

N321 Care Plan # 1

Lakeview College of Nursing

Kaytlynn Roberts

17 February 2020

**Demographics (3 points)**

<b>Date of Admission</b> 2/11/2020	<b>Patient Initials</b> DJR	<b>Age</b> 59	<b>Gender</b> Male
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Disabled	<b>Marital Status</b> Single	<b>Allergies</b> Amitriptyline – causes patient to have delusions
<b>Code Status</b> Full code	<b>Height</b> 160 cm	<b>Weight</b> 77 kg	

**Medical History (5 Points)**

**Past Medical History:** Ongoing: Asthma, benign prostatic hyperplasia (BPH) with obstruction and lower UTI symptoms, coronary artery disease (CAD), carotid stenosis, chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease (COPD), type II diabetes mellitus, gastroesophageal reflux disease (GERD), hypertension (HTN), hypercholesterolemia, peripheral neuropathy, nicotine dependence, peripheral vascular disease (PVD), sleep apnea. Historical: congestive heart failure (CHF), and fever.

**Past Surgical History:** Balloon angioplasty of the superficial femoral artery (01/13-20), TIB/PER Revasc add-on (09/07/16), TIB/PER Revasc with TLA (09/07/16), FEM/POPL Revasc with ather (05/27/16), catheter placed in aorta (5/27/16), coronary artery bypass graft (CABG), cleft palate corrective surgery.

**Family History:** Patients father and mother both have a history of COPD, CHF, Type II DM, emphysema, HTN, and renal failure. Patients brother has Type II DM.

**Social History (tobacco/alcohol/drugs):** Tobacco: 4 or less cigarettes (less than 1/4 pack/day in the last 30 days) on 01/07/20, 10 or more cigarettes (1/2 pack or more/day in the last 30 days) on 10/22/20, 10 or more cigarettes (1/2 pack or more/day in the last 30 days) on 02/17/20. Alcohol denies use (05/31/17), (02/17/20). Substance abuse: denies use (05/31/17), (02/17/20).

**Assistive Devices:** Home equipment: CPAP/BiPap (10/16/18)

**Living Situation:** Lives with his children and significant other

**Education Level:** GED

### **Admission Assessment**

**Chief Complaint (2 points):** Came in via EMs. Patient complained of shortness of breath (SOB), wheezing and cellulitis.

**History of present Illness (10 points):** 59-year-old male presenting with SOB, wheezing and cellulitis. Patient came in via EMS a week ago (02/11/20). Patient states that he has pain in the lower extremities but mostly generalized. Pain on admission was a 10/10 using a numeric scale. During my shift, patient reported an 8/10 muscle/joint pain with a productive cough. Patient states that pain worsens when he takes deep breaths and gets better when he changes positions. Pain was treated with Norco (acetaminophen/hydrocodone).

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):**Influenza A

**Secondary Diagnosis (if applicable):** COPD

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

“Influenza viruses are enveloped, negative-sense, single-stranded RNA viruses of the family Orthomcoviridae (Nguyen, 2020, pg.1, paragraph.1). Influenza A has been shown to cause most cases of human influenza (Portnov, 2018). Influenza symptoms include, chills, coughing, sore throat, headache, aching pain in muscles, diarrhea is possible (Nguyen, 2020). Influenza A can affect the heart because it causes an inflammatory response that leads to an increase in blood flow and heart rate (Portnov, 2018). An increase in blood flow and heart rate

can cause more stress on the heart. My patient presented hypertensive and tachycardiac upon admission to the ED. Influenza can affect the respiratory system by causing upper- and lower-respiratory symptoms. My patient presented with a sore throat, congestion, and productive cough. These are all symptoms of influenza A. Influenza affects the brain by attacking the hypothalamus and pituitary (Portnov, 2018). This causes the basic process of the nervous system to be vulnerable (Portnov, 2018). In a more vulnerable state, the brain is more prone to toxins in the body. My patient did not show any neurological deficits (AOx4). Influenza can affect the gastrointestinal system by penetrating the mucus membranes, this could cause diarrhea. (Portnov, 2018)

When diagnosing influenza, a viral culture of the nasopharyngeal or throat secretions are taken (Nguyen, 2019). Patients can also undergo a rapid diagnostic test such as a nasal swab. My patient had not received his nasal swab results on my shift. A CBC and electrolyte panel are drawn for a baseline. Leukopenia, relative lymphopenia and thrombocytopenia may be present (Nguyen, 2020). My patient has a platelet count of 146 k/mcl which is low. Chest x-rays are also completed in order to diagnose influenza and rule out pneumonia (Nguyen, 2019). My patient underwent a chest x-ray which came back negative for signs of pneumonia. (Nguyen, 2020)

Treatment for influenza includes, baloxavir marboxil, oseltamivir, peramivir, or zanamivir (Nguyen, 2019). My patient was prescribed oseltamivir/Tamiflu, 72 mg BID, PO. According to Medscape, these medications need to be administered within 48 hours of symptoms occurring. (Nguyen, 2019)

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

Nguyen, H. H. (2020, January 8). Influenza Workup: Approach Considerations, Rapid

Diagnostic Tests, Viral Culture and Polymerase Chain Reaction Testing. Retrieved February 21, 2020, from <https://emedicine.medscape.com/article/219557-workup#c1>

Portnov, A. (2018). How does influenza affect the body? Retrieved February 21, 2020, from [https://iliveok.com/health/how-does-influenza-affect-body\\_112804i16106.html](https://iliveok.com/health/how-does-influenza-affect-body_112804i16106.html)

**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 (2/11)	Most Recent Value (2/14)	Reason for Abnormal Value
RBC	3.80-5.41 mcl	4.75 mcl	4.22 mcl	
Hgb	11.3-155.2 g/dL	15.1 g/dL	13.3 g/dL	
Hct	33.2-45.3%	44.6%	39.9%	
Platelets	149-393 k/mcl	167 k/mcl	146 k/mcl	My patient has influenza A. Influenza A can cause thrombocytopenia (Nguyen, 2020).
WBC	4.0-11.7 k/mcl	10.1 k/mcl	5.7 k/mcl	
Neutrophils	45.3-79.0%	68.8%	69.1%	
Lymphocytes	11.8-45.9%	19.6%	12.8%	
Monocytes	4.4-12%	10%	16.6%	My patient has influenza A which is a virus. Monocytes are elevated in the presence of a virus, bacteria or infection (Nguyen. 2020).
Eosinophils	0.0-6.3%	1.1%	0.8%	
Bands	0.0-5.0%	NA	NA	

**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 (2/17)	Reason For Abnormal

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<b>Na-</b>	<b>135-145 mmol/L</b>	NA	133 mmol/L	
<b>K+</b>	<b>3.5-5.0 mmol/L</b>	NA	4.8 mmol/L	
<b>Cl-</b>	<b>98-106 mmol/L</b>	NA	99 mmol/L	
<b>CO2</b>	<b>21-31 mmol/L</b>	NA	31 mmol/L	
<b>Glucose</b>	<b>74-109 mg/dL</b>	NA	217 mg/dL	Patient is a type II diabetic which can contribute to his increased blood glucose level (Ball, DiStasi, Henry, Holman, Johnson, Lemon, McMichael, 2016).
<b>BUN</b>	<b>7-25 mg/dL</b>	NA	<b>30 mg/dL</b>	Patient has CHF which can contribute to an increased BUN d/ t increased amount of urea from bloodstream (Ball, DiStasi, Henry, Holman, Johnson, Lemon, McMichael, 2016).
<b>Creatinine</b>	<b>0.50-0.90 mg/dL</b>	NA	<b>1.06 mg/dL</b>	My patient has a history of BPH and DM which can lead to an increased level of creatinine (Ball, DiStasi, Henry, Holman, Johnson, Lemon, McMichael, 2016).
<b>Albumin</b>	<b>3.5-5 g/dL</b>	NA	NA	NA
<b>Calcium</b>	<b>9.0-10.5 mEq/dL</b>	NA	8.5 mEq/dL	WNL
<b>Mag</b>	<b>1.3-2.1 mEq/L</b>	NA	NA	NA
<b>Phosphate</b>	<b>2.5-4.5 mg/dL</b>	NA	NA	NA
<b>Bilirubin</b>	<b>0.3-1 mg/dL</b>	NA	NA	NA
<b>Alk Phos</b>	<b>35-105 units/L</b>	NA	NA	NA
<b>AST</b>	<b>0.0-32 units/L</b>	NA	NA	NA
<b>ALT</b>	<b>4-33 units/L</b>	NA	NA	NA
<b>Amylase</b>	<b>30-220 units/L</b>	NA	NA	NA

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<b>Lipase</b>	<b>0.0-160 units/L</b>	NA	NA	NA
<b>Lactic Acid</b>	<b>0.5-1 mmol/L</b>	NA	NA	NA

**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	Most Recent Value (2/14)	Reason for Abnormal
<b>INR</b>	<b>0.8-1.1</b>	NA	1.05	NA
<b>PT</b>	<b>11-12.5</b>	NA	12.3	NA
<b>PTT</b>	<b>30-40 seconds</b>	NA	33.2 seconds	NA
<b>D-Dimer</b>	<b>&lt;0.4 mcg/mL</b>	NA	NA	NA
<b>BNP</b>	<b>0.5-30 pg/mL</b>	NA	<b>97 pg/mL</b>	My patient has a history of congestive heart failure. BNP levels above 30 are indicative of heart failure. (Ball, DiStasi, Henry, Holman, Johnson, Lemon, McMichael, 2016)
<b>HDL</b>	<b>&gt;55 mg/dL</b>	NA	NA	NA
<b>LDL</b>	<b>&lt;130 mg/dL</b>	NA	NA	NA
<b>Cholesterol</b>	<b>50-60 mg/dL</b>	NA	NA	NA
<b>Triglycerides</b>	<b>35-135 mg/dL</b>	NA	NA	NA
<b>Hgb A1c</b>	<b>4-5.9%</b>	NA	NA	NA
<b>TSH</b>	<b>0.4-4.2 mU/L</b>	NA	NA	NA

**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

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<b>Color &amp; Clarity</b>	<b>Yellow/clear</b>	NA	NA	NA
<b>pH</b>	<b>5.0-8.0</b>	NA	NA	NA
<b>Specific Gravity</b>	<b>1.005-1.035</b>	NA	NA	NA
<b>Glucose</b>	<b>Normal</b>	NA	NA	NA
<b>Protein</b>	<b>Negative</b>	NA	NA	NA
<b>Ketones</b>	<b>Negative</b>	NA	NA	NA
<b>WBC</b>	<b>&gt;5</b>	NA	NA	NA
<b>RBC</b>	<b>0-3</b>	NA	NA	NA
<b>Leukoesterase</b>	<b>Negative</b>	NA	NA	NA

Arterial Blood Gas **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Most Recent Value (2/14)</b>	<b>Explanation of Findings</b>
<b>pH</b>	7.35-7.45	NA	7.33	NA
<b>PaO2</b>	80-100 mmHg	NA	23.9	NA
<b>PaCO2</b>	35-45 mmHg	NA	47.7	NA
<b>HCO3</b>	21-28 mEq/L	NA	22	NA
<b>SaO2</b>	95-100%	NA	40.6	NA

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	Negative	NA	NA	NA
<b>Blood Culture</b>	Negative	NA	NA	NA
<b>Sputum Culture</b>	Negative	NA	NA	NA

<b>Stool Culture</b>	Negative	NA	NA	NA
<b>Wound Culture</b>	Negative	NA	NA	NA

**Lab Correlations Reference (APA):**

Ball, B. S., DiStasi, A., Henry, N. J. E., Holman, H. C., Johnson, J., Lemon, T., McMichael, M. (2016). *Rn adult medical surgical nursing: review module*. Leawood, KS: Assessment Technologies Institute.

Nguyen, H. H. (2020, January 8). Influenza Workup: Approach Considerations, Rapid Diagnostic Tests, Viral Culture and Polymerase Chain Reaction Testing. Retrieved February 21, 2020, from <https://emedicine.medscape.com/article/219557-workup#c1>

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** Chest x-ray (02/14/20). Foot x-ray (02/16/20).

**Diagnostic Test Correlation (5 points):** Patient underwent chest x-ray in order to diagnose influenza A and rule out possible pneumonia or superinfection (Nguyen, 2020). The results were negative and showed no sign of pneumonia or superinfection. Patient underwent a foot x-ray d/t pressure ulcer on left foot to rule out osteomyelitis. The results showed no evidence for osteomyelitis.

**Diagnostic Test Reference (APA):**

Nguyen, H. H. (2020, January 8). Influenza Workup: Approach Considerations, Rapid Diagnostic Tests, Viral Culture and Polymerase Chain Reaction Testing. Retrieved February 21, 2020, from <https://emedicine.medscape.com/article/219557-workup#c1>

**Current Medications (10 points, 1 point per completed med)**

**\*10 different medications must be completed\***

<b>Brand/Generic</b>	<b>Aspirin/ acetylsalicylic acid</b>	<b>Lasix/ furosemide</b>	<b>Aldactone/ Spironolactone</b>	<b>Ranexa/ ranolazine</b>	<b>Norco/ hydrocodone/ acetaminophen</b>
<b>Dose</b>	325 mg	80 mg	25 mg	1000 mg	325 mg
<b>Frequency</b>	Daily	Daily	Daily	Daily	Daily
<b>Route</b>	PO tablet	PO	PO	PO	PO
<b>Classification</b>	Antiplatelet	Diuretics	Aldosterone antagonist / Diuretics, Potassium- Sparing	Antianginal	Analgesics, Opioid Combos
<b>Mechanism of Action</b>	Inhibits platelet aggregation, has antipyretic and analgesic activity. (Jones & Bartlett Learning, 2019).	Loop diuretic; inhibits reabsorption of sodium and chloride ions. Causes an increase in water, calcium, magnesium, sodium, and chloride. (Jones & Bartlett Learning, 2019).	Binding of receptors at the aldosterone- dependent Na-K exchange site leads to decreased Na <sup>+</sup> , Cl <sup>-</sup> , and water and retention of K <sup>+</sup> and H <sup>+</sup> . (Jones & Bartlett Learning, 2019).	Antianginal effects not determined. (Jones & Bartlett Learning, 2019).	Acetaminophen: hypothalamus produces antipyresis; inhibits prostaglandins synthetase. (Jones & Bartlett Learning, 2019).
<b>Reason Client Taking</b>	Patient has a history of CAD, CHF, PVD, carotid stenosis and fever. This medication helps to prevent clot formation and reduce fevers.	Patient has a history of HTN and CHF. This medication aids in reduction of blood pressure and reduces edema associated with CHF.	Patient has a history of HTN and CHF. This medication aids in reduction of blood pressure and is the indicated in the treatment of CHF because it reduces the heart's ejection factor.	Patient has a history of CHF and angina is a common symptom associated with heart failure (HF). (Nguyen, 2020) This medication is used to treat chronic angina.	Patient stated at 0830 on 02/17 that he had pain rated an 8/10 on a numeric scale. Pain was described as muscle/joint pain and chest pain. We treated this with Norco.
<b>Contraindications (2)</b>	Patient has a history of asthma, which is a contraindication.	Anuria and hypersensitivity.	Addison disease and hypersensitivity.	Hepatic cirrhosis and coadministration with strong	Patient has a history of asthma, which is a contraindication.

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	Hypersensitivity is another contraindication but does not pertain to my patient.	None of the contraindications pertain to my patient.	None of the contraindications pertain to my patient.	CYP3A inhibitors.  None of the contraindications pertain to my patient.	
<b>Side Effects/Adverse Reactions (2)</b>	Can cause heartburn and confusion.	May cause dizziness and headaches.	May cause drowsiness and confusion.	May cause nausea and dizziness.	May cause dizziness and urinary tract spasms
<b>Nursing Considerations (2)</b>	Ask patient if they are experiencing tinnitus. Do not crush tablets	Patients with BPH require close monitoring d/t possible acute urinary retention. Dosing must be adjusted to patient's needs	Hyperkalemia can occur. May cause dehydration.	Not for acute anginal episodes. Acute renal failure has been reported	May cause severe hypotension. Constipation can occur, take measures to prevent this.
<b>Key Nursing Assessment(s)/Lab (s) Prior to Administration</b>	Check platelet levels before administration.	Obtain weight before and periodically throughout administration . Monitor BP, BUN, glucose and electrolytes.	Monitor potassium levels d/t possible hyperkalemia. Monitor creatinine level.	Monitor QT intervals. Assess BUN and creatinine levels.	Monitor for decreased bowel sounds and hypotension.
<b>Client Teaching needs (2)</b>	Should be taken with food to avoid GI upset. Medication may increase bleeding.	Take medication at the same time each day. Take last dose several hours before bedtime	Take with meals or milk. Teach patient how to take his own blood pressure.	Avoid grapefruit products. Take medication exactly as prescribed.	Avoid ingesting alcohol. Take the drug exactly as ordered, do not adjust dose.

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	<b>Zosyn/ Piperacillin- tazobactam</b>	<b>Vancocin/ vancomycin</b>	<b>SoluMedrol/ methylprednisolone</b>	<b>Hytrin/ terazosin</b>	<b>Tamiflu/ oseltamivir</b>
<b>Dose</b>	100 mL	250 mL	1 mL	10 mg	72 mg

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<b>Frequency</b>	Every 6 hrs.	Every 12 hrs.	BID	HS	BID
<b>Route</b>	IV Piggyback	IV Piggyback	IV push	PO	PO
<b>Classification</b>	Penicillin	Glycopeptide	Corticosteroid	Antihypertensives, BPH	Antivirals
<b>Mechanism of Action</b>	Is effective during active-multiplication stage by inhibiting biosynthesis of cell wall mucopeptide synthesis by binding to penicillin-binding proteins (Jones & Bartlett Learning, 2019).	Inhibits cell-wall biosynthesis by blocking glycopeptide polymerization (Jones & Bartlett Learning, 2019).	Controls or prevents inflammation by controlling the rate of protein synthesis. Stabilizes lysosomes at a cellular level (Jones & Bartlett Learning, 2019).	Selective agents cause less tachycardia. Alpha blockade causes arterial and venous dilation (Jones & Bartlett Learning, 2019).	Stops release of virus from cells and prevents virus from crossing mucous lining of respiratory tract (Jones & Bartlett Learning, 2019).
<b>Reason Client Taking</b>	Patient has cellulitis in his lower left leg and this antibiotic will aid in kill the infection.	Patient has cellulitis in his lower left leg and this antibiotic will aid in kill the infection.	Patient has a history of COPD. This medication is used to treat acute exacerbations of COPD.	Patient has a history of HTN and BPH. This medication aids in reduction of blood pressure.	Patient has tested positive for the Influenza A virus. This medication will aid in killing the virus.
<b>Contraindications (2)</b>	Allergy to penicillins, cephalosporins, imipenem, beta-lactamase inhibitors.  None of the contraindications pertain to my patient.	Hypersensitivity to the drug is a contraindication.  The contraindication does not pertain to my patient.	Hypersensitivity to the drug or idiopathic thrombocytopenic purpura.  None of the contraindications pertain to my patient.	Hypersensitivity to terazosins, or other quinazolines  None of the contraindications pertain to my patient.	Hypersensitivity to the drug is a contraindication.  The contraindication does not pertain to my patient.
<b>Side Effects/Adverse Reactions (2)</b>	Diarrhea and nausea may occur.	May cause nausea and abdominal pain.	Dizziness and headaches may occur.	Dizziness and asthenia may occur.	Abdominal pain and vertigo can occur.
<b>Nursing Considerations (2)</b>	Risk of bleeding complications. Serious skin reactions reported, i.e.,	Rapid IV administration may result in flushing, pruritis, hypotension,	Use in caution in patients with CHF because sodium retention and edema can occur. Monitor	Carcinoma of the prostate and BPH cause many of the same	Use in caution with patients who have chronic cardiac disease. Most

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	Stevens-Johnson syndrome.	erythema, and urticaria. Monitor patient for signs of ototoxicity, i.e., tinnitus may occur.	for signs of infection.	symptoms. Patients should be examined prior to starting therapy to rule out possible carcinoma. Monitor for postural hypotension.	effective when used within 24-48 hr. onset of symptoms.
<b>Key Nursing Assessment(s)/ Lab(s) Prior to Administration</b>	Monitor renal and hepatic function	Monitor CBC, BUN, and serum creatinine.	Monitor blood glucose, and liver enzymes.	Monitor BP 2-3 hrs. after initial dose	Monitor for serious skin reactions during therapy.
<b>Client Teaching needs (2)</b>	Make sure they are aware that they are at an increased risk for bleeding. Report signs of rash or fever.	Notify provider if no improvement of symptoms. Notify provider if patient develops diarrhea	Avoid people with contagious disease. Urge patient to take calcium supplements.	Explain possible first-dose hypotension. Advise patient to change positions slowly	Take missed dose as soon as possible. Therapy should begin at onset of symptoms and no later than 48 hrs after.

**Medications Reference (APA):**

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook*. Burlington, MA.

Nguyen, H. H. (2020, January 8). Influenza Workup: Approach Considerations, Rapid

Diagnostic Tests, Viral Culture and Polymerase Chain Reaction Testing. Retrieved

February 21, 2020, from <https://emedicine.medscape.com/article/219557-workup#c1>

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL (1 point):</b>  <b>Alertness:</b>  <b>Orientation:</b> AOx4  <b>Distress:</b> Very pleasant  <b>Overall appearance:</b></p>	<p>Well nourished, no acute distress, cooperative, appropriate mood and effect. Judgement is intact.</p>
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<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b> &lt;3  <b>Rashes:</b> No noted rashes  <b>Bruises:</b> No noted bruises  <b>Wounds:</b> Pressure ulcers/Infection of skin (Cellulitis)  <b>Braden Score:</b> 2: WNL, patient is not at risk for skin breakdown  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b> None</p>	<p>Intact; pink  Warm and dry  Oral: 36.4 C  Elastic; &lt;3</p> <p>Patient has cellulitis on his lower left leg; margins are marked to assess for growth of infection. Patient has a pressure ulcer on his left heel and on his coccyx. The pressure ulcer on his left heel is a stage 2 with open wound. The pressure ulcer on his coccyx is a stage one and is pink and blanchable. Applied dressings are dry, intact, and clean. Patient has consulted with wound care.</p>
<p><b>HEENT (1 point):</b>  <b>Head/Neck:</b> Non-tender, no JVD, no thyromegaly  <b>Ears:</b> Ears are appropriate in size  <b>Eyes:</b> PERLA  <b>Nose:</b> No noted deviated septum  <b>Teeth:</b> White, oral is moist, tongue is midline.</p>	<p>Normocephalic, atraumatic, normal hearing, moist oral mucosa, no sinus tenderness, no oral lesion, tonsil grade 1 without erythema or exudate, uvula midline. Patient did complain of a sore throat</p> <p>Patient did complain of nasal congestion  Patient had no dentures.</p>
<p><b>CARDIOVASCULAR (2 points):</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p>No chest pain, palpations or syncope  Regular rate and rhythm  S1&amp;S2 noted  No noted murmurs, gallops or rubs  3+ bilaterally  &lt;3 bilaterally UE</p> <p>Edema present in the lower extremities bilaterally. Patient has margins on right leg to monitor cellulitis.</p>
<p><b>RESPIRATORY (2 points):</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>SOB and persistent productive cough with yellow sputum  Chest expansion symmetric, no obvious accessory muscle use.  Breath sounds are diminished and clear anteriorly  Breath sounds in upper lobes are coarse with an inspiratory and expiratory wheeze posteriorly.  Breath sounds in the lower lobes are coarse and crackles are present posteriorly.</p>

<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b> 2/16/20  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>              <b>Incisions:</b>              <b>Scars:</b>              <b>Drains:</b>              <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Size:</b> No tube present  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b> No tubes present</p>	<p>No nausea, vomit, diarrhea          High carbohydrates diet: 1,800 – 2,100 carbs/day          High carbohydrates diet: 1,800 – 2,100 carbs/day          180 cm          99.4 kg          Present; normal/active in all four quadrants.          Brown, formed consistency          soft, non-tender           No distension of the abdomen          No noted incisions          No noted scars          No noted drains          No noted masses or hernias</p>
<p><b>GENITOURINARY (2 Points):</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b>              <b>Size:</b></p>	<p>No hematuria          Normal; pale yellow          Transparent (clear) fluid          Patient did not void during my shift on 2/17</p>
<p><b>MUSCULOSKELETAL (2 points):</b>   <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b> None needed  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Score:</b> 35  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>No back pain, neck pain, joint pain, muscle pain, or decreased ROM.          Neurovascular status intact          UE and LE normal range of motion. Tenderness and swelling in the right lower extremity.          Muscle strength is 5/5 in all extremities upper and lower.           WNL, patient is not a fall risk.           Independent; smooth gait, no crepitus          None needed, patient can walk independently          None needed, patient can walk independently</p>
<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>CN II-XII intact. Sensation is intact to light, and touch. Speech is clear, follows commands, recent</p>

<p><b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>and remote memory intact.</p> <p>AOx4  Recent and remote memory intact  Speech is clear, and follows commands  Sensation is intact to light, and touch  Glasgow Coma Scale – 15: alert, attentive, oriented, and obeys commands.</p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Talking with girlfriend and watching Criminal Minds  Erik Erikson’s stage: Generativity vs Stagnation  Christian; believes in God  Lives with significant other and has ample family support. No history of depression. Patient feels safe at home.</p>

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

Time	Pulse	B/P*	Resp Rate	Temp**	Oxygen
0757 on 02/17	80 bpm	127/79 mmHg	13 bpm	36.4 C	96%
1130 on 02/17	78 bpm	121/72 mmHg	15 bpm	36 C	95%

\*Left arm, automatic

\*\*Oral

**Vital Sign Trends:** Vitals are stable, medications and interventions are working as intended.

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

Time	Scale	Location	Severity	Characteristics	Interventions
0830 on 02/17	Numeric	Muscle/joint pain; chest pain	8/10	“Overall uncomfortable and pain in my chest”	Given Norco (acetaminophen/hydrocodone) to help alleviate pain.
1159 on 02/17	Numeric	Generalized	4/10	“Just feeling a little sore”	Helped patient stretch his upper and lower extremities to reduce soreness.

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV:</b> 22 gauge <b>Location of IV:</b> Peripheral antecubital left arm <b>Date on IV:</b> 2/16/20 <b>Patency of IV:</b> <b>Signs of erythema, drainage, etc.:</b> <b>IV dressing assessment:</b>	Vancomycin 250 mL, Piperacillin-tazobactam 100 mL/ Saline Lock  Catheter patent, infusing w/o difficulty, flushes easily, and good blood return. No erythema/phlebitis/infiltration present Transparent, dry and intact

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
Orally: 480mL – water, sprite, apple juice IV: Vancomycin (250mL), Piperacillin-tazobactam (100 mL), Solumedrol (1 mL)	Output: Patient did not void in my shift

**Balance:** 831 mL

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care**

**Procedures/testing done:** Chest x-ray, x-ray of the left foot

**Complaints/Issues:** No complaints or issues during hospital stay.

**Vital signs (stable/unstable):** Stable upon admission and upon assessment.

**Tolerating diet, activity, etc.:** There was no nausea, vomiting, or diarrhea during my shift. Patient was able to tolerate the high carbohydrate diet (2/17/20). Patient needed no assistance with ambulation.

**Physician notifications:** No contact with physician throughout shift.

**Future plans for patient:** Will continue high carbohydrate diet to help with patient's COPD.

**Discharge Planning (2 points)**

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**Discharge location:** Patient will be discharged to his home with his children and significant other.

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

**Equipment needs (if applicable):** None needed

**Follow up plan:** Patient will be compliant with follow-up appointments and proper infection prevention. Patient will continue to elevate lower extremities to help with edema. Patient plans to work towards complete cessation of smoking.

**Education needs:** Patient will be able to verbalize understanding of the importance of attending follow-up appointments. Readmission risk discussed due to slow healing process related to his DM. Wound care and infection prevention were also discussed with the patient.

**Nursing Diagnosis (15 points)**

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

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<p><b>Rational</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Intervention (2 per dx)</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p>1. Ineffective airway clearance R/T influenza A AEB productive cough SOB, excessive mucus production.</p>	<p>1. Patient has a productive cough.</p> <p>2. Patient presented to the ED with complaints of SOB.</p>	<p>1. Assess respiratory function every 4 hrs.</p> <p>2. Position change every 2 hrs.</p>	<p>1. Patient did not mind the assessments and position changes. Patient states his aggravating factor is taking deep breaths because it makes him cough. Changing positions alleviated patients cough and SOB.</p> <p>2. Patient is going to work on taking five deep breaths an hour. Patient will continue position changes throughout hospitalization.</p>
<p>2. Acute pain R/T persistent coughing AEB reports of chest pain.</p>	<p>1. Patient reported an 8/10 chest pain at 0830 on 02/17.</p> <p>2. Patient reported an 8/10 muscle/joint pain at 0830 on 02/17.</p>	<p>1. Change of positions</p> <p>2. Monitor vital signs</p>	<p>1. Patient will continue position changes throughout hospitalization.</p> <p>2. There were no changes in patients’ vital signs and pain was controlled.</p>
<p>3. Impaired gas</p>	<p>1. Patient</p>	<p>1. Assess respiratory</p>	<p>1. Patient did not use</p>

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exchange R/T altered oxygen supply AEB dyspnea.	complained of SOB.  2. While assessing respirations, deep breaths caused the patient SOB.	rate and depth.  2. Teach pursed-lip breathing.	accessory muscles when breathing. Patient presents fatigued on exertion.  2. Patient will use pursed lip breathing to help when he is feeling SOB.
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### **Other References (APA):**

Doenges, M. E., Geissler-Murr, A., Moorhouse, M. F. (2010). *Nursing care plans: guidelines for individualizing client care across the life span* (Eight). Philadelphia: F.A. Davis Co.

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**Concept Map (20 Points)**

## Subjective Data

Patient stated at 0830 on 02/17 that he had pain rated an 8/10 on a numeric scale. Pain was described as muscle/joint pain and chest pain.

1. Ineffective airway clearance R/T influenza A AEB productive cough SOB, excessive mucus production.
2. Acute pain R/T persistent coughing AEB reports of chest pain.
3. Impaired gas exchange R/T altered oxygen supply AEB dyspnea.

## Objective Data

**Abnormal Lab values:**  
Platelets, monocytes, BNP.

**Negative wound culture.**

**Diagnostic test: Chest x-ray (negative for pneumonia) X-ray of right foot (negative for osteomyelitis)**

**Vital signs:**

## 5 Patient Information

with SOB, wheezing and cellulitis. Patient states that he has pain in the lower extremities but mostly generalized. Pain on admission was a 10/10 using a numeric scale. During my shift, patient reported an "8/10" generalized pain with a productive cough. Patient states that pain worsens when he takes deep breaths and gets better when he changes positions. Pain was treated with Norco.

## Nursing Interventions

Assess respiratory function every 4 hrs.

Position change every 2 hrs.

Teach pursed-lip breathing

Monitor vital signs

Resource:

Doenges, Moorhouse, Murr, 2010

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