N321 Care Plan # 1

Lakeview College of Nursing

Peyton Luesse

Demographics (3 points)

Date of Admission 2/23/2020	Patient Initials JB	Age 75 years old	Gender Female
Race/Ethnicity Caucasian	Occupation Retired- dentist office	Marital Status Married	Allergies Penicillins
Code Status DNR	Height 157.48 cm	Weight 44.6 kg	

Medical History (5 Points)

Past Medical History: Atrial flutter, Alzheimer disease, Anxiety, Asthma, COPD, GERD, High cholesterol, HTN, MI, Heart murmur, Hypothyroidism, Blindness

Past Surgical History: Hysterectomy, Open reduction and internal fixation of fracture of lower leg, arm injury

Family History: Father- leukemia, Mother- Skin Cancer, Brother- Prostate cancer

Social History (tobacco/alcohol/drugs): Never used any alcohol, tobacco products or drugs

Assistive Devices: does not currently use assistive devices

Living Situation: Mattoon Rehab (Home)- Lives with husband

Education Level: High school education

Admission Assessment

Chief Complaint (2 points): Shortness of breath

History of present Illness (10 points):. Patient had difficulty breathing on the morning of 2/23/2020. She also had a change in level of alertness and orientation. She said, "I was having trouble breathing." Her symptoms included chest tightness and trouble catching her breath. The shortness of breath continued the entire day. Laying down aggravated it. Sitting up helped relieve it. She tried to do deep breathing exercises to relieve it. The deep breathing did not help.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):. Pneumonia

Secondary Diagnosis (if applicable):. Altered mental status, brittle diabetes

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

According to Capriotti and Frizzell (2016), “Pneumonia is most commonly caused by inhalation of droplets containing bacteria or other pathogens.” (p.450). The mode of transportation for pneumonia is droplets. According to SA Health (2020), “Infections are spread when an infected person talks, coughs or sneezes small droplets containing infectious agents into the air” (p.7). After the droplets have entered the body, they make their way to the upper respiratory tract and gain entry to the lung tissues. The pathogens stick to the respiratory epithelium and cause inflammation. The inflammation spreads to the lower respiratory tract and alveoli next. Vasodilation occurs at the site of inflammation, which attracts neutrophils. The neutrophils leave the capillary spaces and come into the air spaces. Neutrophils use phagocytosis to kill the invading pathogens. There is excessive stimulation of goblet cells that secrete mucus. That excessive stimulation causes mucus and exudative edema to accumulate between the alveoli and capillaries. The alveoli attempt to open, but some are unable to. Crackles emit because the alveoli are trying to open against the exudate and mucus. There is a layer of infectious exudate and edema at the capillary-alveoli level that hinders the proper gas exchange. That layer causes the patient to become hypoxic and hypercapnic because there is an obstruction when O2 and CO2 are trying to exchange at the pulmonary capillaries.

Pathophysiology References (2) (APA):

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

Ways infectious diseases spread. (2020, February 20). Retrieved February 27, 2020, from https://www.sahealth.sa.gov.au/wps/wcm/connect/public content/sa health internet/health topics/health conditions prevention and treatment/infectious diseases/ways infectious diseases spread

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	**4.28-5.56**	**3.49**	**2.95**	**Low today- According to Kurugol, Zafer, Onen, and Guldane (2012), "Hematological complications associated with *M. pneumonia* include hemolytic anemia" (p. 2). Anemia is associated with low RBC.**
Hgb	**13-17**	**10.4**	**9.0**	**Low today- According to Kwon and Ahn (2012), "Low hemoglobin concentration in patients with diabetes mellitus is associated with a more rapid decline in glomerular filtration rate than that of other kidney diseases." (p.1). This patient has diabetes and has low hgb because of that.**
Hct	**38.1-48.9**	**31.5**	**26.9**	**Low- This patient has decreased renal function because of her brittle diabetes. She has a low hct because there are decreased stimuli for the production of it because of her renal impairment.**
Platelets	**149-393**	**480**	**379**	**High on admission- According to**

				Schneider (2009), "Hyperglycemia contributes to greater platelet reactivity through direct effects and by promoting glycation of platelet proteins" (p. 1) This patient has had severe hyperglycemia, and her platelets increased because of that.
WBC	**4-11.7**	**19.0**	**15.2**	**High- her levels were high because her body is actively fighting an infection and so her WBC (her fighter cells) are increased.**
Neutrophils	**45.3-79**	**93.8**	**89.7**	**High- Her neutrophils were high because they are the main fighters against infection. She has an infection that caused pneumonia, and that is where her abundance of neutrophils is and fighting.**
Lymphocytes	**11.8-45.9**	**3.0**	**4.9**	**Low- she could have viral pneumonia. According to Dr. Yoon, Dr. Son, and Dr. Um, from Annals of Laboratory Medicine (2013), pneumonia can cause lymphocytopenia. (p. 7)**
Monocytes	**4.4-12.9**	**3.0**	**4.9**	**Low on admission- Her monocytes are low because she also has lymphocytopenia.**
Eosinophils	**0-6.3**	**0.2**	**0.4**	
Bands	**0-6**	**NA**	**NA**	

References:

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

Kurugol, Zafer, Onen, & Guldane. (2012, September 24). Severe Hemolytic Anemia Associated with Mild Pneumonia Caused by Mycoplasma pneumonia. Retrieved February 26, 2020, from https://www.hindawi.com/journals/crim/2012/649850/

Kwon, E., & Ahn, C. (2012, September 1). Low hemoglobin concentration is associated with several diabetic profiles. Retrieved February 26, 2020, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3443718/

Schneider, D. J. (2009, April). Factors contributing to increased platelet reactivity in people with diabetes. Retrieved February 26, 2020, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2660482/

Yoon, N.-B., Son, C., & Um, S.-J. (2013, February 21). Role of the neutrophil-lymphocyte count ratio in the differential diagnosis between pulmonary tuberculosis and bacterial community-acquired pneumonia. Retrieved February 26, 2020, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3589634/

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**136-145**	**136**	**136**	
K+	**3.5-5.1**	**3.8**	**4.1**	
Cl-	**98-107**	**96**	**100**	**Low on admission- Her chloride level was low because she has COPD, and low chloride is associated with that. COPD can cause a shift in blood pH, which lowers your chloride level.**
CO2	**21-31**	**33**	**31**	**High on admission- The patient is diagnosed with COPD and also is having difficulty breathing upon admission. Her body is retaining CO2 because it was not able to filter it out properly.**
Glucose	**74-109**	**149**	**303**	**High- The patient is diagnosed with brittle diabetes. Brittle diabetes means it is not well controlled and can fluctuate. Her blood sugars have been uncontrolled and elevated.**

BUN	**7-25**	**24**	**24**	
Creatinine	**0.7-1.3**	**0.72**	**0.72**	
Albumin	**3.5-5.2**	**3.3**	**NA**	**Low on admission- infection can cause low albumin levels in the blood, and she is currently fighting a pneumococcal infection.**
Calcium	**8.6-10.3**	**8.6**	**8.0**	**Low today- lower calcium levels are observed in older patients. This patient is 75 years old and could be experiencing this because of her old age. Or it could be her albuterol. Albuterol lowers calcium levels.**
Mag	**1.6-2.4**	**1.8**	**NA**	
Phosphate	**2.5-4.5**	**2.9**	**NA**	
Bilirubin	**0.3-1**	**0.4**	**NA**	
Alk Phos	**34-104**	**124**	**NA**	**High on admission- This could be high because the patient could be on an anabolic steroid at home to help with her chronic illnesses. Anabolic steroids increase Alkaline phosphate.**
AST	**13-39**	**27**	**NA**	
ALT	**7-52**	**43**	**NA**	
Amylase	**23-85**	**NA**	**NA**	
Lipase	**0-160**	**NA**	**NA**	
Lactic Acid	**0.5-1**	**1.5**	**NA**	**High on admission- her lactic acid level could be high because a low amount of oxygen causes it. In the body, a low O2 level causes it to break down carbohydrates, which creates lactic acid. She has COPD and pneumonia, which causes a low O2 level.**

References:

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

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	**<1.1**	**NA**	**NA**	
PT	**11-13.5**	**NA**	**NA**	
PTT	**60-70**	**NA**	**NA**	
D-Dimer	**<0.5**	**NA**	**NA**	
BNP	**0-100**	**NA**	**NA**	
HDL	**23-92**	**NA**	**NA**	
LDL	**≤ 100**	**NA**	**NA**	
Cholesterol	**≤ 149**	**NA**	**NA**	
Triglycerides	**0-149**	**NA**	**NA**	
Hgb A1c	**≤ 6.4**	**NA**	**NA**	
TSH	**0.45-5.33**	**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
Color & Clarity	**Yellow and clear**	**NA**	**NA**	

pH	**6.0**	**NA**	**NA**	
Specific Gravity	**1.005-1.034**	**NA**	**NA**	
Glucose	**Normal**	**NA**	**NA**	
Protein	**Negative**	**NA**	**NA**	
Ketones	**Negative**	**NA**	**NA**	
WBC	**< 5**	**NA**	**NA**	
RBC	**0-3**	**NA**	**NA**	
Leukoesterase	**Negative**	**NA**	**NA**	

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	**No growth**	**NA**	**NA**	
Blood Culture	**No growth**	**NA**	**NA**	
Sputum Culture	**No growth**	**NA**	**NA**	
Stool Culture	**No growth**	**NA**	**NA**	

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (5 points): X-ray of the chest

CT of chest

EKG

Diagnostic Test Correlation (5 points): An x-ray of the chest is performed to diagnose someone with pneumonia properly. According to the University of Virginia (2013), "The x-ray findings of pneumonia are airspace opacities, lobar consolidation or interstitial opacities." (p. 2). In this patient, she had opacities in both lower lobes in her x-ray results, which indicated pneumonia.

A CT scan of her chest can show complications of pneumonia, like effusions. In my patient, they were looking for complications caused by her diagnosed pneumonia.

An EKG was taken on my patient because she has a history of Atrial flutter. This patient came in complaining of shortness of breath and tightness in her chest. To ensure her heart was not an issue on admission, they did an EKG.

Diagnostic Test Reference (APA):

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

Chest Radiology. (2013). Retrieved February 26, 2020, from https://www.med-ed.virginia.edu/courses/rad/cxr/pathology3chest.html

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

Home Medications (5 required)

Brand/Generic	**Acetaminophen - Tylenol 8hr Arthritis**	**Albuterol- Proventil**	**Amiodarone hydrochloride- Cordarone**	**Citalopram hydrobromide - Celexa**	**Famotidine- Pepcid**
Dose	**650 mg**	**180mcg**	**100mg**	**20mg**	**20mg**
Frequency	**8 hours- Q8**	**6 hours- Q6**	**Daily**	**Daily**	**Daily**
Route	**Oral**	**Inhalation**	**Oral**	**Oral**	**Oral**
Classification	**Nonopioid Analgesic**	**Bronchodilator**	**Class III antiarrhythmic**	**Antidepressant**	**Antiulcer agent**
Mechanism of Action	**Inhibits cyclooxygenase, blocking prostaglandin production, and interfering with pain impulse generation in the peripheral nervous system.**	**Attaches to beta-2 receptors on bronchial cell membranes, which stimulates ATP to convert to cAMP. That conversion decreased calcium levels. The increased cAMP and calcium levels work together to relax bronchial smooth muscle cells and inhibit histamine release.**	**According to Jones and Bartlett (2018), "Drug relaxes vascular smooth muscle, mainly in the coronary circulation, and improves myocardial blood flow." (p.61)**	**Blocks serotonin uptake by adrenergic nerves, which increases serotonin levels at nerve synapses.**	**Reduces HCl formation by preventing histamine from binding with H2 receptors.**
Reason Client Taking	**Relief of pain**	**The patient has COPD and pneumonia. This medication is to relieve the symptoms of both.**	**The patient has a history of atrial flutter, and this is to control it.**	**The patient suffers from depression.**	**The patient has GERD, and it is to relieve symptoms.**

Contraindications (2)	**Hypersensitivity to acetaminophen Severe hepatic impairment**	**Hypersensitivity to albuterol No bronchial tightness**	**Bradycardia Hypokalemia**	**Congenital long QT syndrome Within 14 days of use of an MAOI**	**Hypersensitivity to famotidine Do not take with antacids**
Side Effects/Adverse Reactions (2)	**Fatigue Abdominal pain**	**Dizziness Arrhythmias**	**Abnormal gait Anorexia**	**Agitation Diarrhea**	**Confusion Dry mouth**
Nursing Considerations (2)	**Use cautiously in patients with alcoholism Monitor renal function in long term use**	**Administer during the second half of inspiration Be aware of drug tolerance development**	**Use an in-line filter during IV administration When the flow rate is above 2mg/ml use a central venous catheter**	**Monitor patient for serotonin syndrome Use cautiously with patients with cardiac issues**	**Have to shake famotidine for 5-10 seconds before administering Store medication at room temperature**

Hospital Medications (5 required)

Brand/Generic	**Flagyl-metronidazole**	**Hydralazine-Apersoline**	**Simvastatin-Zocor**	**Vancomycin-Vancocin**	**Cefepime-maxipime**
Dose	**500mg 200 mL**	**10mg 0.5mL**	**40mg**	**1000mg 250mL**	**1000mg 200mL**
Frequency	**Infuse-1hr Given-Q8**	**Q4 or PRN**	**HS- bedtime**	**Infuse- 1hr Given- 12hrs**	**12 hrs**

Route	**IV piggyback**	**IV push**	**Oral**	**IV piggyback**	**IV piggyback**
Classification	**Antibiotic**	**Antihypertensive**	**Antihyperlipidemic**	**Antibiotic**	**Antibiotic**
Mechanism of Action	**Undergoes intracellular chemical reduction during anaerobic metabolism. When metabolized, it can attack DNA and destroy it, so it cannot synthesize.**	**It exerts a direct vasodilating effect on vascular smooth muscle.**	**Interferes with HMG-CoA reductase. This reduces the formation of mevalonic acid and interrupts the pathway necessary for cholesterol synthesis.**	**Inhibits bacterial RNA and cell wall synthesis.**	**Interferes with the cell wall synthesis, which causes the cells to rupture and die.**
Reason Client Taking	**The patient has an infection**	**Hypertension**	**Control her high cholesterol levels**	**The patient has an infection**	**The patient has an infection**
Contraindications (2)	**Breastfeeding Hypersensitivity to metronidazole**	**CAD Mitral valve disease**	**Active hepatic disease Pregnancy**	**Hypersensitivity to corn when given dextrose products Hypersensitivity to vancomycin**	**Hypersensitivity to Penicillins Hypersensitivity to cefepime**
Side Effects/Adverse Reactions (2)	**Ataxia Dark urine**	**Chills Angina**	**Cognitive impairment Vertigo**	**Insomnia Constipation**	**Edema Dyspnea**
Nursing Considerations (2)	**Use cautiously in patients with a CNS disease Do not give by direct IV injection**	**Monitor CBC values throughout therapy Watch for signs of orthostatic hypertension**	**Use cautiously in elderly patients Monitor liver enzyme levels**	**Monitor blood levels and trough levels Check BUN and creatinine levels**	**Use cautiously in patients with a history of colitis Administer over 30 mins**

Medications Reference (APA):

Jones, & Bartlett. (2018). *2019 Nurses drug handbook* (18th ed.). Burlington, MA: Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The patient was alert and oriented times 4. She seemed to be slightly distressed. Her overall appearance is appropriate.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**The patient's skin was pale pink, wrinkled, and warm. Her skin tented, and she had wrinkles. She did not have any rashes. She had bruising on her right and left forearm from IV sticks. The patient has a stage 2 pressure ulcer on her coccyx. She had a wound on her right heel. Her Braden Score was 15. She had no drains present.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Her head and neck were normal cephalic. She had no jugular vein distention. Her ears were symmetrical and intact. Her eyes were symmetrical. Her pupils were equal, round, reactive to light, and accommodate. Her nose was intact, and the septum was symmetrical. Her teeth were intact.** .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur, etc.**	. **Her heart sounds were normal. There were no murmurs or abnormal noises. She was in normal sinus rhythm. Her radial pulses**

Cardiac rhythm (if applicable): **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	**graded at a 3+. Her pedal pulses were graded at a 2+. Her capillary refill was under 3 seconds, which is normal. She did not have any neck vein distention. She did not have any edema.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**.The patient has decreased breath sounds. Her breath sounds were coarse. She had crackles bilaterally in the lower lobes.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	**.The patient is on a regular diet at home. She is on a diabetic diet in the hospital. Her height is 157.48 cm. Her weight is 44.6 kg. Bowel sounds were present and active in all four quadrants. Her last bowel movement was unknown. The patient did not remember. No bowel movement had been documented since admission. Upon palpation, the pain had no pain or masses. Upon inspection, the client did not have distention, incisions, drains, or wounds. The patient did have a lower abdominal scar. The scar stretched across the entire lower abdomen. An ostomy was not present. The patient did not have a nasogastric tube. The patient did not have a feeding tube or a PEG tube.**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**The patient's urine was yellow and clear. She urinated 350 mL. She did not have any pain with urination. She is not on dialysis. Upon inspection of the patient's genitals, they were normal and intact. She did not have a catheter.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:**	**.The patient had an appropriate neurovascular status. She had a limited range of motion in all four extremities. She was weak and sore and could not move her extremities on her own. An active-assisted range of motion**

ADL Assistance: Y☐ N ☐ **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**could be performed. The patient uses a walker. She has to be supported by two people. She has decreased strength in her entire body. She needs ADL assistance. She is a fall risk. Her Morse fall score was 60. She needs assistance with equipment. She needs support to stand and walk.**
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**.The patient can move all four extremities with assistance. Her pupils are equal, round, reactive to light, and accommodate. She has equal strength in all four extremities, but she mentions she is weaker than before. She is oriented to self, place, time, and situation. She has an appropriate mental status. Her speech is clear and annunciated. She has normal sensory feelings. She is lethargic.**
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):**	**.The patient copes by sleeping and listening to music. Her developmental status is appropriate for her age. She is a Christian and prays every day. She does not attend church, but it is an important part of her life. She lives with her husband in Mattoon Rehab. She has a daughter who is very involved in her care, who she says does not live far away.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0321	76	148/64	18	36.7	95
.0818	72	103/52	16	36.7	98

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
2/23 2050	Numeric	NA	0/10	NA	NONE
2/24 0915	Numeric	NA	0/10	NA	NONE

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV: left antecubital** **Date on IV: 2/23/2020** **Patency of IV: bent and occluded** **Signs of erythema, drainage, etc.: drainage** **IV dressing assessment: wet and bloody**	No fluid being administered. IV was not successfully flushed. IV was discontinued and removed from the patient's arm. A new IV was not successfully put into the patient.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 (water)	**350 (urine)**

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was introduced during our first medicine pass. She was weighed, and vital signs were taken. Her pain was evaluated at a 0/10. Her medication was administered during our 0800 round. IV attempts were also made during this time but were unsuccessful. The patient requested a PICC line. The patient went down to a CT scan of her chest. The patient came back up to the floor, and they attempted a PICC line, which was unsuccessful. The patient requested to rest for the remainder of the clinical.

Procedures/testing done: A CT scan was completed during clinical time. She was gone for approximately 45 minutes.

Complaints/Issues: The patient complained of being very thirsty during shift. She also complained about her persistent cough.

Vital signs (stable/unstable): Her blood pressure at 0321 was 148/64, which is considered high. The rest of her vital signs were stable. No one had to be notified of any abnormalities of changes in patient status.

Tolerating diet, activity, etc.: The patient is experiencing loss of appetite and only ate a banana and two tbs of pudding during the clinical time. The patient has weakened and cannot walk without lots of assistance. She is not tolerating activity.

Physician notifications: No physician notifications

Future plans for the patient: Upon discharge, I anticipate the patient will need to go home with oxygen therapy. I also anticipate her needing to go home with physical therapy and occupational therapy to assist in getting her strength back.

Discharge Planning (2 points)

Discharge location: Patient is going home to Mattoon Rehab Center

Home health needs (if applicable): The patient will need assistance moving and feeding. The patient will also need help with her medications and treatments.

Equipment needs (if applicable): The patient will need home oxygen. The patient also may need a wheelchair and walker.

Follow up plan: The patient needs to attend therapy and follow up with her primary care provider. Her health status needs to be evaluated, and they can prescribe further treatment.

Education needs: The patient needs to be educated on the importance of attending therapy and regaining strength. She also needs to be educated on the importance of medication compliance. The patient could also benefit from being educated about the importance of controlling her brittle diabetes.

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Potential for erratic blood glucose levels due to inadequate blood glucose monitoring, as evidenced by patient high glucose level readings.	**The patient has brittle diabetes, which can cause erratic blood pressures easily. The patient needs to monitor and maintain blood sugars, so she does not experience complications associated with hyperglycemia.**	**1. Assess blood glucose before meals and at bedtime** **2. Administer correction doses of insulin as prescribed.**	**The patient understood teaching and was compliant with medication** **The client's blood sugar came down, and she did not experience any hyperglycemic events.**
2. Decreased gas exchanged due to altered oxygen supply, as evidenced by the patient needing therapeutic oxygen to	**The patient is at risk for respiratory complications because she is diagnosed with COPD and pneumonia. Her respiratory gases need to be monitored and managed.**	**1. Monitor oximetry readings and report anything below 92%.** **2. Administer oxygen as prescribed.**	**The patient did not read below 92% on oximetry.** **The patient was compliant with oxygen administration via nasal cannula.**

retain normal oxygen levels.			
3. Dehydration due to increased insensible loss occurring with tachypnea, fever, or diaphoresis, as evidenced by the patient being extremely thirsty.	**The patient is at risk for dehydration and needs assistance getting liquids into her body.**	**1. Monitor patient's intake and output and be alert to any inadequacies.** **2. Weigh the patient daily at the same time on the same scale and record results. Report any weight changes of 1-1.5kg a day.**	**The patient had adequate intake and output for clinical time. She drank plenty of water and had appropriate urine output.** **The patient was compliant to be weighed but was unable to perform the task on the same scale due to a decrease in strength. The patient weight had not changed more than 1 kg when weight was checked on a different scale.**

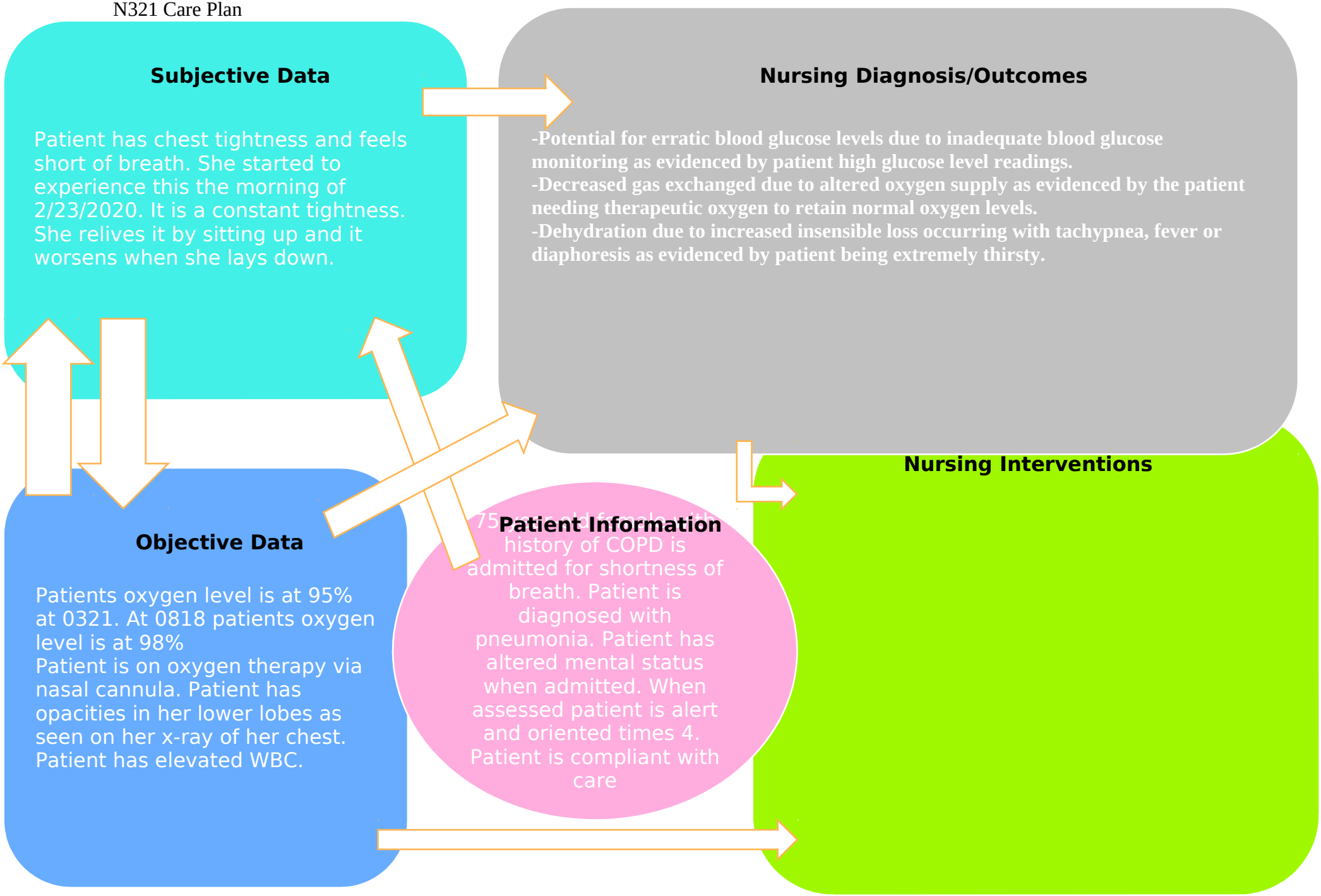
Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). Pneumonia. In *All-in-One* (e, Vol. 5, pp. 124-130). St. Louis, MO: Elsevier.

Swearingen, P. L., & Wright, J. D. (2019). Diabetes. In *All-in-One* (e, Vol. 5, pp. 366-376). St. Louis, MO: Elsevier.

Concept Map (20 Points):

N321 Care Plan



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