | 47.2 | 42.2 | |
| Platelets 11 | 140-440 | 235 | 230 | |
| WBC 4-12 | | 10.70 | 16.30 | Increase WBC is due to the allergic reactions |
| Neutrophils 40-68 | | 63.3 | 90.2 | Increase neutrophils due to allergic reactions |
| Lymphocytes 19-49 | | 23.5 | 4.5 | The lymphocytes decrease because the neutrophils is elevated due to the allergic reaction |
| Monocytes 3.0-13 | | 9.0 | 5.2 | |
| Eosinophils 0.8-8.0 | | 0.30 | 0.0 | |
| Bands n/a | | n/a | n/a | |

**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 | 135 | 142 | |
| K+ | 3.5-5.1 | 3.8 | 4.1 | |
| Cl- | 98-107 | 101 | 112 | Patient's chloride is high due to dehydration |
| CO2 | 21-31 | 23 | 19 | Co2 is low because it can be due to patient diabetic ketoacidosis |
| Glucose | 70-99 | 111 | 148 | Glucose is high because the patient has diabetes and probably did not take his insulin. |
| BUN | 7-25 | 11.0 | 18 | |
| Creatinine | 0.50-1.20 | 1.10 | 0.97 | |
| Albumin | 3.5-5.7 | n/a | 4.0 | |
| Calcium | 8.6-10.3 | 10.6 | 9.1 | |
| Mag | 1.6-2.6 | n/a | 1.4 | |
| Phosphate | 2.5-4.5 | | n/a | |
| Bilirubin | 0.2-0.8 | 0.5 | n/a | |
| Alk Phos | 34-104 | 84 | 59 | |
| AST | 13-29 | 13 | 15 | |
| ALT | 7-52 | 15 | 13 | |
| Amylase | 23-85 | n/a | n/a | |

| | | | | |
|---|---|---|---|---|
| **Lipase** | **0-160** | **n/a** | **n/a** | |
| **Lactic Acid** | **0.5-2.0** | **n/a** | **n/a** | |
| **Troponin** | **0-0.4** | **<.030** | **n/a** | |
| **CK-MB** | **3-5%** | **n/a** | **n/a** | |
| **Total CK** | **22-198** | **n/a** | **n/a** | |

**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** | **n/a** | **n/a** | |
| **PT** | **10.1-10.31** | **n/a** | **n/a** | |
| **PTT** | **235-35** | **n/a** | **n/a** | |
| **D-Dimer** | **<500** | **n/a** | **n/a** | |
| **BNP** | **0-100** | **n/a** | **n/a** | |
| **HDL** | **<55 for female >45 for male** | **n/a** | **n/a** | |
| **LDL** | **<130** | **n/a** | **n/a** | |
| **Cholesterol** | **<200** | **n/a** | **n/a** | |
| **Triglycerides** | **<150** | **n/a** | **n/a** | |
| **Hgb A1c** | **<6.5%** | **n/a** | **n/a** | |
| **TSH** | **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 | Value on | Today's | Reason for Abnormal |
|---|---|---|---|---|

| | Range | Admission | Value | |
|---|---|---|---|---|
| **Color & Clarity** | **Clear and pale** | **n/a** | **n/a** | |
| **pH** | **5.0-7.0** | **n/a** | **n/a** | |
| **Specific Gravity** | **1.002-1.030** | **n/a** | **n/a** | |
| **Glucose** | **Negative** | **n/a** | **n/a** | |
| **Protein** | **Negative** | **n/a** | **n/a** | |
| **Ketones** | **Negative** | **n/a** | **n/a** | |
| **WBC** | **Negative** | **n/a** | **n/a** | |
| **RBC** | **Negative** | **n/a** | **n/a** | |
| **Leukoesterase** | **Negative** | **n/a** | **n/a** | |

**Arterial Blood Gas 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 |
|---|---|---|---|---|
| **pH** | **7.35-7.45** | **7.38** | **n/a** | |
| **PaO2** | **75-100** | **74** | **n/a** | |
| **PaCO2** | **35-45** | **36** | **n/a** | |
| **HCO3** | **21-26** | **n/a** | **n/a** | |
| **SaO2** | **80-100** | **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** | **10,000 colonies** | **n/a** | **n/a** | |
| **Blood Culture** | **n/a** | **n/a** | **n/a** | |
| **Sputum Culture** | **n/a** | **n/a** | **n/a** | |

| | | | | |
|---|---|---|---|---|
| **Stool Culture** | **n/a** | **n/a** | **n/a** | |

**Lab Correlations Reference (APA): M., V. L. A., & Bladh, M. L. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications*. Philadelphia, PA: F.A. Davis Company.**

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points): Chest X-ray. Since the earlier study, an endotracheal tube has been inserted with the tip above the carina. There is mild left perihilar congestion. Right lung clear**

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

**Diagnostic Test Reference (APA): M., V. L. A., & Bladh, M. L. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications*. Philadelphia, PA: F.A. Davis Company.**

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

**Hospital Medications (5 required)**

| **Brand/Generic** | **Benadryl(diphenhydramine)** | **Famotidine ( Pepcid)** | **Prednisone (Deltasone)** | **Medrol(methylprednisolone)** | **n/a** |
|---|---|---|---|---|---|
| **Dose** | **50mg** | **20 mg** | **40 mg** | **20 mg** | **n/a** |
| **Frequency** | **Q6** | **Q6** | **Q6** | **D** | **n/a** |

| | | | | | |
|---|---|---|---|---|---|
| **Route** | **IV** | **IV** | **IV** | **Oral** | |
| **Classification** | **Antihistamines** | **Antiulcer agents** | **Anti Inflammatory. Immune modifiers** | **Anti-inflammatories, immunosuppressants** | n/a |
| **Mechanism of Action** | **Antagonizes the effects of histamine at H1-receptor sites; does not bind to or inactivate histamine.** | **Inhibits the action of histamine at the H2-receptor site located primarily in gastric parietal cells, resulting in inhibition of gastric acid secretion.** | **In pharmacologic doses, suppresses inflammation and the normal immune response.** | **Suppresses inflammation and the normal immune response.** | **n/a** |
| **Reason Client Taking** | **Allergies** | **Heartburn/ Allergies** | **To decrease inflammation** | **to decrease inflammation** | **n/a** |
| **Contraindications (2)** | **Hypersensitivity; Acute attacks of asthma** | **Hypersensitivity; Renal impairment; lactation.** | **Active untreated infections. Chronic treatment (leads to adrenal suppression; use lowest possible dose for shortest period of time)** | **Lactation Administration of live virus vaccines** | |
| **Side Effects/Adverse Reactions (2)** | **Dizziness, headache, anorexia** | **Confusion, dizziness, decrease sperm count.** | **Depression, hypertension, decrease wound healing** | **Euphoria, restlessness** | **n/a** |

| | | | | | |
|---|---|---|---|---|---|
| **Nursing Considerations (2)** | **May be further diluted in 0.9% NaCl, 0.45% NaCl. Infuse at a rate not to exceed 25 mg/min** | **Dilute each 20 mg in 100 mL of 0.9% NaCl, D5W, D10W, or lactated Ringer's solution. Administer at a rate of 10 mg/min over at least 2 min. Rapid administration may cause hypotension** | **Periods of stress, such as surgery, may require supplemental systemic corticosteroids. Administer with meals to minimize GI irritation, do not administer with grapefruit juice** | **Do not confuse with prednisone** | **n/a** |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | **May decrease skin response to allergy test. Discontinue 4 days before skin testing. Assess nausea, vomiting, bowel sounds, and abdominal pain.** | **Assess for epigastric or abdominal pain and frank or occult blood in the stool, emesis, or gastric aspirate. Monitor CBC with differential periodically during therapy.** | **Monitor serum electrolytes and glucose. Assess involved systems before and periodically during therapy. Monitor cholesterol** | **Assess patients for signs of adrenal insufficiency (hypotension, weight loss, weakness, nausea, vomiting, anorexia, lethargy, confusion, restlessness) before and periodically during therapy.** | **n/a** |

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|---|---|---|---|---|---|
| | | | | **Monitor intake and output ratios and daily weights. Observe patient for peripheral edema, steady weight gain, rales/ crackles, or dyspnea** | |
| **Client Teaching needs (2)** | **May cause drowsiness. Caution patients to avoid driving or other activities requiring alertness until response to drug is known. Caution patient to avoid use of alcohol and other CNS depressants concurrently with this medication** | **May cause drowsiness or dizziness. Caution patients to avoid driving or other activities requiring alertness until response to the drug is known. Inform patients that increased fluid and fiber intake and exercise may minimize constipation.** | **Glucocorticoids cause immunosuppression and may mask symptoms of infection. Instruct patients to avoid people with known contagious illnesses and to report possible infections immediately. Discuss possible effects on body image. Explore coping mechanisms.** | **Advise patients to take medication as directed. Take missed doses as soon as remembered unless almost time for the next dose. Advise patient to carry identification describing disease process and medication regimen in the event of emergency in which patient cannot relate medical** | **n/a** |

| | | | | | |
|---|---|---|---|---|---|
| | | | | **history** | |

**Home Medications (5 required)**

| **Brand/Generic** | **Glucagon(glucagen)** | **Dextrose( glucose)** | **Enoxaparin(Lovenox)** | **Benadryl(diphenhydramine)** | **Acetaminophen (Tyelnol)** |
|---|---|---|---|---|---|
| **Dose** | **1 mg** | **15 mg** | **40 mg** | **25 mg** | **625 mg** |
| **Frequency** | **PRN** | **PRN** | **D** | **Q6hr** | **D** |
| **Route** | **Subq** | **Oral** | **Subq** | **Oral** | **Oral** |
| **Classification** | **Hormones** | **Caloric sources** | **Anticoagulants** | **Allergy** | **Antipyretics** |
| **Mechanism of Action** | **Stimulates hepatic production of glucose from glycogen stores (glycogenolysis). Relaxes the musculature of the GI tract (stomach, duodenum, small bowel, and colon), temporarily inhibiting movement** | **Provide calories** | **Potentiates the inhibitory effect of antithrombin on factor Xa and thrombin** | **Antagonizes the effects of histamine at H1-receptor sites; does not bind to or inactivate histamine** | **Inhibits the synthesis of prostaglandins that may serve as mediators of pain and fever, primarily in the CNS** |
| **Reason Client Taking** | **Low blood sugar** | **Provide calories** | **To prevent blood clots** | **To treat patient's allergy** | **For pain** |
| **Contraindications (2)** | **Pheochromocytoma;** | **Allergy to corn or** | **Hypersensitivity to** | **Acute asthma** | **Severe hepatic/a** |

| | | | | | |
|---|---|---|---|---|---|
| | **Some products contain glycerin and phenol** | **corn products Hypertonic solution** | **benzyl alcohol Positive in vitro test for antiplatelet antibody in the presence of enoxaparin ; Active, major bleeding** | **attacks Known alcohol intolerance** | **ctive liver disease. Hypersen sitivity** |
| **Side Effects/Adverse Reactions (2)** | **Hypotensio n Nausea, vomiting** | **Fluids overload Hypokalem ia** | **Dizziness Constipatio n Increase liver enzymes** | **Drowsiness Anorexia, dry mouth** | **Agitation Headache Fatigue** |
| **Nursing Considerations (2)** | **Administer supplement al carbohydra tes IV or orally to facilitate increase of serum glucose levels.** | **Concentrat ed dextrose gels and chewable tablets may be used in the treatment of hypoglyce mia in conscious patients. The dose should be repeated if symptoms persist and serum glucose has not increased by at least 20 mg/dL within 20 min. May be followed** | **Administer deep into subcut tissue. Alternate injection sites daily between the left and right anterolater al and left and right posterolate ral abdominal wall. Inject entire length of needle at a 45 or 90 angle into a skin fold held between thumb and forefinger** | **Administer with meals or milk to minimize GI irritation. Capsules may be emptied and contents taken with water or food. Orally disintegrati ng tablets and strips should be left in the package until use. Remove from the blister pouch. Do not push** | **When combined with opioids do not exceed the maximu m recomme nded daily dose of acetamin ophen. Administ er with full glass.** |

| | | | | | |
|---|---|---|---|---|---|
| | | **by more complex carbohydrates.** | | **the tablet through the blister; peel open the blister pack with dry hands and place tablet on tongue.** | |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | **Monitor serum glucose levels throughout episode, during treatment, and for 3–4 hr after the patient regains consciousness.<br>Assess for signs of hypoglycemia (sweating, hunger, weakness, headache, dizziness, tremor, irritability, tachycardia, anxiety) prior to and periodically during therapy.** | **May cause an increase serum glucose level<br>Assess nutritional status, function of gastrointestinal tract, and caloric needs of patient** | **Assess location, duration, intensity, and precipitating factors of anginal pain<br>Assess for signs of bleeding and hemorrhage (bleeding gums; nosebleed; unusual bruising; black, tarry stools; hematuria; fall in hematocrit, BP<br>Monitor CBC, platelet count, and stools for occult blood periodically during therapy.** | **May decrease skin response to allergy tests.<br>Discontinue four days before skin test.<br>Assess for urticaria and for the patency of airway.** | **Evaluate hepatic, hematologic, and renal function periodically during prolonged, high-dose therapy.<br>Assess fever; note presence of associated signs (diaphoresis, tachycardia, and malaise)** |
| **Client Teaching** | **Teach** | **Instruct** | **Advise** | **Instruct** | **Advise** |

| | | | | | |
|---|---|---|---|---|---|
| **needs (2)** | **patient and family signs and symptoms of hypoglycemia. Instruct patients to take oral glucose as soon as symptoms of hypoglycemia occurs. Instruct family on correct technique to prepare, draw up, and administer injection** | **diabetic patients on the correct method for self– blood glucose monitoring. Advise patients on when and how to administer dextrose products for hypoglycemia.** | **patient to report any symptoms of unusual bleeding or bruising, dizziness, itching, rash, fever, swelling, or difficulty breathing to health care professional immediately Instruct patients not to take aspirin, naproxen, or ibuprofen without consulting a health care professional while on enoxaparin therapy.** | **patients to take medication as directed; do not exceed the recommended amount. Caution patients not to use oral OTC diphenhydramine products with any other product containing diphenhydramine, including products used topically. May cause drowsiness. Caution patients to avoid driving or other activities requiring alertness until response to drug is known.** | **patient to take medication exactly as directed and not to take more than the recommended amount. Advise patient to avoid alcohol (3 or more glasses per day increase the risk of liver damage) if taking more than an occasionally to avoid taking concurrently with salicylates or NSAIDs for more than a few days, unless directed by a healthcare professional.** |

**Medications Reference (APA): Vallerand, A. H., Sanoski, C. A., & Quiring, C. (2019).**

***Daviss drug guide for nurses*. Philadelphia, PA: F.A. Davis Company.**

## Assessment

**Physical Exam (18 points)**

| | |
|---|---|
| **GENERAL (1 point):**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | **No fever, chills, no generalized weakness. Patient is well groomed.** |
| **INTEGUMENTARY (2 points):**<br>**Skin color: pink and moist**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes: no rashes**<br>**Bruises: no bruises**<br>**Wounds:** no wounds<br>**Braden Score: 20**<br>**Drains present: Y☐ N ☐**<br>**Type:** | **Skin color is normal, no skin turgor, warm, no rash.Patient can get up and walk, but he is a little bit at risk of developing pressure ulcers because of the pain in his toe.** |
| **HEENT (1 point):**<br>**Head/Neck: Face is symmetrical, no drooping of the face. No lesions, scalp looks fine**<br>**Ears: Auricle is moist and pink, pearly grey TMI**<br>**Eyes: PERRLA, conjunctiva clear, sclera** | **No sore throat, blurring of vision. No LAD or thyromegaly.** |

| | |
|---|---|
| **is white, no visible drainage**<br>**Nose: Septum is midline**<br>**Teeth: Oral cavity pink/moist/clear** | |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:**<br>**Neck Vein Distention: Y ☐ N ☐**<br>**Edema Y ☐ N ☐**<br>**Location of Edema: n/a** | **RRR, S1/S2 are appreciated with no murmur, gallop or rub. No chest pain. Pulses are 2+ throughout. PMI at 5th intercostal space at MCI** |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☐ N ☐**<br>**Breath Sounds: Location, character** | **Bilateral equal air entry, no crackles or wheezes noted.** |
| **GASTROINTESTINAL (2 points):**<br>**Diet at home: Regular diet**<br>**Current Diet: Regular diet**<br>**Height: 5'9**<br>**Weight: 233 lb**<br>**Auscultation Bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention:**<br>**Incisions:**<br>**Scars: n/a**<br>**Drains: n/a**<br>**Wounds: wound on her toe**<br>**Ostomy: Y ☐ N ☐**<br>**Nasogastric: Y ☐ N ☐**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☐**<br>**Type:** | **Normal bowel sounds are present. Abdomen is soft, non-distended, non-tender, no masses noted. No nausea or vomiting. No abdominal pain. No masses noted. No hepato-splenomegaly.** |
| **GENITOURINARY (2 Points):**<br>**Color: amber, cloudy**<br>**Character:**<br>**Quantity of urine: 1000 mL**<br>**Pain with urination: Y ☐ N ☐**<br>**Dialysis: Y ☐ N ☐**<br>**Inspection of genitals:**<br>**Catheter: Y ☐ N ☐** | **No dysuria, urgency, frequency or hematuria.** |

| | |
|---|---|
| **Type:**<br>**Size:** | |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status: he is alert, oriented.**<br>**ROM: present**<br>**Supportive devices: n/a**<br>**Strength: equal**<br>**ADL Assistance: Y☐ N ☐**<br>**Fall Risk: Y ☐ N☐**<br>**Fall Score:**<br>**Activity/Mobility Status: Stand by assist**<br>**Independent (up ad lib) ☐**<br>**Needs assistance with equipment ☐**<br>**Needs support to stand and walk☐** | Normal range of motion and neck supple |
| **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:**<br>**Sensory:**<br>**LOC:** | No lightheadedness or weakness. Alert and oriented to time, place, and person. No gross focal neurological deficits. |
| **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 available family support):** | No anxiety or depression. Normal mood and behavior. Patient was cooperating well. He said he goes to church. |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **0323** | **54** | **170/86** | **23** | **98.3** | **94% (room air)** |
| 0700 | **70** | **168/86** | **18** | **98.7** | **98% (room air)** |

**Vital Sign Trends: Vital signs are stable**

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

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **0700** | **2** | **head(headache)** | **n/a** | **Annoying. It does not want to go away.** | **Patient was given tylenol to calm down the headache** |
| **1100** | **0** | **n/a** | **n/a** | **n/a** | **n/a** |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV: 1000 mL, 20 gauge( needle)**<br>**Location of IV: median vein**<br>**Date on IV: 02/10/20**<br>**Patency of IV: line is open, not blocked**<br>**Signs of erythema, drainage, etc.: no signs or drainage**<br>**IV dressing assessment: area is not tender, or painful** | Normal saline 0.9%. 100mL/hr . IV fluid is flowing directly into the patient's vein |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| **1,010** | **1,000** |

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care: My patient did not need a lot of care because he was here for an allergic reaction and was discharged two hours after I got here.**

**Procedures/testing done: X-ray of the chest was done**

**Complaints/Issues: Headache during my shift**

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

**Tolerating diet, activity, etc.: Patient is on normal diet**

**Physician notifications: Patient is supposed to follow up with his primary doctor in a week. Also since epinephrine pen is expensive, the patient should make sure to call EMT next time he feels any sign of allergic reaction.**

**Future plans for patient: Patient should find a specialist in allergic reaction to see determine to underline issue since the cause of the angioedema is unknown**

**Discharge Planning (2 points)**

**Discharge location: Patient is going home.**

**Home health needs (if applicable): The patient does not need home health.**

**Equipment needs (if applicable): n/a**

**Follow up plan: If the patient goes home and has another allergy reaction, he should call EMT and not try to come into the ED by himself**

**Education needs: Patient should should make sure he understands the needs to go see a specialist.**

**Nursing Diagnosis (15 points)**
***Must be NANDA approved nursing diagnosis and listed in order of priority***

| **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?<br>● Client response, status of goals and outcomes, modifications to plan. |

| | | | |
|---|---|---|---|
| **1. Ineffective breathing pattern related to laryngeal angioedema as evidence by dyspnea** | **I chose this nursing diagnosis because the patient came to the ED with shortness of breath** | **1. Assess the respiratory rate, rhythm, and depth, and note for change.**<br><br>**2. Assess the client for the sensation of a narrowed airway** | **Goal was met. Patient's breathing patterns returned to normal in couple minutes** |
| **2. Impaired gas exchange related to ventilation perfusion as evidence by dyspnea** | | **1. Auscultate breath sounds**<br>**2. Elevate head of bed. provide airway adjuncts and suction as indicated** | **Goal was met. Patient breathing pattern returned to normal** |
| **2. Altered tissue perfusion related to decrease blood flow secondary to vascular disorders due to anaphylactic reactions as evidence by shortness of breath** | **I chose this nursing diagnosis because patient's breathing decreased during the episode** | **1. Benadryl and corticosteroids were given to help with the SOB**<br><br>**2. Head of bed was also elevated to help with the breathing** | **Goal was met. Patient's breathing was back to normal** |
| **3. Impaired skin integrity related to changes in** | **Patient showed sign of swelling on his face** | **1. Elevated the extremities to decrease** | **Goal was met. Patient's swelling decreased and he cooperated well with the HOB** |

| | | | |
|---|---|---|---|
| **circulation as evidence by swelling and itching of the skin, running nose** | | **the edema**<br><br>**2. Head of Bed was elevated to decrease edema on the face** | |

**Other References (APA): Nursing Diagnosis Lists. (2017). Retrieved from**

**http://www.nandanursingdiagnosislist.org/**

**Concept Map (20 Poin**

**Subjective Data**

Patient stated he was having hard time breathing and talking .

**Objective Data**

Patient seemed distress.
Face was swollen
Patient's face looked red and eyes were looked puffy

**Patient Information**

Pt i

ED

iated with severe tongue swe from an unknown allergic reaction. Patient mentions he has had this issue for 4 years but this is the first time it has gotten this serious. Patient's husband is present at the bedside. Husband states the patient's breathing became worse at 1700 and the patient took two benadryl at home prior to bringing him to the ED.

**Nursing Diagnosis/Outcomes**

**Ineffective breathing pattern related to laryngea dyspnea**
**Impaired gas exchange related to ventilation pe**

**Nursing Interventions**

**1. Assess the resp depth, and note f**

**2. Assess the clien narrowed airway**

1. **Auscultate brea**
**2. Elevate head of suction as indicate**