N431 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
3/7/2020	` K.K.	72 years' old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Retired Welder	Widowed	NKDA
Code Status	**Height**	**Weight**	
DNR/DNI	5'9"	146 lbs.	

Medical History (5 Points)

Past Medical History: Hypertension, Atrial fibrillation, Hyperlipidemia, COPD

Past Surgical History: Appendectomy in 1995

Family History: Mother: Diabetes, Brother: Diabetes, Father: MI

Social History (tobacco/alcohol/drugs): Never a smoker, casual drinker (1-2x per month), never uses drug.

Assistive Devices: No assistive devices.

Living Situation: Lives at home alone.

Education Level: High school diploma.

Admission Assessment

Chief Complaint (2 points): Shortness of breath, cough

History of present Illness (10 points): The patient complains of shortness of breath and a cough. Patient denies smoking. The patients PMH includes hypertension, atrial fibrillation, hyperlipidemia, and COPD. The patient states his activity levels have declined over the last several days due to the worsening shortness of breath. Patient states exertion aggravates the shortness of breath and rest periods alleviate the shortness of breath along with the use of his PRN oxygen at 2L/min. Patient is receiving oxygen via nasal cannula.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): COPD exacerbation

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): "Chronic obstructive pulmonary disease (COPD) is a preventable and treatable slowly progressive respiratory disease of airflow obstruction involving the airways, pulmonary parenchyma, or both. The parenchyma includes any form of lung tissue, including bronchioles, bronchi, blood vessels, interstitium, and alveoli. The airflow limitation or obstruction in COPD is not fully reversible. Most patients with COPD present with overlapping signs and symptoms of emphysema and chronic bronchitis, which are two distinct disease processes" (Hinkle & Cheever, 2018, p. 634). "Common symptoms associated with chronic COPD include dyspnea, chronic cough, and chronic sputum production. Dyspnea that interferes with daily activities is the main reason patients seek medical attention. Environmental exposure is the most common cause of COPD. Cigarette smoking, or passive exposure to cigarette smoke, is the most commonly encountered risk factor. Chronic occupational exposure to dust or volatile gases is an importat risk factor. Indoor air pollutants, especially from burning biomass fuels in confined spaces" (Swearingen, 2016, p. 111).

There are many diagnostic tests used to determine COPD. Spirometry is used when all of the common symptoms of chronic COPD are present. Pulse oximetry for normal COPD patients is about 88-92%. Chest x-ray could be used to determine if the patient has chronic bronchitis. Arterial blood gasses are drawn, and they use these to monitor a COPD exacerbation (Swearingen, 2016). Some labs you would see is a decreased pH, increased PaCO2 when arterial blood gases are drawn.

Treatment can vary from each patient we see. “Bronchodilators are key for symptom management in stable COPD. Inhaled therapy is preferred, and the vidual response in terms of symptom relief and side effects. Inhaled therapy may be prescribed on an as needed or regular basis to reduce symptoms. Although inhaled and systemic corticosteroids may improve the symptoms of COPD, they do not slow the decline in lung function. Their effects are less dramatic than in asthma. A short trial course of oral corticosteroids may be prescribed for patients to determine whether pulmonary function improves, and symptoms decrease” (Hinkle & Cheever, 2018, p.640). “Oxygen therapy can be given as long-term continuous therapy, during exercise, or to prevent acute dyspnea during an exacerbation. The goal of supplemental oxygen therapy is to increase the baseline resting partial pressure of arterial oxygen” (Hinkle & Cheever, 2018, p.643).

My patient was receiving oxygen therapy in the hospital to make sure to keep his oxygen saturation about 92%. He was receiving 2L/min via nasal cannula and with continue this treat at home upon discharge as well. He had his arterial blood gases drawn and they showed indications of a COPD exacerbation. His admitting diagnosis was SOB and cough and he stated he was having decreased activity intolerance.

Pathophysiology References (2) (APA):

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth’s Textbook of Medical-Surgical Nursing.* (14th ed.). Wolters Kluwer.

Swearingen, P. L. (2016). *All-in-one care planning resource: medical-surgical, pediatric, maternity & psychiatric nursing care plans.* Elsevier/Mosby.

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	F: 4.5-5 M: 4.5-6	N/A	N/A	N/A
Hgb	F: 12-15 M: 14-16	13.6	13.6	Could be related to patient's chronic COPD. Anemia is often associated with chronic disease. (Van & Mickey Lynn Bladh, 2017)
Hct	F: 42-52 M: 35-47	N/A	N/A	N/A
Platelets	150,000-400,00	N/A	N/A	N/A
WBC	4,500-11,000	9.4	9.4	N/A
Neutrophils	45-75%	N/A	N/A	N/A
Lymphocytes	20-40%	N/A	N/A	N/A
Monocytes	1-10%	N/A	N/A	N/A
Eosinophils	<7%	N/A	N/A	N/A
Bands	<1%	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-	135-145	124	124	Hyponatremia could be related to an insufficient intake of salt in the patient's diet. (Van & Mickey Lynn Bladh, 2017)
K+	3.5-5.0	2.8	2.8	Hypokalemia could be related to patient's hypertension medications. Some hypertension medications may result in loss of potassium. (Van & Mickey Lynn Bladh, 2017)
Cl-	97-107	N/A	N/A	N/A

CO2	20-30	N/A	N/A	N/A
Glucose	70-110	94	94	N/A
BUN	10-20	24	24	High Bun levels could be related to an undiagnosed AKI which is related to the decreased renal excretion. (Van & Mickey Lynn Bladh, 2017)
Creatinine	0.7-1.4	2.8	2.8	High creatinine levels could happen due to if the patient is dehydrated or if there is an AKI (Van & Mickey Lynn Bladh, 2017)
Albumin	3.5-5	N/A	N/A	N/A
Calcium	8.6-10.2	N/A	N/A	N/A
Mag	1.3-2.1	N/A	N/A	N/A
Phosphate	2.5-4.5	N/A	N/A	N/A
Bilirubin	0.3-1	N/A	N/A	N/A
Alk Phos	30-120	N/A	N/A	N/A
AST	0-35	N/A	N/A	N/A
ALT	4-36	N/A	N/A	N/A
Amylase	30-220	N/A	N/A	N/A
Lipase	0-160	N/A	N/A	N/A
Lactic Acid	0.5-1	N/A	N/A	N/A
Troponin	0-0.04	N/A	N/A	N/A
CK-MB	5-25	N/A	N/A	N/A
Total CK	22-198	N/A	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	0.8-1.1	N/A	N/A	N/A
PT	11-12.5	N/A	N/A	N/A
PTT	30-40	N/A	N/A	N/A
D-Dimer	<0.4	N/A	N/A	N/A
BNP	<100	N/A	N/A	N/A
HDL	>60	N/A	N/A	N/A
LDL	<130	N/A	N/A	N/A
Cholesterol	<200	N/A	N/A	N/A
Triglycerides	<150	N/A	N/A	N/A
Hgb A1c	4-5.9%	N/A	N/A	N/A
TSH	0.4-4.0	N/A	N/A	N/A

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Yellow and Clear	N/A	N/A	N/A
pH	5.0-8.0	N/A	N/A	N/A
Specific Gravity	1.005-1.035	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	<5	N/A	N/A	N/A

RBC	0-3	N/A	N/A	N/A
Leukoesterase	Negative	N/A	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	7.25	7.25	The patient's pH levels could be low due to his COPD exacerbation which is a result of respiratory acidosis. (Van & Mickey Lynn Bladh, 2017)
PaO2	80-100 mmHg	91	91	N/A
PaCO2	35-45 mmHg	84	84	The patient's $PaCO_2$ levels are elevated due to his COPD exacerbation. This is a result of respiratory acidosis. (Van & Mickey Bladh, 2017)
HCO3	22-26 mEq/ L	24	24	N/A
SaO2	95-100%	N/A	N/A	N/A

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (APA):

Van, A. M., & Mickey Lynn Bladh. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): The patient's Chest x-ray shows findings consistent with chronic bronchitis. Patients EKG shows A. Fib at a rate of 88 bpm.

Diagnostic Test Correlation (5 points): A chest x-ray was performed for the patient's initial complaint of SOB. Chest radiography, commonly called chest x-ray, is one of the most frequently performed diagnostic imaging studies. This study yields information about the pulmonary, cardiac, and skeletal systems. The lungs, filled with air, are easily penetrated by x-rays and appear black on chest images. A routine chest x-ray includes a posteroanterior projection, in which x-rays pass from the posterior to the anterior, and a left lateral projection. (Van & Mickey Lynn Bladh, 2017) The patient's chest x-ray showed findings consistent with chronic bronchitis. An EKG was performed due to the patients underlying atrial fibrillation. An EKG is used to evaluate the electrical impulses generated by the heart during the cardiac cycle to assist with diagnosis of cardiac dysrhythmias, blocks, damage, infection or enlargement. (Van &

Mickey Lynn Bladh, 2017) The EKG shows the patient remains in atrial fibrillation and has a heart rate of 88 bpm.

Diagnostic Test Reference (APA):

Van, A. M., & Mickey Lynn Bladh. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* F.A. Davis Company.

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

Home Medications (5 required)

Brand/Generic	lisinopril (Zestril)	amiodarone (Cordarone)	Aspirin (acetylsalicylic acid)	atorvastatin (Lipitor)	metoprolol (Lopressor)
Dose	40 mg	200 mg	81 mg	40 mg	50 mg
Frequency	Daily	Daily	Daily	Daily at HS	BID
Route	PO	PO	PO	PO	PO
Classification	Antihypertensive, vasodilator	Class III antiarrhythmic	Anti-inflammatory, Antiplatelet	Antihyperlipidemic	Antihypertensive
Mechanism of Action	May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II is a potent vasoconstrictor that also	Acts on cardiac cell membranes, prolonging repolarization and the refractory period and raising ventricular fibrillation threshold.	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the	Inhibits stimulation of $beta_1$-receptor sites, located mainly in the heart, resulting in decreased cardiac excitability,

	stimulated adrenal cortex to secrete aldosterone. Lisinopril may also inhibit renal and vascular production of angiotensin II. Decreased release of aldosterone reduces sodium and water reabsorption and increases their excretion, thereby reducing blood pressure.	Drug relaxes vascular smooth muscles, mainly in coronary circulation, and improves myocardial blood flow. It relaxes peripheral vascular smooth muscles, decreasing peripheral vascular resistance and myocardial oxygen consumption.	mediators in the inflammatory response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside.	number of LDL receptors on liver cells to enhance LDL uptake and breakdown.	cardiac output, and myocardial oxygen demand. These effects help relieve angina, minimize cardiac tissue damage from a myocardial infarction, and help relieve symptoms of heart failure. Metoprolol also helps reduce blood pressure by decreasing renal release of renin.
Reason Client Taking	Hypertension	Atrial fibrillation	Prevent clotting, and to prevent MI.	Hyperlipidemia	Antihypertensive
Contraindications (2)	Patients with renal impairment, history of angioedema related to previous treatment	Bradycardia that causes syncope, hypomagnesemia	Asthma, bleeding problems	Active hepatic disease, breastfeeding, and unexplained persistent rise in serum transaminase level	Acute heart failure, cardiogenic shock, and pulse less than 45 bpm
Side Effects/Adverse Reactions (2)	Arrhythmias, confusion, acute renal failure.	Abnormal gait, acute renal failure, aplastic or	Decreased blood iron level, bronchospa	Arrythmias, anemia, and hyperglycemia.	Anxiety, confusion, constipation, and

		hemolytic anemia.	sm, and diarrhea.		bronchospasm.
Nursing Considerations (2)	Use lisinopril cautiously in patients with fluid volume deficit, heart failure, impaired renal function, or sodium depletion. Be aware that lisinopril should not be given to a patient who is hemodynamically unstable after an acute MI.	Monitor vital signs and oxygen levels often. Check patient's implantable cardiac device (if present), as ordered, at the start of and during amiodarone therapy because drug may affect pacing or defibrillating thresholds.	Don't crush timed-release or controlled-release aspirin tables unless directed. Ask about tinnitus. This reaction usually occurs when blood aspirin level reaches or exceeds maximum dosage for therapeutic effect.	Know that atorvastatin is used in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid-lowering treatments or alone only if other treatments aren't available. Expect to measure lipid levels 2 to 4 weeks after therapy starts, to adjust dosage as directed, and to repeat periodically until lipid levels are within desired range.	Before starting therapy for heart failure, expect to give an ACE inhibitor, digoxin, and a diuretic to stabilize patient. If patient with heart failure develops symptomatic bradycardia, expect to decrease the metoprolol dosage.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor serum creatinine, blood pressure, and potassium.	Monitor oxygen and vital signs, serum amiodarone, monitor liver enzymes and thyroid hormone levels.	Clotting factors	Lipid levels, and liver function tests.	ECG and blood pressure.
Client Teaching needs	Explain that lisinopril	Explain that patient will	Instruct patient to	Emphasize that atorvastatin is	Advise patient to

(2)	helps to control but doesn't cure hypertension and that patient may need lifelong therapy. Advise patient to take at the same time every day.	need frequent monitoring and laboratory tests during treatment. Instruct patient to report abnormal bleeding or bruising.	take aspirin with food or after meals because it may cause GI upset if taken on an empty stomach. Tell patient to consult prescriber before taking aspirin with any prescription drug for blood disorder, diabetes, gout, or arthritis.	an adjunct to-not a substitute for-a low-cholesterol diet. Tell patient to take drug at the same time each day to maintain its effects.	notify prescriber if pulse rate falls below 60 beats/minute or is significantly lower than usual. Caution patient to not stop abruptly.

Hospital Medications (5 required)

Brand/Generic	azithromycin (Zithromax)	Levaquin (levofloxacin)	Potassium Chloride (K-lyte)	Acetaminophen (Tylenol)	Docusate (Colace)
Dose	500 mg	750 mg	40 mEq	650 mg	100 mg
Frequency	Daily	Daily	Once	Q6H PRN	BID PRN
Route	PO	IV	IV	PO	PO
Classification	Antibiotic	Antibiotic	Electrolyte replacement	Nonopioid analgesic	Laxative, stool

					softener
Mechanism of Action	Binds to a ribosomal subunit of susceptible bacteria, blocking peptide translocation and inhibiting RNA-dependent protein synthesis. Drug concentrates in phagocytes, macrophages, and fibroblasts, which release it slowly and may help move it to infection sites.	Interferes with bacterial cell replication by inhibiting the bacterial enzyme DNA gyrase, which is essential for repair and replication of bacterial DNA.	Acts as the major cation in intracellular fluid, activating many enzymatic reactions essential for physiologic processes, including nerve impulse transmission and cardiac and skeletal muscle contraction. Potassium also helps maintain electroneutrality in cells by controlling exchange of intracellular and extracellular ions. It also helps maintain normal renal function and acid-base balance.	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E_2.	Acts as a surfactant that softens stool by decreasing surface tension between oil and water in feces. This action lets more fluid penetrate stool, forming a softer fecal mass.
Reason Client Taking	COPD exacerbation	COPD exacerbation	Low potassium levels	Pain management/fever	Constipation
Contraindications (2)	History of cholestatic jaundice or hepatic	Hypersensitivity to levofloxacin, other	Acute dehydration, crush syndrome,	Hypersensitivity to acetaminophen or its	Fecal impaction, intestinal obstructio

	dysfunction associated with prior use.	fluoroquinolones, or their components and myasthenia gravis.	and peptic ulcer disease.	components, severe hepatic impairment, severe active liver disease	n, and undiagnosed abdominal pain
Side Effects/Adverse Reactions (2)	Arrhythmias, allergic reaction, and aggressiveness.	Acute renal failure, arrhythmias, and CNS stimulation.	Confusion, arrhythmias, and dyspnea**.**	Abdominal pain, anaphylaxis, and hypoglycemic coma.	Dizziness, palpitations, and abdominal cramps
Nursing Considerations (2)	Monitor elderly patients closely for arrhythmias because they are more susceptible to drug effects on the QT interval. Assess patient for bacterial or fungal superinfection, which may occur with prolonged or repeated therapy. If it occurs, expect to give another antibiotic or antifungal.	Use levofloxacin cautiously in patients with renal insufficiency. Use drug cautiously in patients with CNS disorders, such as epilepsy, that may lower the seizure threshold. Also use cautiously in patients taking corticosteroids, especially elderly patients, because of increased risk of tendon rupture.	Regularly assess patient for signs of hypokalemia, such as arrhythmias, fatigue and weakness, and for signs of hyperkalemia, such as arrhythmias, confusion, dyspnea, and paresthesia. Infuse potassium slowly to avoid phlebitis and decrease risk of adverse cardiac reactions.	Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment. Monitor renal function in patient on long term therapy.	Asses for laxative abuse syndrome, especially in women with anorexia nervosa, depression, or personality disorders. Expect long-term or excessive use of docusate to cause dependence on laxatives for bowel movements, electrolyte imbalances, osteomalacia, steatorrhea

					, and vitamin and mineral deficiencies.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Renal function, culture and sensitivity, liver enzymes, and cardiac function.	Renal function, culture and sensitivity, cardiac function, and glucose levels.	Potassium levels, and renal function	Renal and liver function	Fecal impaction
Client Teaching needs (2)	Tell patient to take azithromycin capsules 1 hour before or 2 to 3 hours after food. Instruct patient to take tablets or suspension without regard to food. Teach patient to watch for and immediately report signs of superinfection, such as white patches in mouth.	Tell patient to tell prescriber about severe diarrhea, even if it's more than 2 months after drug therapy ends. Additional treatment may be needed. Advise patient to notify prescriber about heart palpitations or loss of consciousness.	Inform patient that potassium is part of a normal diet and that most meats, seafoods, fruits and vegetables contain sufficient potassium to meet recommended daily intake. Advise patient to watch stools for changes in color and consistency and to notify prescriber if they become black, tarry, or red.	Tell patient that tablets may be crushed or swallowed whole. Teach patients to recognize signs of hepatotoxicity, such as bleeding, easy bruising, and malaise, which commonly occurs with chronic overdose.	Tell patient not to use docusate when she has abdominal pain, nausea, and vomiting. Advise patient to take docusate with a full glass of water or milk.

Medications Reference (APA):

Jones, & Bartlett. (2018). *Nurse's Drug Handbook* (17th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient A&Ox4. Oriented to person, place, date and time. Patient shows no signs of distress. Patients is dressed shows an overall good appearance.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** 36.8 **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 17 **Drains present: Y☐ N ☒** **Type:** N/A	Skin is pink, dry and warm. Patient has a temperature of 36.8 degrees Celsius. Patients skin turgor is elastic. Patient has no signs of rashes, bruises or wounds. Patient has a Braden score of 17 and has no drains present.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is normophiliac. Trachea is midline. Ears have a pearly gray tympanic membrane. Patients eyes are equal, round, reactive and accommodate to light. Nose is midline, shows no signs of polyps. Oral mucosa is pink and most. Patient has all teeth and they are clean. .
CARDIOVASCULAR (2 points): **Heart sounds:**	Patients heart sounds are normal. S1 and S2 noted. Patient has atrial fibrillation and patients

S1, S2, S3, S4, murmur etc. **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:** N/A	HR is 88 bpm. Pedal pulses 2+ bilaterally. Capillary refill less than 3 seconds. Patient has no neck vein distention and no signs of edema.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Patient has bilateral wheezes and diminished breath sounds that were auscultated anteriorly and posteriorly. Middle lobe also auscultated. Patient seems short of breath.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** 5' 9" **Weight:** 146 lbs. **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** N/A **Feeding tubes/PEG tube Y ☐ N ☒** **Type:** N/A	Patients current and at home diet are both heart healthy. Patient is 5'9" and weights 146 lbs. Bowel sounds are active in all four quadrants. Patients last bowel movement was at 0800. There are no signs of distention, incisions, scars, drains or wounds. Patient has no ostomy, NG tubes or feeding tubes.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** N/A **Size:** N/A	Patients urine is clear and yellow and has no foul odor. Patient voided 1750 mL. There is no pain upon urination. The patient is not on dialysis and does not have a catheter inserted. Patients genitals show no signs of irritation.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:**	Patient shows AROM. Patient has no assistive devices. Patients strength is equal bilaterally in both the upper and lower extremities. Patient needs no ADL assistance. Patient is not a fall risk

Strength: **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** 40 **Activity/Mobility Status:** **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	and is up ad lib.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is able to move all extremities well. Patients pupils are equal, round, reactive and accommodating to light. Patient is oriented to date, place, time and situation. Patients speech is clear. Patient is AOx4.
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):**	Patients coping methods include being around his family and friends. Developmental level is appropriate for the patients age. The patient is a practicing Christian and attends church with his family regularly. The patient feels safe at home and has the support of his family during this time.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	88	152/68	24	36.5	98% on 2L/min nasal cannula
1100	68	138/62	24	36.8	97% on 2L/min nasal cannula

Vital Sign Trends: Patients pulses are within normal limits. Patient's blood pressure is hypertensive which could be due to his diagnosis of hypertension. Patients respirations are high which could be due to his shortness of breath. Patients temperature is within normal limits. Patients oxygen saturation is within normal limits as well with his 2L/min being delivered by nasal cannula.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric Scale (0-10)	Generalized pain	6/10	Sharp/shooting pain	Tylenol administered
1100	Numeric Scale (0-10)	Generalized pain	2/10	Sharp/shooting pain	No intervention at this time

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G, 18 G **Location of IV:** Left AC, Right hand **Date on IV:** 3/22/2020, 3/23/2020 **Patency of IV:** No complications, flushes easily. **Signs of erythema, drainage, etc.:** There are no signs of erythema or drainage. **IV dressing assessment:** Dry, clean and intact.	Saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
660 mL	1750 mL Stool x2

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was admitted with shortness of breath. He was put on 2L of oxygen via nasal cannula. Today he had a second IV on his right hand where he received some of his medications. An assessment was performed with emphasis on the patient's lung and breath sounds.

Procedures/testing done: Chest x-ray and an EKG.

Complaints/Issues: Patient complains of decreased activity intolerance and patient also complains shortness of breath.

Vital signs (stable/unstable): Patients temperature, heart rate, and O2 saturation were within normal limits. The patient's blood pressure and respirations with high which could result from his hypertension diagnosis and his COPD exacerbation.

Tolerating diet, activity, etc.: Patient is on a heart healthy diet. Due to his shortness of breath his activity levels have decreased.

Physician notifications: Physician didn't see patient during this shift.

Future plans for patient: Patient is going to be discharged on 2L/min of oxygen via nasal cannula. Patient also needs referrals for a bath aid and a home health nurse. Patient needs to follow up with his PCP upon discharge.

Discharge Planning (2 points)

Discharge location: Patient is discharging to his house.

Home health needs (if applicable): Home health care and oxygen therapy.

Equipment needs (if applicable): Equipment for at home continuous oxygen therapy.

Follow up plan: Follow up with PCP one week after discharge from hospital.

Education needs: Teach the patient the signs and symptoms of a COPD exacerbation.

Instruct the client on at home oxygen therapy and what they shouldn't have around the patient.

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. Ineffective breathing pattern related to patients SOB as evidenced by COPD exacerbation.	This was chosen because the patient came into the ER with SOB and wasn't receiving enough oxygen.	1. Assess respiratory status q2-q4 and as indicated by the patient's condition. **2.** Auscultate breath sounds q2-q4 as indicated by the patient's condition.	The patient responded well. This is a goal to help improve the patient's breathing pattern. We want to make sure wheezes are not present and that they aren't having any signs of respiratory distress.
2. Impaired gas exchange related to altered oxygen supply as evidenced by supplemental oxygen administration.	This was chosen because the patients SOB and the needing of supplemental O2.	**1.** Monitor pulse oximetry readings to maintain a level above 92%. **2.**Assess for signs and symptoms of hypoxia and report significant findings.	The goal is for this patient's oxygen saturation to remain above 92% and to report signs of hypoxia. The patient responded well to the interventions.
3. Activity intolerance related to	This was chosen because upon admission the	**1.** Monitor the patient's respiratory	Patient responded well to these interventions. He was willing to go along

imbalanced oxygen supply as evidenced by the decline is his activity levels.	patient stated he was having a decline in his activity.	response to activity, including assessment of oxygen saturation. **2.** Allow at least 90 min between activities for undisturbed rest.	with taking rest periods after he walked through the hospital. He showed no signs of SOB upon walking.
4. Imbalanced nutrition related to decrease intake occurring with fatigue as evidenced by low potassium and sodium levels.	I chose this diagnosis because the patients lab work showed a low potassium levels and sodium levels and required IV meds and oral intake of these.	**1.** Assess food and fluid intake. **2.** Provide the diet in small, frequent, high caloric meals that are nutritious and easy to consume.	The patient responded well to intervention. He was taught about his new diet in comparison to his heart healthy diet. He was able to ask the dieticians if needed.

Other References (APA):

Swearingen, P. L. (2016). *All-in-one care planning resource: medical-surgical, pediatric, maternity & psychiatric nursing care plans.* Elsevier/Mosby.

Concept Map (20 Points):

Subjective Data

Patient came into the hospital stating he had shortness of breath and a cough. He also stated he had a decrease in his daily activities. The patient states he is not a smoker.

Nursing Diagnosis/Outcomes

1. Ineffective breathing pattern related to patients SOB as evidenced by COPD exacerbation. Outcome: The patient responded well. This is a goal to help improve the patient's breathing pattern. We want to make sure wheezes are not present and that they aren't having any signs of respiratory distress.
2. Impaired gas exchange related to altered oxygen supply as evidenced by supplemental oxygen administration. Outcome: The goal is for this patient's oxygen saturation to remain above 92% and to report signs of hypoxia. The patient responded well to the interventions.
3. Activity intolerance related to imbalanced oxygen supply as evidenced by the decline is his activity levels. Outcome: Patient responded well to these interventions. He was willing to go along with taking rest periods after he walked through the hospital. He showed no signs of SOB upon walking.
4. Imbalanced nutrition related to decrease intake occurring with fatigue as evidenced by low potassium and sodium levels. Outcome: The patient responded well to intervention. He was taught about his new diet in comparison to his heart healthy diet. He was able to ask the dieticians if needed.

Objective Data

Patient has wheezes and diminished breath sounds anteriorly and posteriorly. Patient has been receiving O2 2L/min via nasal cannula. His labs show he has a decreased potassium, Hgb, and sodium levels. He has an increased creatinine level. His ABG also showed a decreased pH and an increased PaCO2 level. He has a history of hypertension, hyperlipidemia, atrial fibrillation and COPD.

Patient Information

K.K. is a 72-year-old male who came to the hospital complaining of SOB and a cough. He also stated his activity has slowly started to decrease. He was put on 2L/min via nasal cannula and is now being sent home with it. He has a history of hypertension, atrial fibrillation, hyperlipidemia, and COPD. He lives by himself. He states he was never a smoker.

Nursing Interventions

1. Assess respiratory status q2-q4 and as indicated by the patient's condition.
2. Auscultate breath sounds q2-q4 as indicated by the patient's condition.

1. Monitor pulse oximetry readings to maintain a level about 92%.
2. Assess for signs and symptoms of hypoxia and report significant findings.

1. Monitor the patient's respiratory response to activity, including assessment of oxygen saturation.
2. Allow at least 90 min between activities for undisturbed rest.

1. Assess food and fluid intake.
2. Provide the diet in small, frequent, high-calorie meals that are nutritious and easy to consume.