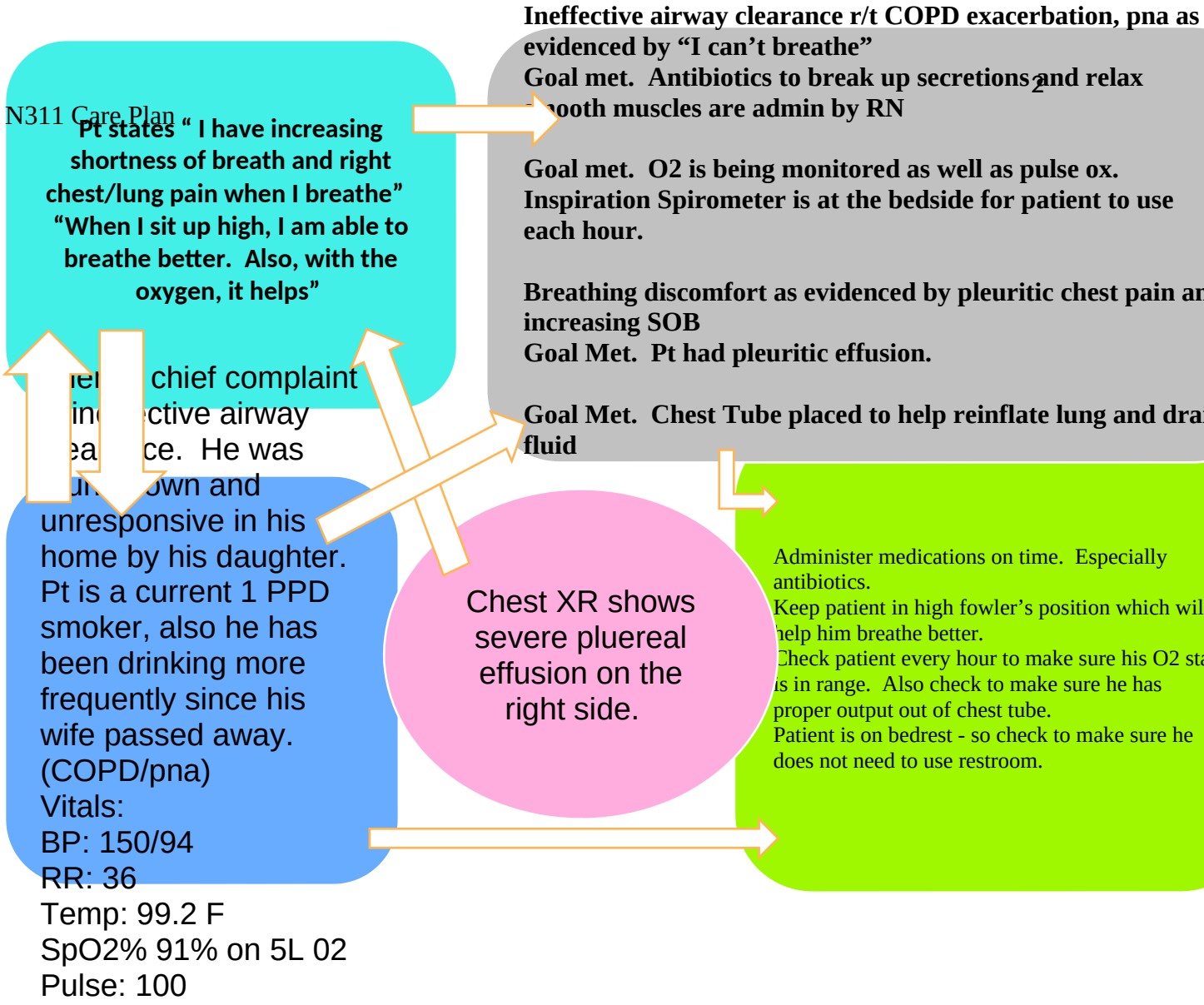
N311 Care Plan # 3

Lakeview College of Nursing

Kristy Geier



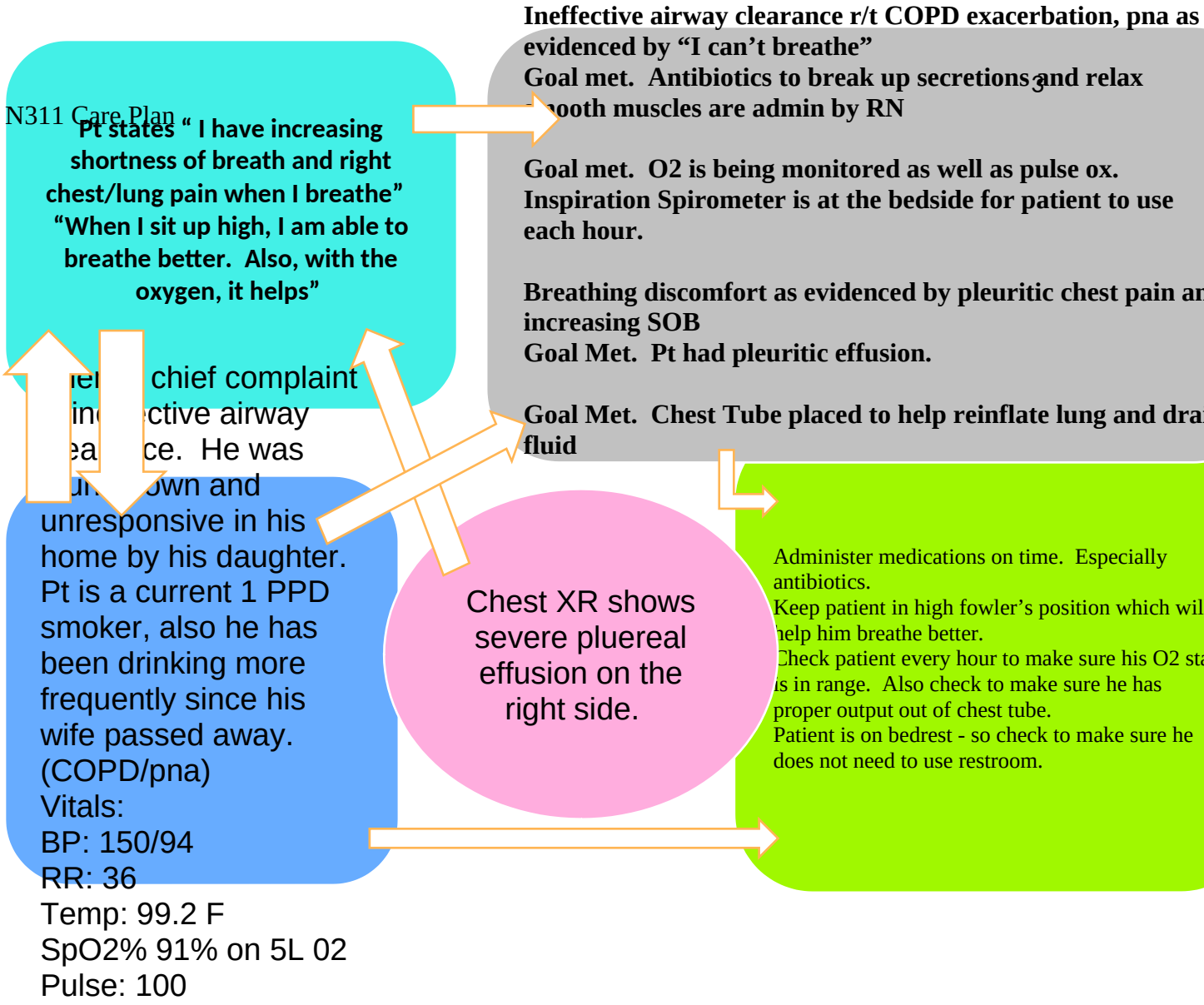
Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
3/24/2020	H.G.	68	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Latino	Retired	Widowed	ampicillin, rocephin (which was found while here at hospital)
Code Status	**Height**	**Weight**	
Full	173cm (68")	71kg (156lb)	

Medical History (5 Points)

Past Medical History: Unable to obtain

Past Surgical History: Unable to obtain



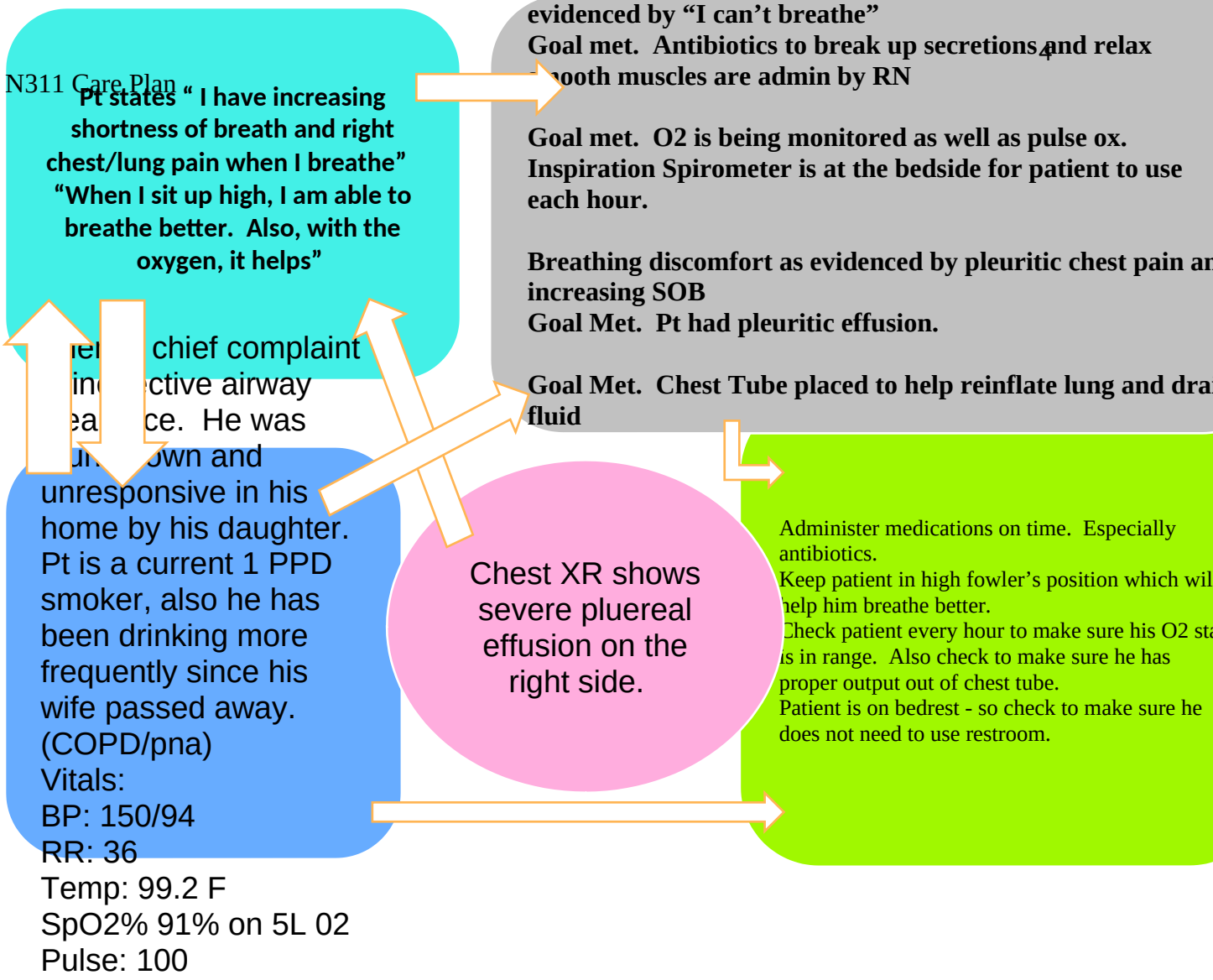
Family History: 1 daughter. Recently widowed.

Social History (tobacco/alcohol/drugs): Current daily smoker. 1 pack per day; Does drink often.

Admission Assessment

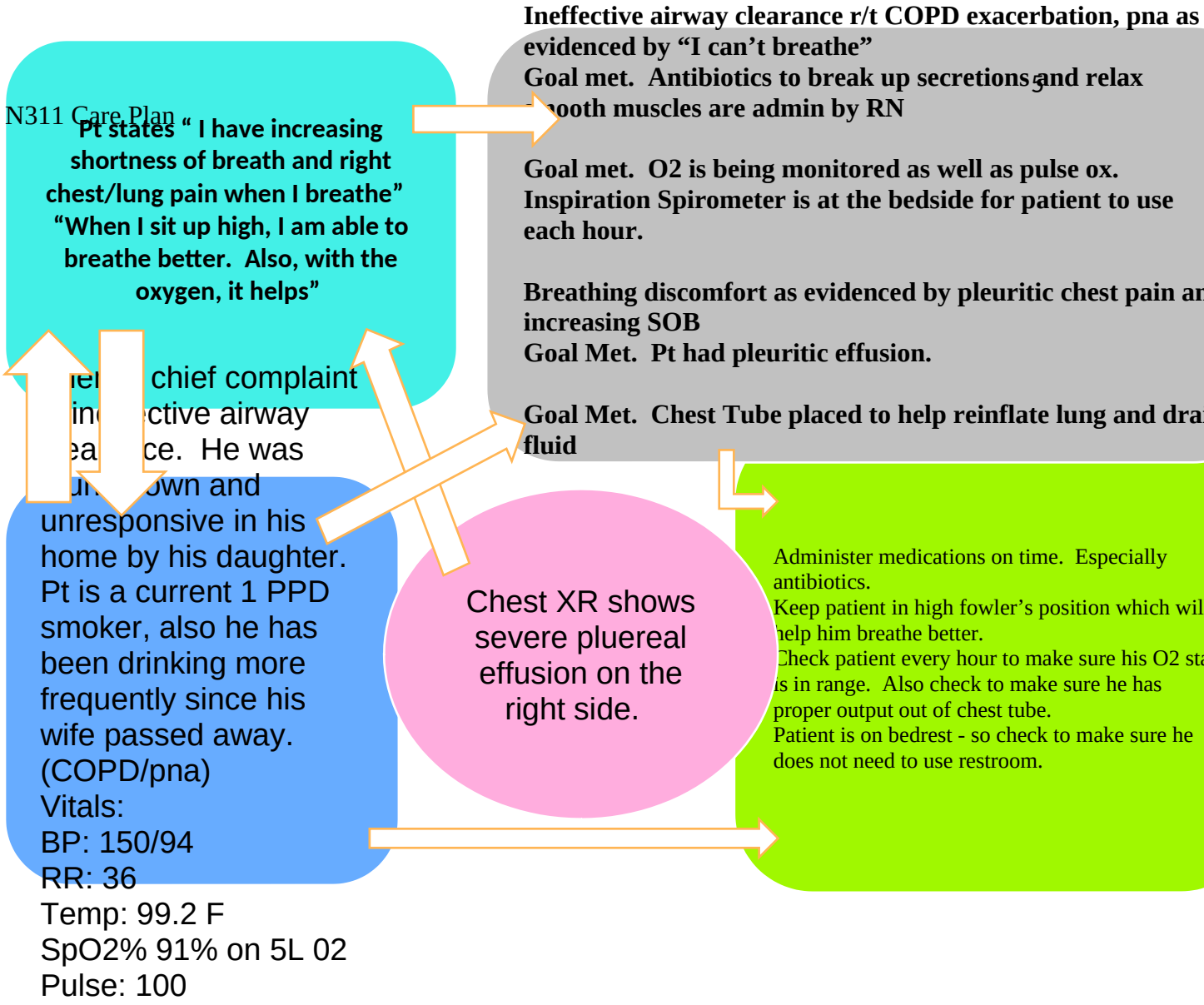
Chief Complaint (2 points): Ineffective Airway Clearance r/t COPD exacerbation as evidenced by "I'm having trouble breathing".

History of present Illness (10 points):. Onset: On August 1, 2020, this 68 year old Latino male presented to the hospital for difficulty breathing. He was found on the floor of his home, unconscious by his daughter. Patient lives by himself. He recently lost his wife and there is



some question of his recent, extensive alcohol use. Location: Airway and bilateral lungs. Duration: This has been occurring for quite some time as he has smoked most of his life, however, it recently was exacerbated because of both the weather in August 2020. Characteristics: The patient is experiencing extreme inspiratory and expiratory pain with breaths. Aggravating: Lying down flat, deep breathing. Relieving: Sitting up in a barrel-type position or sitting up in a 90-degree angle. Treatment: Oxygen therapy helps. He does have a productive cough with greenish, yellowish, tenacious sputum.

Primary Diagnosis

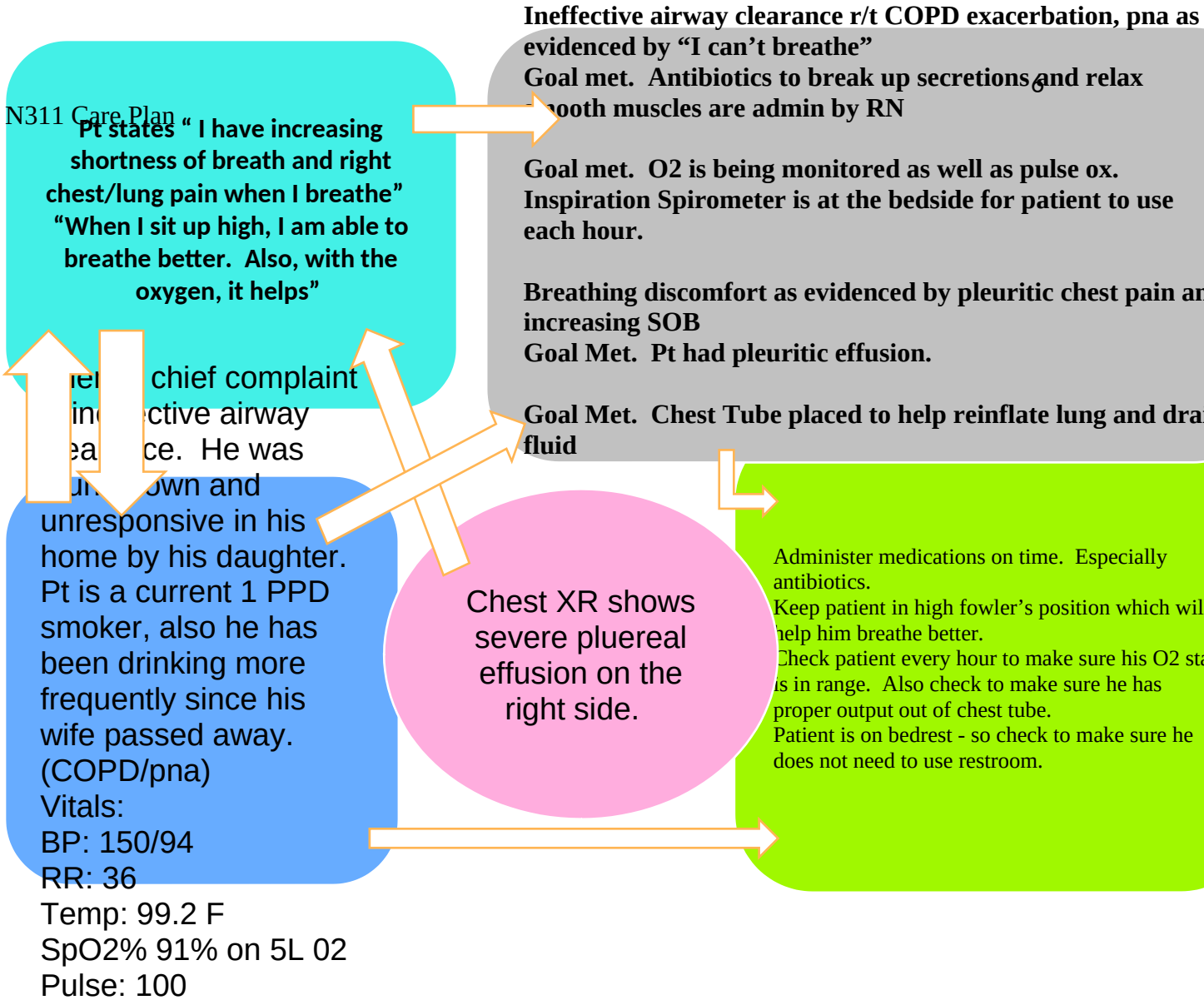


Primary Diagnosis on Admission (3 points): COPD Exacerbation

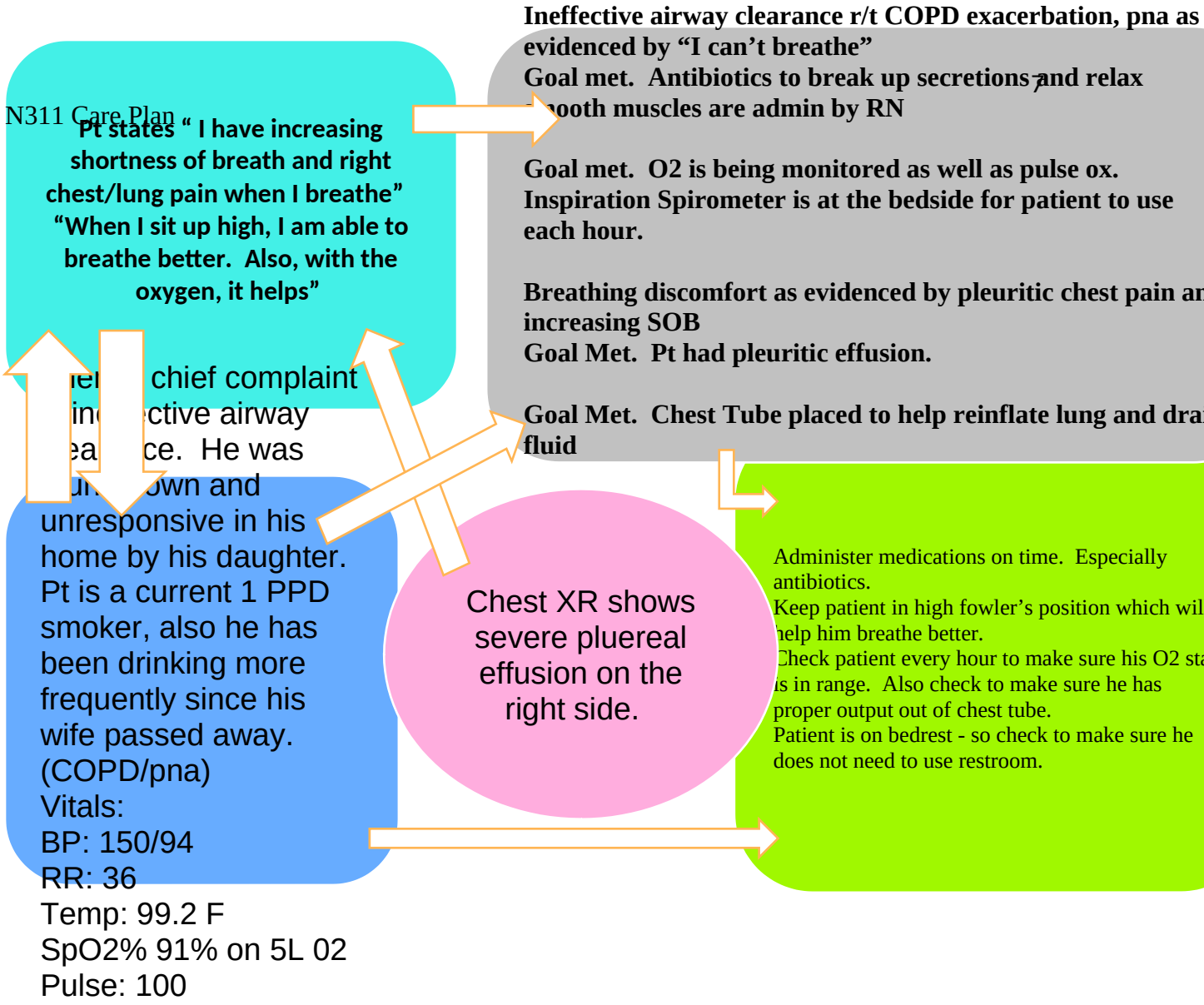
Secondary Diagnosis (if applicable): Pneumonia

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

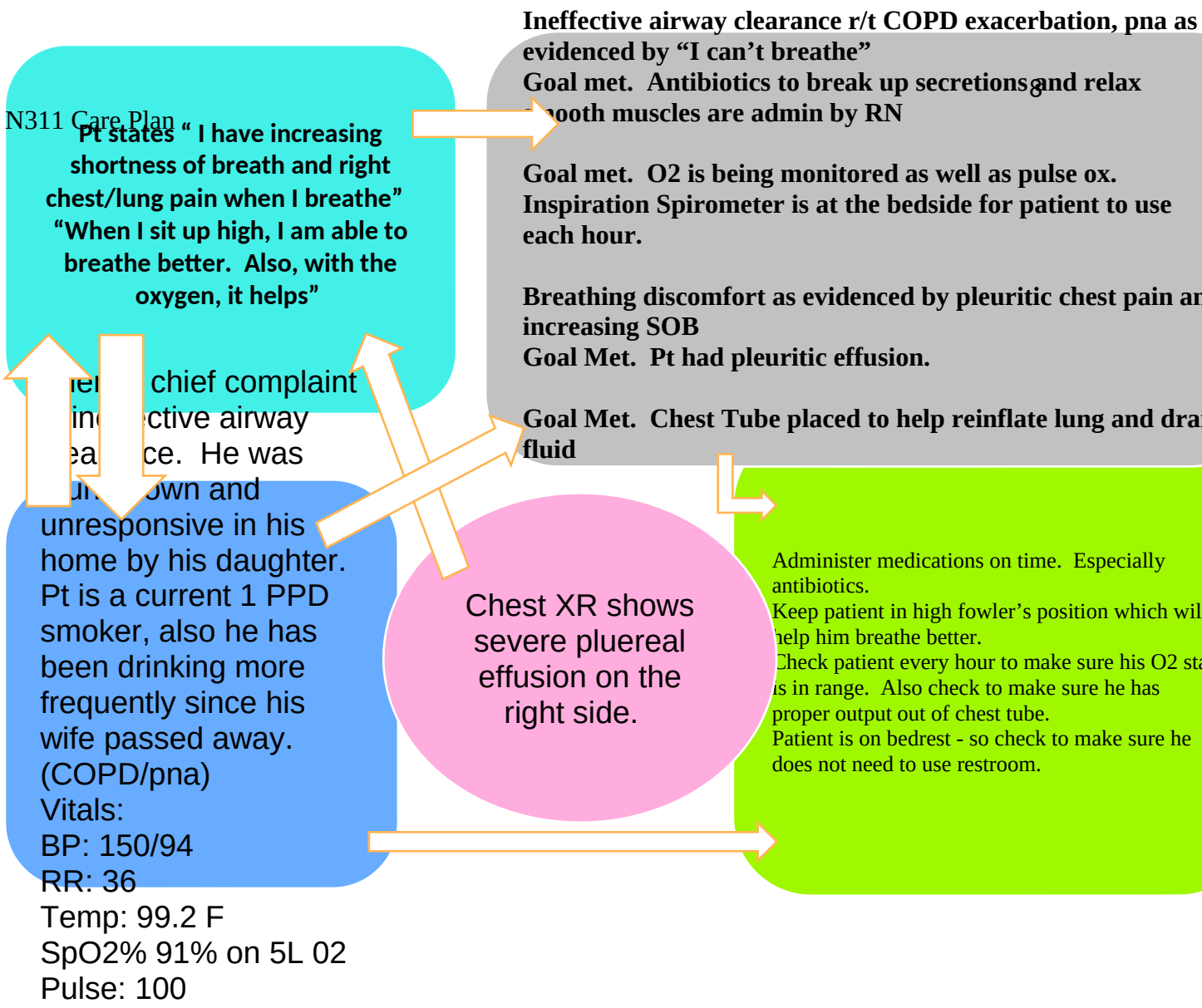
Pathophysiology References (2) (APA): Chronic Obstructive Pulmonary Disease (COPD) is a combination of chronic bronchitis, emphysema, and hyperreactive airway disease. It is characterized by the features of the three disorders. The characteristic features of chronic bronchitis is hypersecretion of the mucus in the large and small airways, hypoxia and cyanosis. Excessive mucus creates obstruction to inspiratory airflow that inhibits bronchitis, the individual has to have had a cough for 3 months out of the year for 2 consecutive years. COPD is the third



leading cause of death in the United States and a leading cause of disability. (Capriotti, 2015). COPD is one of the most serious and disabling conditions in middle-aged and elderly Americans. Cigarette smoking is implicated in 90 percent of cases and, along with coronary artery disease, is a leading cause of disability. COPD has a major impact on the families of affected patients. Caring for these patients at home can be difficult because of their functional limitations and anxieties about air hunger. Furthermore, patients with COPD can have frequent exacerbations that often require medical intervention. Ultimately, caregivers may have the burden of considering end-of-life decisions. (aafp).

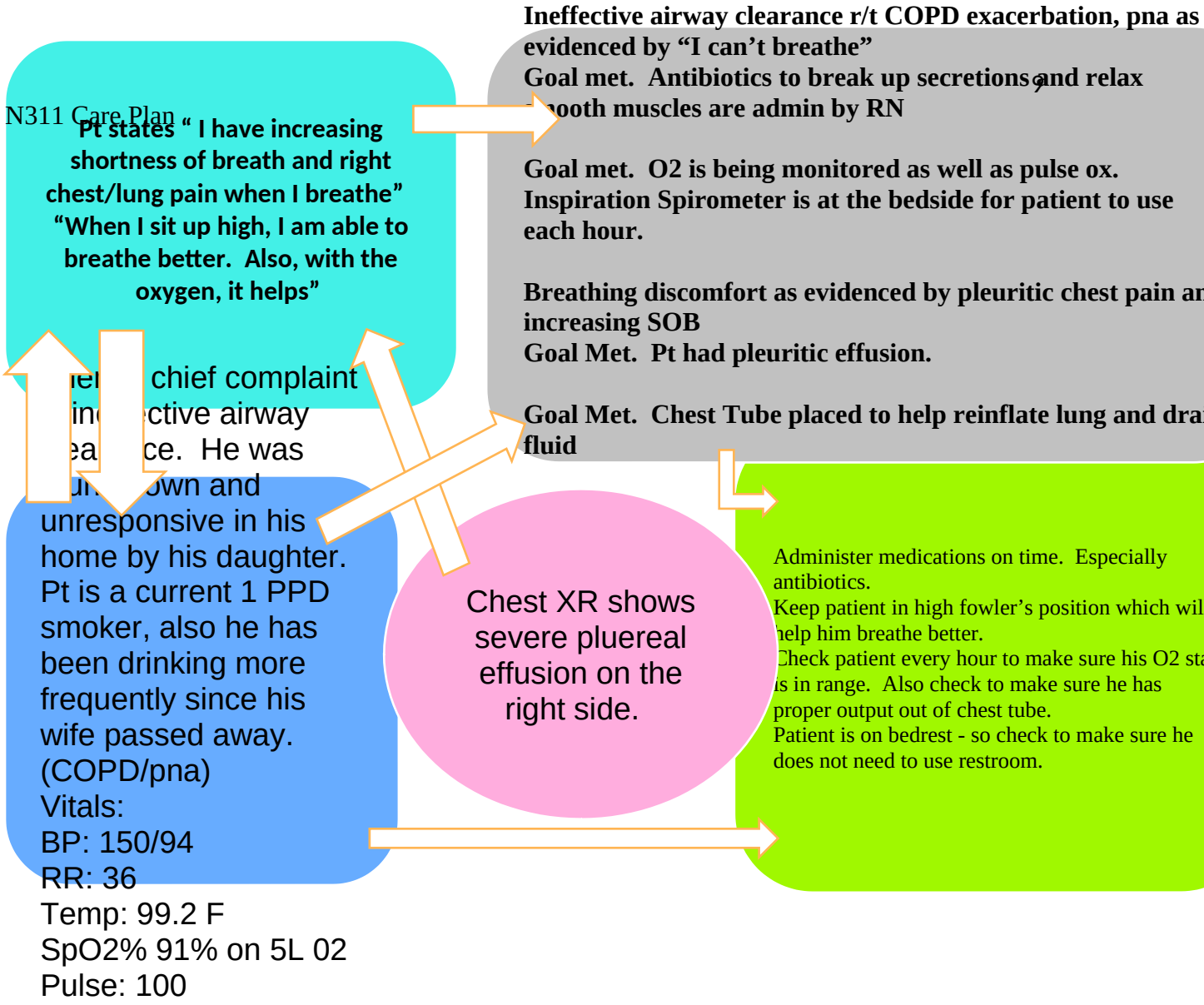


Pneumonia is most commonly caused by inhalation of droplets containing bacteria or other pathogens. The droplets enter the upper airways and gain entry into the lung tissue. Pathogens adhere to the respiratory epithelium and stimulate an inflammatory reaction. The acute inflammation spreads to the lower respiratory tract and alveoli. At the sites of inflammation, vasodilation occurs with attraction of neutrophils out of capillaries and into the air spaces. There is excessive stimulation of respiratory goblet cells that secrete mucus. Mucous and exudative edema accumulate between the alveoli and capillaries. The alveoli attempt to open and close against the purulent exudate; however, some cannot open. The sounds heard with the stethoscope over the alveoli opening against the exudative fluid are crackles. There is a layer of



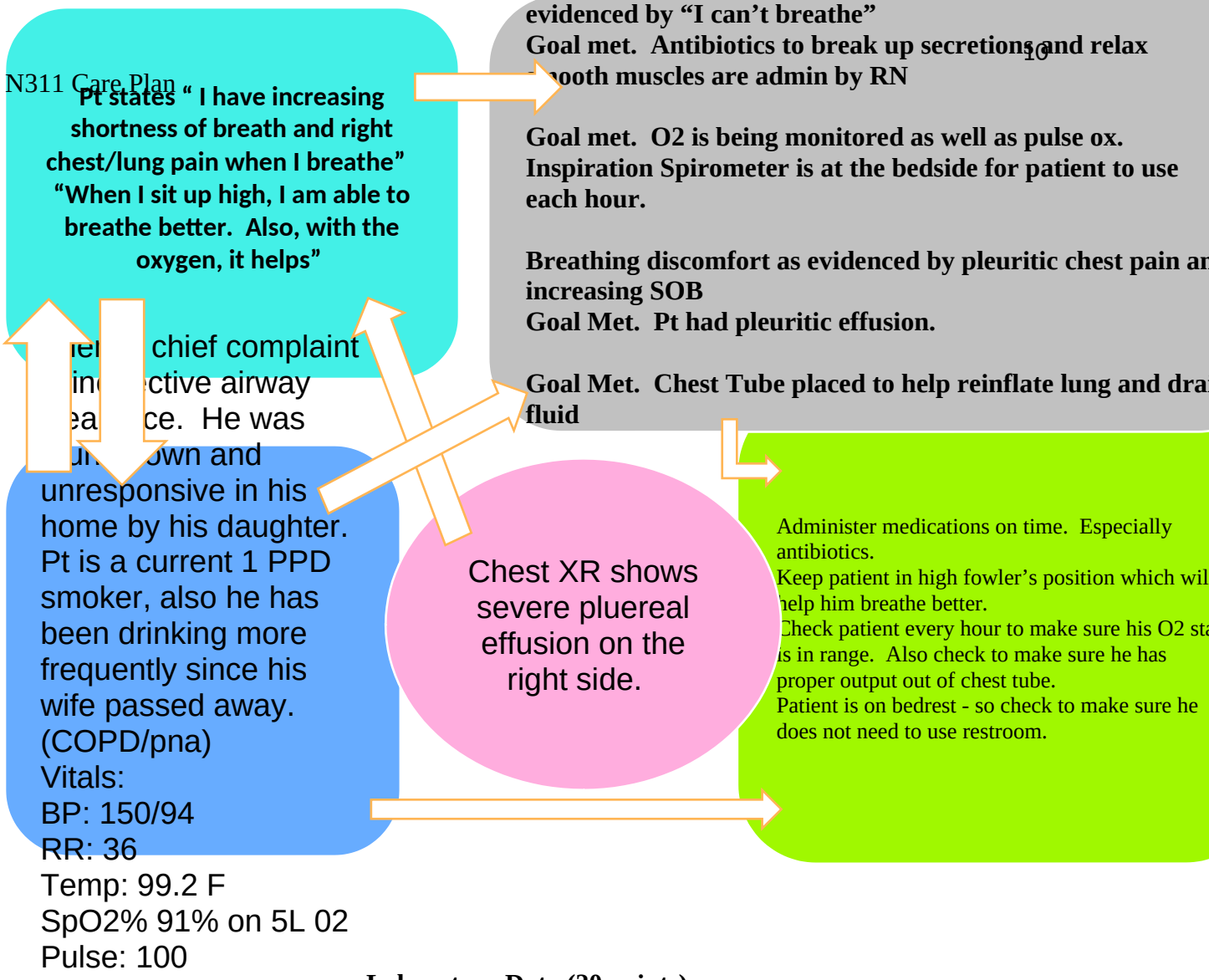
edema and infectious exudate at the capillary-alveoli interface that hinders optimal gas exchange. The patient can become hypoxic and hypercapnic, with obstructed exchange of O2 and CO2 at the pulmonary capillaries. (Capriotti, 2015). Pneumonia is an infection of the lungs that may be caused by bacteria, viruses, or fungi. The infection causes the lungs' air sacs (alveoli) to become inflamed and fill up with fluid or pus. That can make it hard for the oxygen you breathe in to get into your bloodstream. (lung.org).

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



Hunter, M., & King, D. (2020). *COPD: Management of Acute Exacerbations and Chronic Stable Disease*. Aafp.org. Retrieved 31 March 2020, from https://www.aafp.org/afp/2001/0815/p603.html.

Learn About Pneumonia | American Lung Association. Lung.org. (2020). Retrieved 31 March 2020, from https://www.lung.org/lung-health-diseases/lung-disease-lookup/pneumonia/learn-about-pneumonia.



Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	3.90-4.98	4.8		
Hgb	12.0-15.5	9.3		Due to COPD
Hct	35-45	29%		
Platelets	140-400	162		
WBC	4.0-9.0	13		Due to poor lung function r/t COPD and pna
Neutrophils	Unable to Obtain	*		

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Ineffective airway clearance r/t COPD exacerbation, pna as evidenced by "I can't breathe"
Goal met. Antibiotics to break up secretions and relax smooth muscles are admin by RN

Goal met. O2 is being monitored as well as pulse ox. Inspiration Spirometer is at the bedside for patient to use each hour.

Breathing discomfort as evidenced by pleuritic chest pain an increasing SOB
Goal Met. Pt had pleuritic effusion.

Goal Met. Chest Tube placed to help reinflate lung and dra fluid

chief complaint ective airway ce. He was own and unresponsive in his home by his daughter. Pt is a current 1 PPD smoker, also he has been drinking more frequently since his wife passed away. (COPD/pna)
Vitals:
BP: 150/94
RR: 36
Temp: 99.2 F
SpO2% 91% on 5L 02
Pulse: 100

Chest XR shows severe plueral effusion on the right side.

Administer medications on time. Especially antibiotics.
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Lymphocytes	**Unable to Obtain**	*		
Monocytes	**Unable to Obtain**	*		
Eosinophils	**Unable to Obtain**	*		
Bands	**Unable to Obtain**	*		

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

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Na-	**135-145**	**135**		
K+	**3.5-5.1**	**4.4**		
Cl-	**98-107**	**90**		**Due to COPD exacerbation**
CO2	**22-29**	**100**		**Due to COPD exacerbation**
Glucose	**70-99**	**180**		**Due to inflammation of lungs**
BUN	**6-20**	**1:20**		
Creatinine	**0.50-1.00**	**1.0**		
Albumin	**3.5-5.2**	**3.0**		**Due to anorexia**
Calcium	**8.4-10.5**	**9.0**		

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Mag		**Unable to obtain**		
Phosphate	**35-105**	**55**		
Bilirubin	**0.3-1.0**	**Unable to obtain**		
Alk Phos	**30-120**	**Unable to obtain**		

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	**Unable to obtain**	**Clear/ Yellow/ Normal**		

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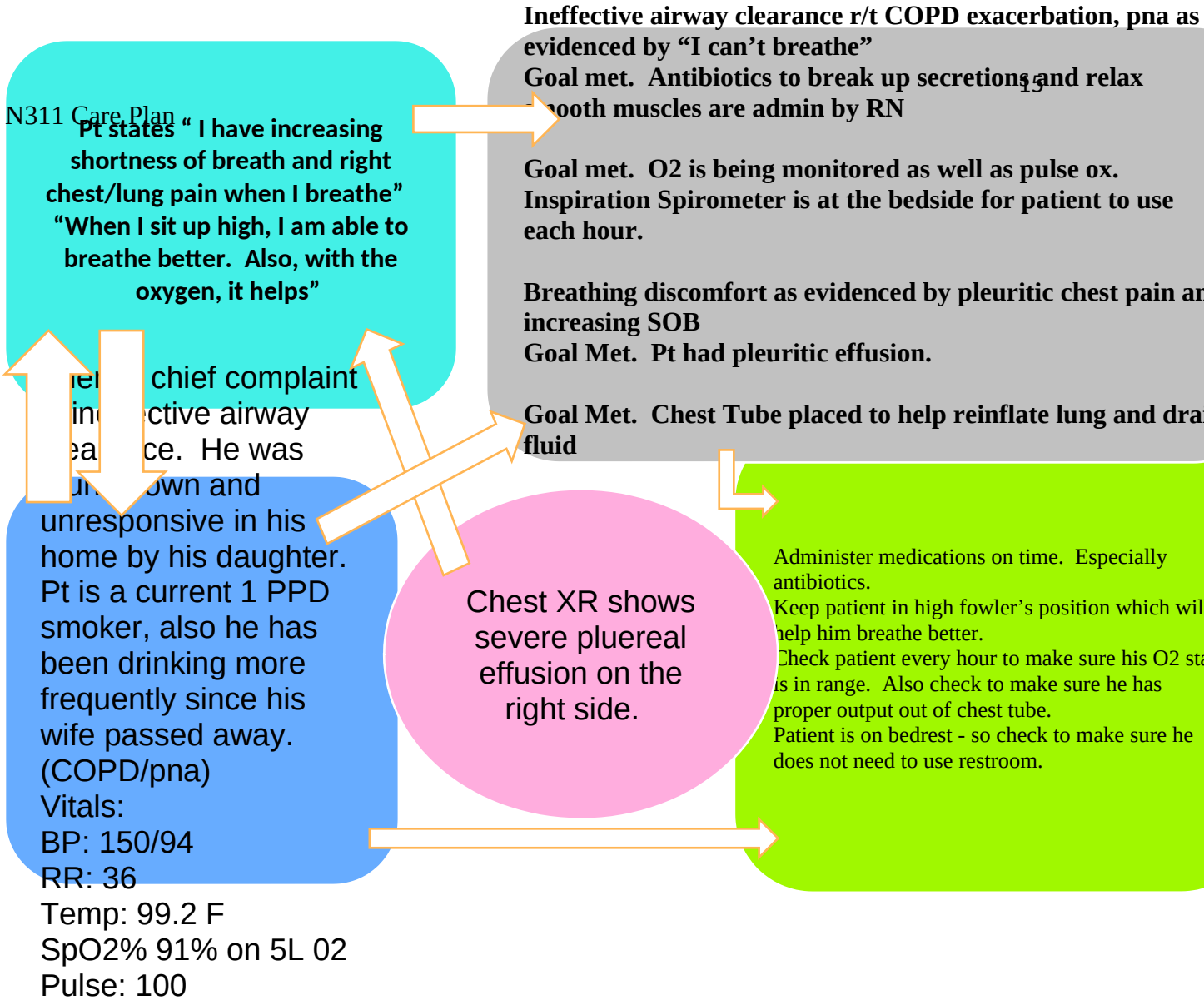
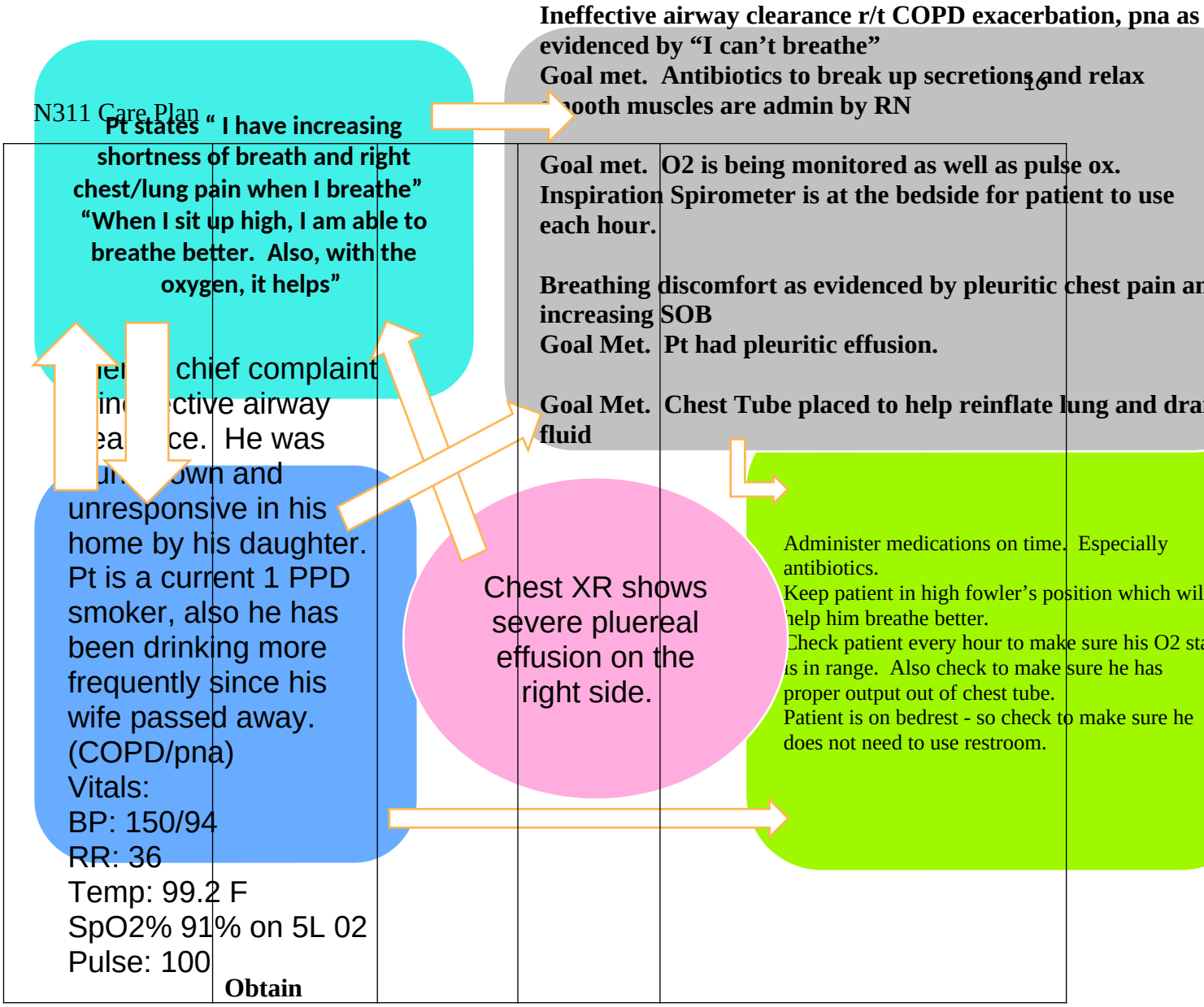
pH	**Unable to Obtain**	**5.8**		
Specific Gravity	**Unable to Obtain**	**1.002**		
Glucose	**Unable to Obtain**	**Negative**		
Protein	**Unable to Obtain**	**Negative**		
Ketones	**Unable to Obtain**	**Negative**		
WBC	**Unable to Obtain**	**Negative**		
RBC	**Unable to Obtain**	**Negative**		
Leukoesterase	**Unable to Obtain**	**Negative**		



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	**Unable to Obtain**	**None**		
Blood Culture	**Unable to Obtain**	**Negative**		
Sputum Culture	**Unable to Obtain**	**Positive**		**Positive for streptococcus, staphylococci**
Stool Culture	**Unable to**	**None**		

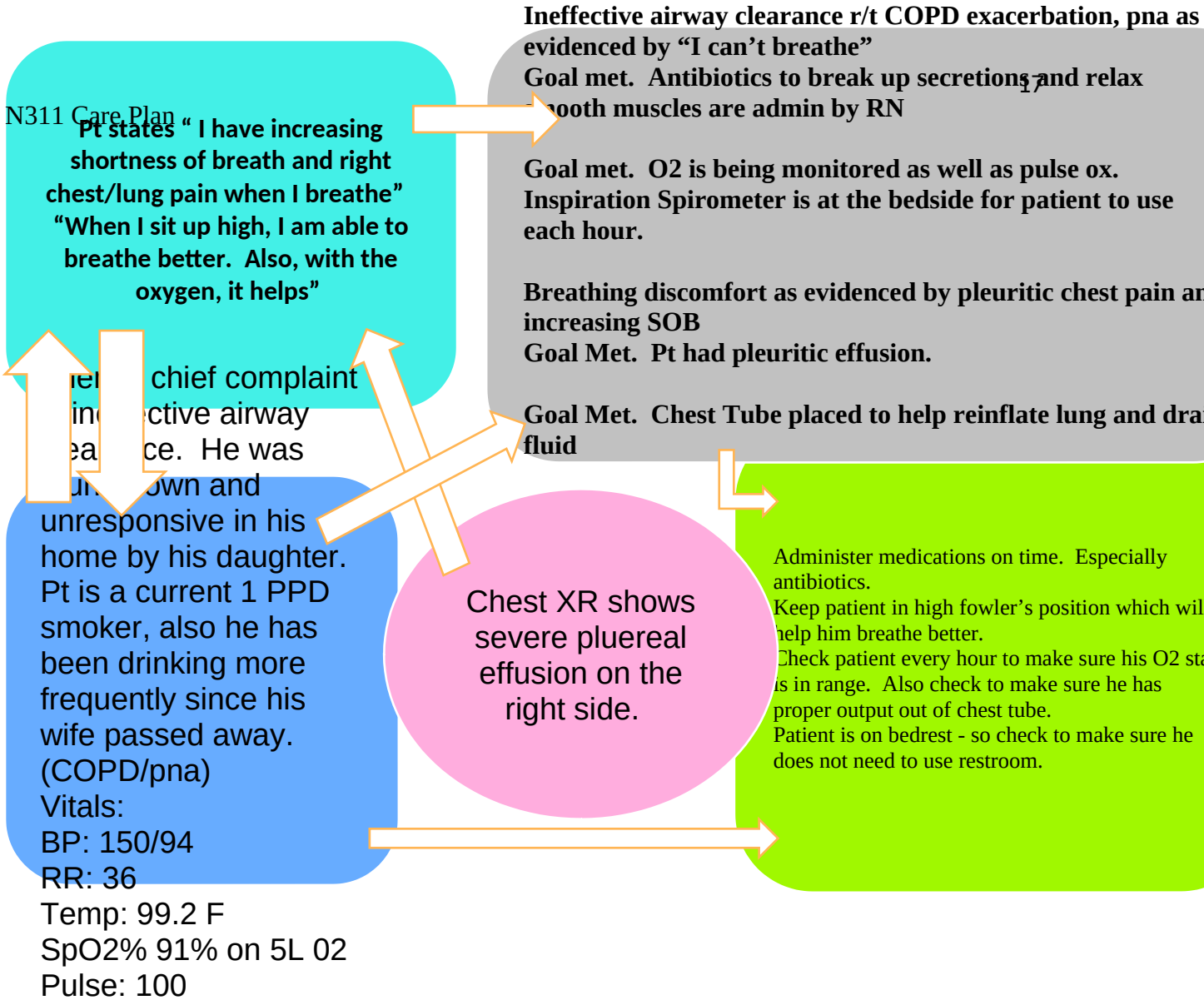


Lab Correlations Reference (APA):

Pagana, K., Pagana, T., & Pagana, T. *Mosby's diagnostic and laboratory test reference*.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):



Chest XR - R/O Pleuritic chest pain and increasing SOB. Findings: Severe pleural effusion. Need for thoracentesis.

Current Medications (10 points, 2 points per completed med)
5 different medications must be completed

Medications (5 required)

Brand/Generic	Prednisone	Albuteral Nebulizer	Levaquin	Nicotine Patch	0.9 Sodium Chloride
Dose	10mg	1.25mg/ 3mL with 0.9 sodium	750mg	21mg	3mL
Frequency	Q12H	Q4H	Daily	Daily	Q12H

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Route	**Intravenous**	**Nebulizer**	**IV Bolus over 120 minutes**	**Transdermal**	**IV Bolus via Saline Lock**
Classification	**Corticosteroids**	**Bronchodilator**	**Anti Infective**	**smoking deterrent**	**electrolyte replacement**
Mechanism of Action	**Commonly used catabolic steroid that binds to cytoplasmic receptors and inhibits DNA synthesis.**	**Causes bronchodilation by action on pulmonary receptors by increasing levels of cAMP which relaxes**	**interferes with conversion of intermediate DNA fragments into high - molecular weight DNA in bacteria**	**agonist at nicotinic receptors in peripheral, central nervous systems; acts at sympathetic**	**Normal saline is a crystalloid fluid. By definition, it is aqueous solution of electrolytes and other hydrophilic molecules. The main**

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		smooth muscle		**ganglia, on chemorec eptors of aorta, carotid bodies**	**indication for the use of crystalloid fluids in humans is due to isotonic nature when compared to serum plasma.**
Reason Client Taking	**Reduces inflammation in lungs of COPD pts take.**	**Relaxes smooth muscle tissue in lungs**	**Pna, acute bronchitis**	**Help quit smoking**	**electrolyte replacemen t**
Contraindications	**Contraindicate**	**Hypersens**	**acute MI,**	**hyperthy**	**None**

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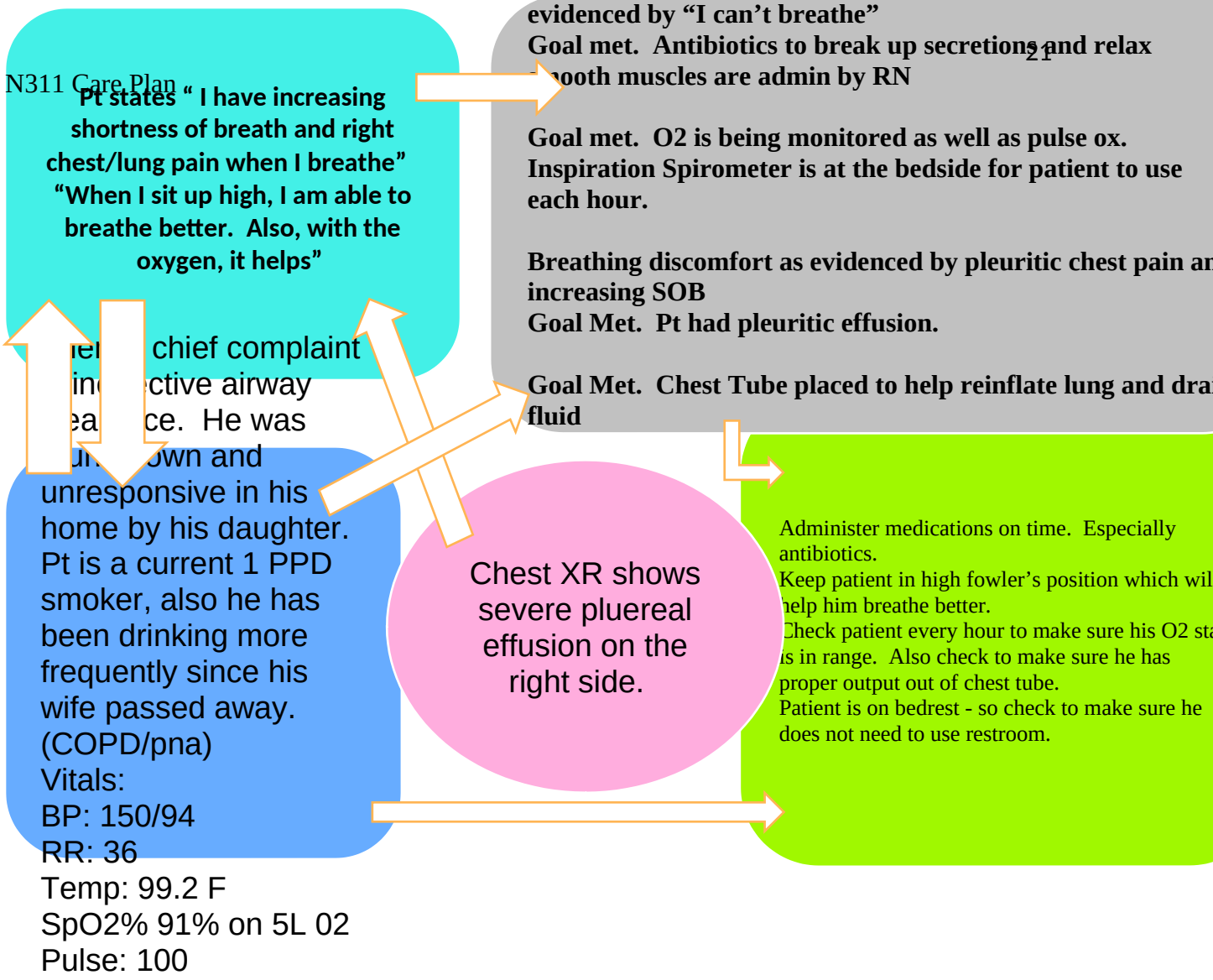
(2)	**d in systemic fungal infections and known hypersensitivit y components**	**itivity to sympatho mimetics ; seizures**	**dehydratio n**	**roidism, dysrhyth mias**	**known**
Side Effects/Adverse Reactions (2)	**bradycardia, cardiac arrhythmias**	**Tremors, anxiety, insomnia**	**headache, dizziness**	**dizziness, vertigo**	**hypervolem ia, phlebitis**

Medications Reference (APA):

Jones & Bartlett Learning. (2020). ***2020 Nurses drug handbook*****. Burlington, MA.**



Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:**	 **Alert and oriented to person, place - acute confusion, fatigued** **x2-3**

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Overall appearance:	**distressed due to breathing pattern moderately groomed, in hospital gown**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present:** **Y☐** **N ☐** **Type: Chest Tube Rt Side**	 **tan** **Dry/normal** **warm** **poor tugor** **none** **none** **left upper arm abrasion (from scrape earlier in day when cna ambulated to chair)** **12**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Head and neck symmetrical, normal cephalic, patients ears have some cerumen build-up, difficulty hearing no hearing aids present, eyes symmetrical EOM, nose symmetry, no deviation, no dentures present**

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CARDIOVASCULAR: **Heart sounds:** **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:**	Heart sounds normal S1 and S2, no murmurs, no gallops or rubs detected in S3 or S4. Capillary refill is less than 3 seconds. However, clubbing is present. Peripheral pulses diminished slightly. JVD present.
RESPIRATORY: **Accessory muscle use:** **Y☐** **N ☐** **Breath Sounds: Location, character**	Use of accessory muscle present. Lung sounds diminished in bases and upper lobes sounds. Coarse with inspiratory crackles and occasional rhonchi present. Productive cough, with greenish/yellow tenacious sputum present.
GASTROINTESTINAL: **Diet at home:** **Current Diet**	Regular diet at home but soft diet while in hospital

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Goal met. O2 is being monitored as well as pulse ox. Inspiration Spirometer is at the bedside for patient to use each hour.

Breathing discomfort as evidenced by pleuritic chest pain an increasing SOB
Goal Met. Pt had pleuritic effusion.

Goal Met. Chest Tube placed to help reinflate lung and dra fluid

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BP: 150/94
RR: 36
Temp: 99.2 F
SpO2% 91% on 5L 02
Pulse: 100

Chest XR shows severe plueral effusion on the right side.

Administer medications on time. Especially antibiotics.
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Height:	68" tall
Weight:	156 lb
Auscultation Bowel sounds:	Bowel sounds are normoactive in all 4 quadrants
Last BM:	2 days ago
Palpation: Pain, Mass etc.:	No CVA tenderness
Inspection:	No abnormalities found upon inspection for distention, incision, scars, drains, wounds.
Distention:	
Incisions:	
Scars:	
Drains:	
Wounds:	
Ostomy: Y ☐ N ☐	
Nasogastric: Y ☐ N ☐	
Size:	
Feeding tubes/PEG tube Y ☐ N ☐	
Type:	
GENITOURINARY:	
Color:	**Yellow,**

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Character:	**Clear, normal**
Quantity of urine:	**Voided x 1**
Pain with urination: Y ☐ N ☐	
Dialysis: Y ☐ N ☐	
Inspection of genitals:	
Catheter: Y ☐ N ☐	
Type:	
Size:	
MUSCULOSKELETAL:	.
Neurovascular status:	Normal ROM
ROM:	Strength in both upper and lower extremities
Supportive devices:	None, bedrest at this time due to chest tube
Strength:	Strength in all extremities bilateral
ADL Assistance: Y☐ N ☐	Needs help with bath, CHG, and getting dressed
Fall Risk: Y ☐ N☐	Fall risk due to new chest tube and O2 therapy
Fall Score:	high
Activity/Mobility Status:	Bedrest
Independent (up ad lib) ☐	N/A
Needs assistance with equipment ☐	Yes

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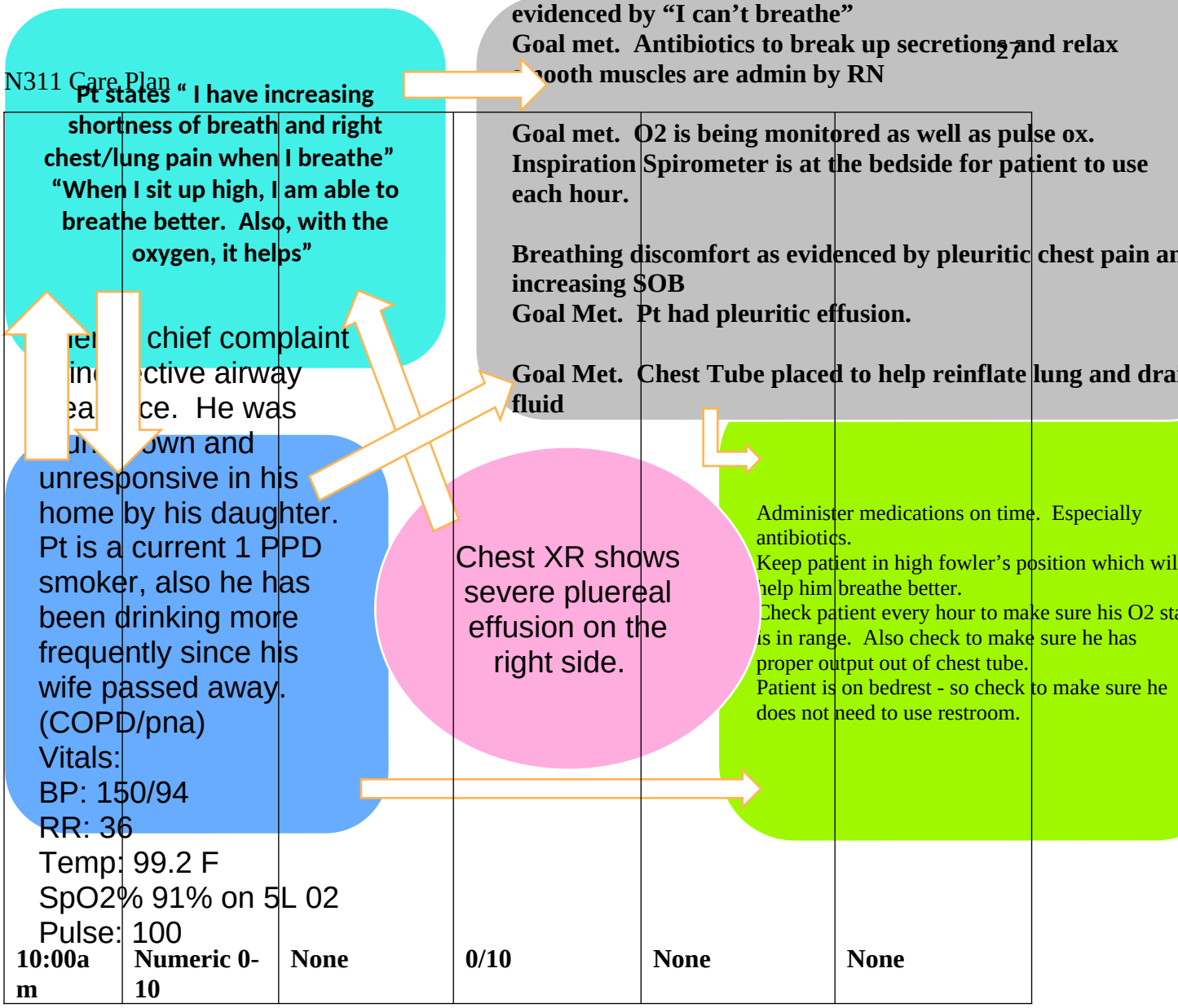
Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
on admission **0505**	**100**	**150/94** **mmhg** **left arm**	**36**	**99.2F**	**91% nasal** **cannula on** **5LO2**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions



10:00am	**Numeric 0-10**	**None**	**0/10**	**None**	**None**

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Soft Diet	**250mL clear, yellow urine**
460 mL	**360 mL clear, yellow urine**
280 mL	**300 mL clear, yellow urine**
225 mL	**280 mL clear, yellow urine**
150 mL	**800 mL clear, yellow urine**

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400 mL

1000mL (normal saline via IV)

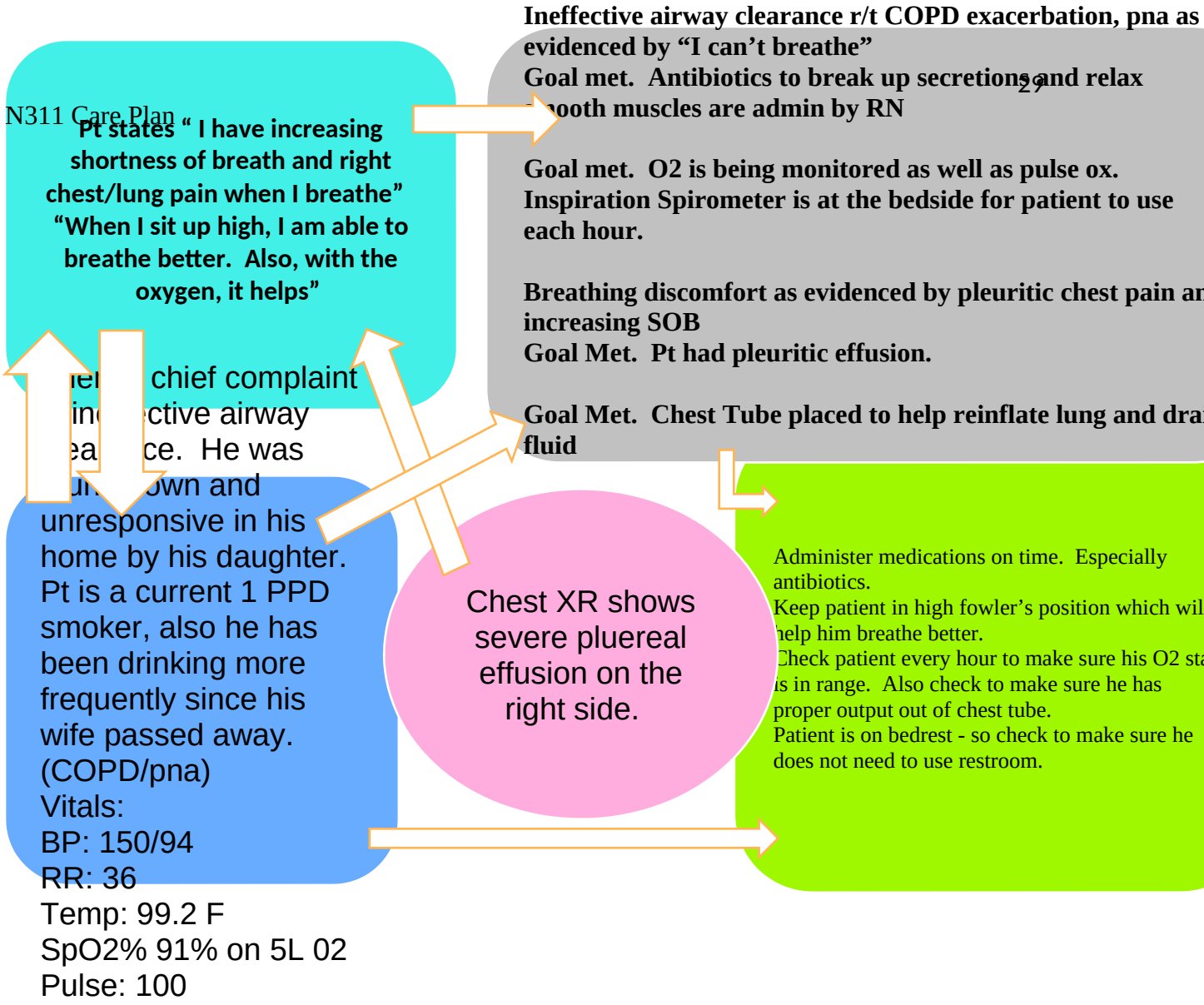
2515 mL intake total

300 mL clear, yellow urine

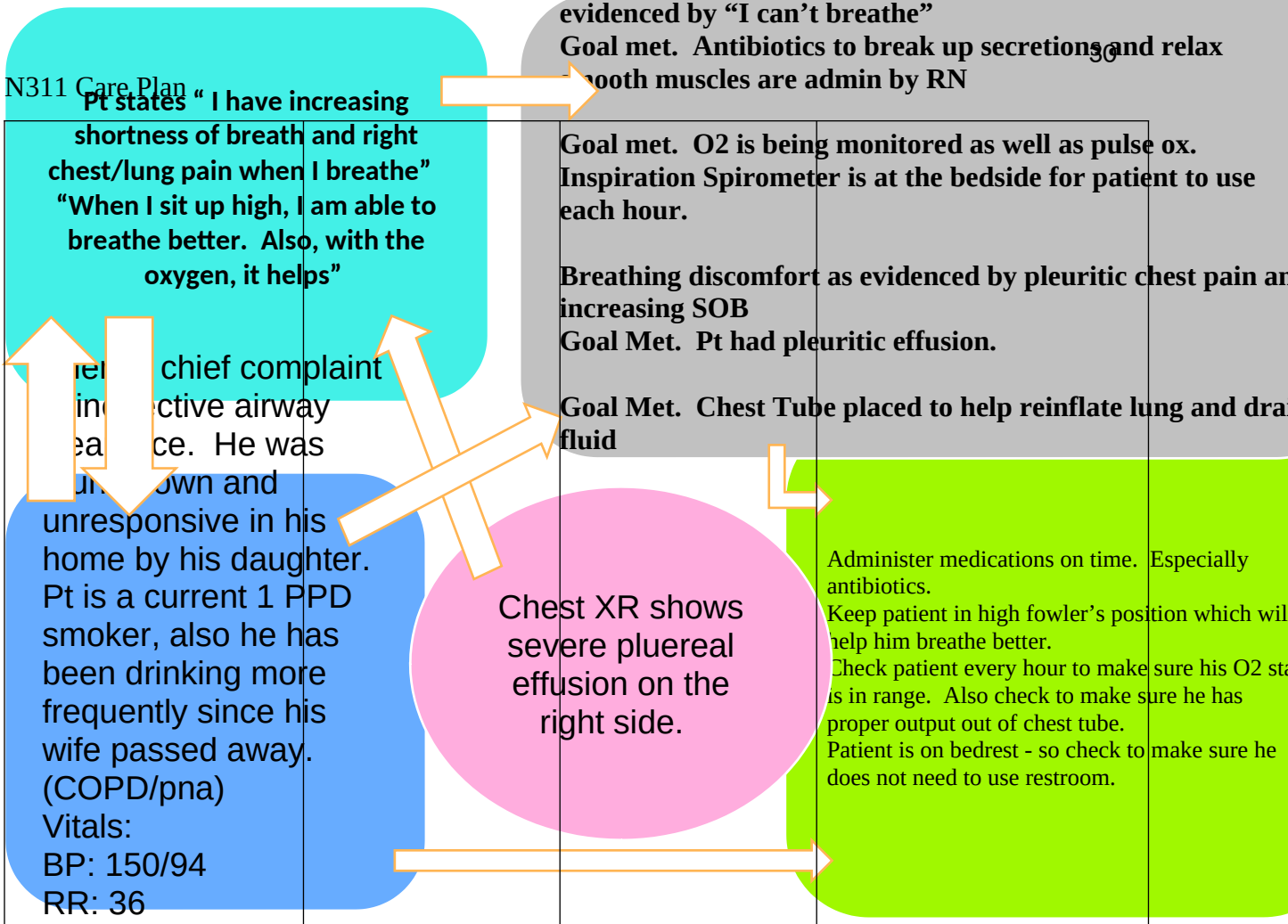
2290 mL outtake total

No BM x 2 days.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis



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 airway clearance r/t COPD exacerbation, pna as evidenced by "I can't breathe"	**The inability to clear secretions or obstructions from the respiratory tract to maintain a clear airway. Which, increased production of secretions causes shortness of breath, crackles,**	**1. Administer Atb on time! 2. Continue oxygen therapy for duration of hospital stay**	**Goal met. Antibiotics to break up secretions and relax smooth muscles are admin by RN Goal met. O2 is being monitored as well as pulse ox. Inspiration Spirometer is at the bedside for patient to use each hour.**



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	and difficulty breathing patterns		
2. Breathing discomfort as evidenced by pleuritic chest pain and increasing SOB	**Due to pt having a severe right pleural effusion, a thoracentesis was needed so chest tube was placed to help re-inflate right lung**	**1. Chest XR Ordered.** **2. Chest Tube placed on right side to help inflate lung**	**Goal Met. Pt had pleuritic effusion.** **Goal Met. Chest Tube placed to help reinflate lung and drain fluid**

Other References (APA):

Concept Map (20 Points):

Subjective Data

Pt states " I have increasing shortness of breath and right chest/lung pain when I breathe"
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Nursing Diagnosis/Outcomes

Ineffective airway clearance r/t COPD exacerbation, pna as evidenced by "I can't breathe"
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Objective Data

[illegible] chief complaint [illegible]ective airway [illegible]ce. He was [illegible]own and unresponsive in his home by his daughter. Pt is a current 1 PPD smoker, also he has been drinking more frequently since his wife passed away. (COPD/pna)
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Patient Information

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Nursing Interventions

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