N321 Care Plan # 3

Lakeview College of Nursing

Rece Doggett

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
04/09/2020	J J	48	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Sales Woman	Married	Seasonal allergies
Code Status	**Height**	**Weight**	
Full	5’ 5”	155 LBS	

Medical History (5 Points)

Past Medical History: HTN, Psoriasis, Hypothyroidism, Gerd

Past Surgical History: No past surgical history

Family History: Mother-cancer, Father-HTN, CHF, and DM

Social History (tobacco/alcohol/drugs): A pack a day

Assistive Devices: None

Living Situation: With husband, son moved out

Education Level: High School

Admission Assessment

Chief Complaint (2 points): Trouble breathing

History of present Illness (10 points): Janis had a cold a week prior to admission. She was treating this with OTC medicines. Recently, she has been noticing SOB and has produced green sputum with her cough. She planned on going to the walk in but woke up in the middle of the night due to dyspnea. She was brought in by her husband who helped her in the car. Client states she has never been this anxious before.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable):.

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

Pneumonia is an infection that can be cause by many different pathogens. Pneumonia is when the air sacs in one or both lungs are inflamed and filled with fluid or pus causing a cough, chills, or difficulty breathing. Some **signs and symptoms** include chest px when breathing or coughing, confusion or changes in mental awareness (usually in adults >65), cough (may produce phlem), fatigue, fever, sweating, chills, lower than normal body temperature, N,V,D, and shortness of breath. There are many different **causes** such as bacteria, bacteria-like organisms, fungi, and viruses. Community-acquired pneumonia is the most common type which is cause by the bacteria-like organisms. **Risk factors** including being hospitalized, chronic disease, smoking, weakened or suppressed immune system. The client was most likely exposed to pneumonia by the community but did not actually get sick until she had her cold which would have lowered her immune system. **Complications** include bacteria in the bloodstream (bacteremia), difficulty breathing, fluid accumulation in the lungs, and lung abscess. **Prevention** of the disease include vaccinations, make sure children are vaccinated, practice good hygiene, don’t smoke, and support a strong immune system.

Some of the following information is how pneumonia is related to the client. The client here is a known smoker. When the client obtained her cold, this lowered her immune system to make her more prone to obtaining this disease. An x-ray is a diagnostic test that is used to detect pneumonia. This test was performed on the client which showed signs of infection. Antibiotics may be given as treatment. There are other preventative methods to avoid infection such as vaccines.

Pathophysiology References (2) (APA):

Mayo Clinic Staff. (2018a, March 13). Pneumonia - Symptoms and causes. Retrieved April 16, 2020, from https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204

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	**4.4 – 5.8**	**5.0**		
Hgb	**13 – 16.5**	**11**		**Possibly d/t low iron b/c of normal RBC**
Hct	**38 – 50**	**40**		
Platelets	**140 – 446**			
WBC	**4 – 12**	**17**		**Indications of Infection**
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**133 – 144**	**158**		**Probable for dehydration**
K+	**3.5 – 5.1**	**2.3**		**Dehydration**
Cl-	**98 – 107**	**108**		**Not too far out of proportion but r/t K+ and Na-**
CO2	**21 – 31**	**28**		

Glucose	**70 – 99**	**59**		**May have not eaten recently**
BUN	**7 – 25**	**28**		**Signs of dehydration**
Creatinine	**0.5 – 1.2**	**0.9**		
Albumin	**3.5 – 5.7**			
Calcium	**8.6 – 10.3**			
Mag				
Phosphate				
Bilirubin	**0.2 – 0.8**			
Alk Phos	**34 - 104**			
AST	**13 - 39**			
ALT	**7 – 52**			
Amylase	**29 – 103**			
Lipase	**11 - 82**			
Lactic Acid				

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	**X**	**X**	**X**	**X**
PT	**X**	**X**	**X**	**X**
PTT	**x**	**X**	**X**	**X**

D-Dimer	**X**	**X**	**X**	**X**
BNP	**X**	**X**	**X**	**X**
HDL	**X**	**X**	**X**	**X**
LDL	**X**	**X**	**X**	**X**
Cholesterol	**X**	**X**	**X**	**X**
Triglycerides	**X**	**X**	**X**	**X**
Hgb A1c	**X**	**X**	**X**	**X**
TSH	**X**	**X**	**X**	**X**

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	**NO UA ON FILE**			
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

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 CULTURES ON FILE**			
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Troponin – 0.01, CKMB – 0.3, Creatine kinase – 30

Chest X-ray

Diagnostic Test Correlation (5 points): Inflammation/fluid found in L base of lungs

Diagnostic Test Reference (APA):

Hinkle, J. L., & Cheever, K. H. (2013). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (13th Edition, Vol. 2). Philadelphia, PA: Lippincott Williams & Wilkins.

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

Home Medications (5 required)

Brand/ Generic	**Lisinopril**	**Tremfya**	**Multivitamin**	**Synthroid**	**Pantoprazole**
Dose	**20 mg**	**1 injection**	**1 pil**	**50mcg**	**40mg**
Frequency	**Daily**	**Every 8 weeks**	**Daily**	**Daily**	**Daily**
Route	**PO**	**SubQ**	**PO**	**PO**	**PO**
Classification	**Antihypertensive**	**Antipsoratic**	**Supplement**	**Thyroid hormone**	**Proton pump inhibitor**
Mechanism of Action	**Lowers BP**	**Inhibits part of interleukin**	**Absorbed in GI**	**Replaces thyroid hormone**	**Reduces stomach acid**
Reason Client Taking	**Hypertension**	**Plaque Psoriasis**	**Maintain health**	**Treats hypothyroidism**	**Heart burn**
Contraindications (2)	**Diabetes, renal impairment**	**Hypersensitivity to guselkumab**	**Allergies to ingredients, alcohol abuse**	**Acute MI, untreated thyrotoxicosis**	**Concurrent therapy w/ rilpivirine, hypersensitivity to drug**
Side Effects/Adverse Reactions (2)	**Fatigue, hallucinations, TIA**	**Headache, migraine, genital herpes, arthralgia**	**Constipation, diarrhea, upset stomach**	**Anxiety, dyspnea**	**Abdominal px, anaphylaxis**
Nursing Considerations (2)	**Should not be given after MI, monitor BP**	**Assess for TB, allow med to warm to room**	**Should take regularly @ same**	**Not used for weight loss… plz don't do**	**Don't give w/in 4 weeks of testing for h. pylori,**

		temp after removing from fridge	**time every day, Check allergies**	**that. Ensure children get proper dosages**	**give 30 mins before meal**

Hospital Medications (5 required)

Brand/Generic	**Toradol**	**Piperacillin**	**Tussionex**	**Solumedrol**	**Ipratropium**
Dose	**30 mg**	**3.375 g**	**5 mL**	**125mg**	**3mL**
Frequency	**8H**	**6H**	**12 H**	**6H**	**4H**
Route	**IV**	**IV**	**PO**	**IV**	**Aerosol**
Classification	**Anti-inflammatory**	**Antibiotic**	**Narcotic**	**Steroid**	**Bronchodilator**
Mechanism of Action	**Blocks enzymes to synthesize prostaglandins**	**Prevents reproduction of bacteria**	**Suppress cough**	**Reduces inflammation, pain, and allergic-type rxn**	**Opens airways and prevents bronchospasms**
Reason Client Taking	**Pain**	**Infection**	**cough**	**Pneumonia**	**Pneumonia**
Contraindications (2)	**Renal impairment, breastfeeding**	**Cystic fibrosis, kidney disease**	**Dyspnea, age - elderly**	**Bleeding problems, allergies to prednisone**	**Glaucoma, enlarged prostate**
Side Effects/Advers	**Hyperglycemia,**	**N,V,D constipatio**	**Lightheadedness, dizziness,**	**N,V Heartburn,**	**Bladder px, bloody/cloud**

e Reactions (2)	diaphoresis	n	sedation	dizziness	y urine
Nursing Considerations (2)	**Should be avoided in clients w/ recent MI Risk for heart failure increases**	**Should be thawed in fridge, take at proper times.**	**Check RR before administering, Encourage adequate fluid intake**	**Check allergies, Slow push to avoid toxicity**	**Check drug-drug interactions. Should not give if pregnant**

Medications Reference (APA):

Jones & Bartlett Learning. (2018). *2019 Nurse's Drug Handbook* (18th ed.). USA: Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**AO x 4** **Client anxious** **Dressed appropriate for situation**
INTEGUMENTARY (2 points): **Skin color:** **Character:**	**Skin is hot dry** **No edema** **Nailbeds pale**

Temperature: **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 20** **Drains present: Y☐ N ☐** **Type:**	**Peripheral pulses 2+ throughout** **No skin breakdown**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Appears pale** **Lips dry and cracked** **HEENT present** **Flat neck veins** **no abnormalities noted** .
CARDIOVASCULAR (2 points): **Heart sounds:** S1, S2, **S3, S4, murmur etc.** **Cardiac rhythm (if applicable): regular** **Peripheral Pulses: 2+** **Capillary refill:** Quick **Neck Vein Distention: Y ☒ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	**S1 and S2 sounds with no murmur** **Sinus Tach @ 110 BMP** **rhythm is regular**
RESPIRATORY (2 points): **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	**Client using accessory muscles at 28 RR** **Coughing yellow/green sputum** **Crackles in left base of the lungs**
GASTROINTESTINAL (2 points): **Diet at home: normal** **Current Diet: Normal** **Height: 5' 5"** **Weight: 155lb** **Auscultation Bowel sounds: Normoactive** **Last BM: Yes** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:**	**No scaring drainage or wounds upon inspections**

Feeding tubes/PEG tube Y ☐ N ☒ **Type:**	
GENITOURINARY (2 Points): **Color: Yellow** **Character: Clear** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM: Full** **Supportive devices: none** **Strength: description** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 10** **Activity/Mobility Status: normal** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Client is weak compared to normal, but can perform ADLs as needed**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech: Clear** **Sensory: Normal** **LOC: No**	**Client understands and follows commands**
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):**	**Client has a husband who stayed with her and a son who is married out of the house.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1000	**110**	**150/98**	**28**	**101.1**	**90% 2L**
1230	**108**	**126/84**	**24**		**95% @ 3L**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1000	**1 - 10**	**Back and chest**	**7**	**Sharp**	**Dilaudid**
1230	**1 – 10**	**Back and Chest**	**5**	**Sharp**	**After toradol**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18G **Location of IV: L Forearm** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	0.9 NS

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

Nursing Care

Summary of Care (2 points)

Overview of care:

Procedures/testing done:

Complaints/Issues:

Vital signs (stable/unstable):

Tolerating diet, activity, etc.:

Physician notifications:

Future plans for patient:

Discharge Planning (2 points)

Discharge location:

Home health needs (if applicable):

Equipment needs (if applicable):

Follow up plan:

Education needs:

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. **Decreased gas exchange**	**Related to low O2 sat as evidenced by rapid RR**	**1.Elevate HOB** **2.Suction secretions if needed**	**Interventions successful clients O2 increased to 95%.**
2. Dehydration	**Related to increased insensible loss as evidenced by tachypnea, fever, or diaphoresis**	**1. Encourage fluid intake** **2.Promote oral hygiene**	**Client is working on this intervention by consuming more fluids**
3. Potential for insufficient airway clearance	**Related to production of phlegm as evidence cough**	**1. Auscultate breath sounds** **2ensure deep breath and cough exorcise**	**Patient improving in this evaluation. Cough has suppressed with medication.**

Other References (APA):

Swearingen, P. L., & Wright, J. (2018). *All-in-One Nursing Care Planning Resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric-Mental Health* (5th ed.). USA: Mosby.

Concept Map (20 Points):


Subjective Data
Client stated she had trouble breathing
Client stated she had a cold
Experiencing dyspnea
Feels weak
Nursing Diagnosis/Outcomes
Dehydration - Interventions successful clients O2 increased to 95%.
Impaired gas exchange - Client is working on this intervention by consuming more fluids
Potential for insufficient airway - Patient improving in this evaluation. Cough has suppressed with medication.
Nursing Interventions
Objective Data
Lab work shows dehydration
Lab work also shows infection
Client using accessory muscles while breathing
Client showing signs of anxiety
Patient Information
Client is a 48 YO female
Seasonal allergies
Full code
Well groomed