

Running head: N311 Care Plan #5

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Lakeview College of Nursing  
McKayla Norton

### Demographics (5 points)

<b>Date of Admission</b> 1/08/20	<b>Patient Initials</b> RJ	<b>Age</b> 60	<b>Gender</b> M
<b>Race/Ethnicity</b> African American	<b>Occupation</b> Retired	<b>Marital Status</b> Unknown	<b>Allergies</b> Sulfa
<b>Code Status</b> Full	<b>Height</b> 72in	<b>Weight</b> 104.5kg	

### Medical History (5 Points)

**Past Medical History:** Chronic renal failure, Type II diabetes, Peripheral vascular disease, Coronary artery disease, a-fib

**Past Surgical History:** No known surgical history

**Family History:** No known family history

**Social History (tobacco/alcohol/drugs):** Pt has a history of smoking one pack a day and states he consumes 3-5 alcoholic beverages per week.

**Admission Assessment**

**Chief Complaint (2 points):** Increased shortness of breath and weakness

**History of present Illness (10 points):** **Onset:** Pt stated the onset was early morning when woken up with difficulty breathing and decided to call 911. **Location:** Pt feels short of breath and tightness in his chest. **Duration:** Pt states that it comes and goes when he breathes. **Characteristics:** Pt states that he has tightness in high chest and he can feel his heart beating fast. **Associated**

**Manifestations:** Pt states he noticed his heart rate quickens when breathing. **Relieving Factors:** Pt stated that he hasn't found any relieving factors. **Therapeutic Treatments:** Pt was admitted to the hospital not long ago for a-fib and stage three ulceration due to this uncontrolled diabetes. He has been on medication for the ulceration, but has been noncompliant with the medication, and has failed to finish antibiotics. No medication was prescribed for current CC.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points): Kidney disease and pneumonia**

**Secondary Diagnosis (if applicable):** Pt has secondary diagnosis of a-fib and stage three ulceration due to uncontrolled diabetes, which he sought previous treatment for recently.

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

**Pathophysiology References (2) (APA): My pt presented with pneumonia. Pneumonia is a balance between organisms residing in the lower respiratory tract and the local and systemic defense mechanisms which when disturbed gives rise to inflammation of the lungs. Resident macrophages serve to protect the lungs from foreign pathogens. The inflammation response triggered by these macrophages is responsible for the clinical and histopathological findings seen in pneumonia. Macrophages engulf pathogens and trigger signal molecules that recruit neutrophils to the site of the infection. They then present the antigens to the T cells that trigger cellular and humoral defense mechanisms to form antibodies against these organisms (NCBI Jain).**

**Signs and symptoms include: chest pain when pt breathes or coughs, phlegm, fatigue, confusion, or shortness of breath. Risk factors also include smoking and weakened and suppressed immune systems. Pt was made aware that his history of smoking is**

a risk factor for developing pneumonia. Pt can get vaccinated to prevent some kinds of pneumonia, practice good hygiene, don't smoke, and keep your immune system strong by getting enough sleep, exercising, and eating a healthy diet (Mayo Clinic Pneumonia). My pt also was diagnosed with chronic kidney disease. CKD affects 10-15% of adults worldwide causing them to seek treatments or renal replacement therapy. My pt is now required to do dialysis to remove the extra fluid from his body. Kidney disease has a renal blood flow of 400ml/100g of tissue per minute. Renal tissue might be exposed to significant quantity of harmful circulating agents or substances. When a glomerular capillary is rendered it becomes vulnerable to hemodynamic injury. Hypertension and hyperfiltration are major contributors of chronic renal diseases. The main cause of renal injuries are based on immunologic reactions, tissue hypoxia and ischemia, drugs, glucose, and genetic defects (NCBI Matovinović). Diabetes are one of the biggest factors that increase your risk of getting kidney disease. My pt was diagnosed with diabetes but fails to control it, leading to more kidney damage. Also, like my pt, being over the age of 60 and being African American can increase the risk of having kidney problem. Signs and symptoms of kidney disease present as fatigue and weakness (which is a reason why my pt came into the ED for), chest pain, shortness of breath (also, the other reason he came to the ED) (Mayo Clinic CKD). Pt was made aware that uncontrolled diabetes and smoking are a big risk factor for kidney disease.

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

Jain, V. (2020, January 22). *Pneumonia Pathology*. <https://www.ncbi.nlm.nih.gov/books/NBK526116/>

*Pneumonia*. (2018, March 13). <https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204>

*Chronic kidney disease*. (2019, August 15). <https://www.mayoclinic.org/diseases-conditions/chronic-kidney-disease/symptoms-causes/syc-20354521>

Matovinović, M. S. (2009, April 20). *1. Pathophysiology and Classification of Kidney Diseases*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4975264/>

### 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	2.7	* Unable to obtain	RBC levels are low due to anemia in pts with chronic kidney disease.
Hgb	12.0-15.5	9.3	*	Low hgb may indicate anemia.

<b>Hct</b>	<b>35-45%</b>	<b>28.2%</b>	*	<b>Low hct can indicate insufficient supply of red blood cells.</b>
<b>Platelets</b>	<b>140-400</b>	<b>162</b>	*	
<b>WBC</b>	<b>4.0-9.0</b>	<b>16.1</b>	*	<b>An increase in WBC can indicate the pt is fighting an infection.</b>
<b>Neutrophils</b>	<b>40-70%</b>	<b>93</b>	*	<b>High levels of neutrophils show signs of infection.</b>
<b>Lymphocytes</b>	<b>10-20%</b>	<b>N/A</b>	*	
<b>Monocytes</b>	<b>5%</b>	<b>N/A</b>	*	
<b>Eosinophils</b>		<b>N/A</b>		
<b>Bands</b>		<b>N/A</b>		

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na-</b>	<b>135-145</b>	<b>128</b>	<b>* Unable to obtain</b>	
<b>K+</b>	<b>3.5-5.1</b>	<b>5.1</b>	<b>*</b>	

Cl-	98-107	N/A	*	
CO2	22-29	N/A	*	
Glucose	70-99	71	*	
BUN	6-20	44	*	High BUN levels can indicate kidney injury or a disease present.
Creatinine	0.50-1.00	3	*	Increased creatinine level indicates impaired kidney function.
Albumin		N/A		
Calcium	8.4-10.5	8.7	*	
Mag				
Phosphate				
Bilirubin	0.2-1.2	2.8		High Bilirubin can indicate that your liver isn't clearing bilirubin properly.
Alk Phos				

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
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<b>Color &amp; Clarity</b>				<b>**No cultures completed for this pt.**</b>
<b>pH</b>				
<b>Specific Gravity</b>				
<b>Glucose</b>				
<b>Protein</b>				
<b>Ketones</b>				
<b>WBC</b>				
<b>RBC</b>				
<b>Leukoesterase</b>				

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

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

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	<b>Ph: 5.0-7.0</b>			<b>**No cultures completed for this pt.**</b>
<b>Blood Culture</b>				
<b>Sputum Culture</b>				
<b>Stool Culture</b>				

**Lab Correlations Reference (APA):**

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

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):** Pt had a chest X-ray done that showed opacities greater in the right lung than the left lung. Findings showed right upper lobe pneumonia.

**Current Medications (10 points, 2 points per completed med)**

<b>Brand/Generic</b>	<b>Aspirin/ ASA</b>	<b>Digoxin/ Lanoxin</b>	<b>Gabapentin/ Neurotin</b>	<b>Acetaminop hen/ Tylenol</b>	<b>Albuterol</b>
<b>Dose</b>	<b>81mg</b>	<b>0.125mg</b>	<b>400mg</b>	<b>650mg</b>	<b>2.5mg</b>
<b>Frequency</b>	<b>daily</b>	<b>daily</b>	<b>TID</b>	<b>PRN</b>	<b>PRN</b>
<b>Route</b>	<b>PO</b>	<b>PO</b>	<b>PO</b>	<b>PO</b>	<b>NEB</b>
<b>Classification</b>	<b>Anti- Inflammator y / Antiplatelet</b>	<b>Antiarrhyth mic</b>	<b>Anticonvuls ant</b>	<b>Antipyretic</b>	<b>Bronchodil ator</b>

<p><b>Mechanism of Action</b></p>	<p><b>Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis.</b></p>	<p><b>Increase the force and velocity of myocardial contraction.</b></p>	<p><b>Prevents exaggerated responses to painful stimuli and pain-related responses.</b></p>	<p><b>Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.</b></p>	<p><b>Attaches to beta2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert ATP to cAMP.</b></p>
<p><b>Reason Client Taking</b></p>	<p><b>Pt is taking to relieve pain from stage three ulceration.</b></p>	<p><b>Pt is taking to help with mild to moderate heart failure. Pt has a-fib.</b></p>	<p><b>Pt is taking due to creatinine levels.</b></p>	<p><b>Pt is taking to relieve pain.</b></p>	<p><b>Pt is taking to prevent bronchospasms.</b></p>

<b>Contraindications (2)</b>	<b>Active bleeding or coagulation disorders, hypersensitivity to aspirin, current or recent GI bleeds</b>	<b>History or presence of digitalis toxicity or idiosyncratic reaction to digoxin</b>	<b>Hypersensitivity to gabapentin or its components</b>	<b>Hypersensitivity to acetaminophen or its components</b>	<b>Hypersensitivity to albuterol or its components.</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Confusion, stomach pain, nausea, decreased blood iron level</b>	<b>Confusion, depression, drowsiness, extreme weakness</b>	<b>Agitation, amnesia, anxiety</b>	<b>Agitation, anxiety, fatigue</b>	<b>Anxiety, dizziness, drowsiness</b>

**\*5 different medications must be completed\***

**Medications Reference (APA):**

Jones & Bartless Learning. (2020). *2020 Nurse's drug handbook* (19<sup>th</sup> ed.).

### Assessment

<p><b>GENERAL:</b> Pt appears pleasant. <b>Alertness:</b> A&amp;O x3 <b>Orientation:</b> Oriented to person, time, place, and current events. <b>Distress:</b> Some distress due to difficulty breathing. <b>Overall appearance:</b> Well groomed.</p>	<p><b>Pt was put in high fowlers and placed on supplemental oxygen. 2-3L on nasal cannula</b></p>
<p><b>INTEGUMENTARY:</b> <b>Skin color:</b> White, normal for race. <b>Character:</b> Appears hydrated, clean. <b>Temperature:</b> Warm. <b>Turgor:</b> Rapid recoil. <b>Rashes:</b> None noted. <b>Bruises:</b> None noted. <b>Wounds:</b> None noted. <b>Braden Score:</b> 21 <b>Drains present:</b> Y <input type="checkbox"/>      N <input checked="" type="checkbox"/> <b>Type:</b></p>	

**HEENT:**

**Head/Neck:** Head and Neck symmetrical. No lesions or rashes noted.

**Ears:** Auricle was pink, moist, with no rashes or lesions noted.

**Eyes:** Upon inspection, sclera was white, cornea was clear, conjunctiva was pink with no lesions or discharge noted.

**Nose:** Septum midline. No drainage or bleeding noted.

**Teeth:** Pt has natural teeth on top and on bottom.

**CARDIOVASCULAR:**

**Heart sounds:** S1, S2 Clear with no gallops, murmurs, or rubs.

**Cardiac rhythm (if applicable):**

**Peripheral Pulses:** 100bpm

**Capillary refill:** 4 seconds

**Neck Vein Distention:** Y  N  **Edema** Y  N

**Location of Edema:** N/A

<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Breath Sounds:</b> labored breathing. Crackles noted bilaterally in lungs</p>	<p><b>Pt was placed in high fowlers and placed on supplemental oxygen. 2-3L on nasal cannula</b></p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b> Regular Diet.  <b>Current Diet:</b> Diabetic Diet  <b>Height:</b> 72in  <b>Weight:</b>104.5kg  <b>Auscultation Bowel sounds:</b> Present in all four quadrants post-prandial.  <b>Last BM:</b> Yesterday morning.  <b>Palpation:</b> No pain or masses noted on palpation.  <b>Inspection:</b> No lesions or rashes noted.  <b>Distention:</b> No distention.  <b>Incisions:</b> No incisions noted.  <b>Scars:</b> No scars noted on abdomen.  <b>Drains:</b> No drains present.  <b>Wounds:</b> No wounds present on abdomen.  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b> N/A</p>	<p>Pt has a regular diet at home but was given a diabetic due to having Type II diabetes.</p>

**GENITOURINARY:**

**Color:** Clear- Light Yellow

**Character:** Pt reports no cloudiness or sediment in urine.

**Quantity of urine:**Pt voided 250 in the urinal.

**Pain with urination:** Y  N

**Dialysis:** Y  N

**Inspection of genitals:** N/A

**Catheter:** Y  N

**Type:**

**Size:**

**Neurology contacted pt to talk about setting up dialysis after discharge.**

**MUSCULOSKELETAL:**

**Neurovascular status:** Pt has no neurovascular deficits noted.

**ROM:** ROM is good. Pt can get up and out of chair/wheelchair with a standby assist, but uses a gait belt, due to feeling weak.

**Supportive devices:** Pt does not use WC or RW, a gait belt is present in order to help ambulate pt.

**Strength:** Good, equal bilaterally.

**ADL Assistance:** Y  N

**Fall Risk:** Y  N

**Fall Score:** 25 (Low in current environment)

**Activity/Mobility Status:**

**Independent (up ad lib)**

**Needs assistance with equipment** X

**Needs support to stand and walk**

**Pt should be a SBA due to weakness, GB is used to insure security when walking.**

**NEUROLOGICAL:**

**MAEW:** Y  N

**PERLA:** Y  N

**Strength Equal:** Y  N  if no - Legs  Arms   
**Both**

**Orientation:** Oriented to person, time, place, and current events.

**Mental Status:** Good.

**Speech:** Good.

**Sensory:** No glasses or hearing aids present.

**LOC:** Alert.

**PSYCHOSOCIAL/CULTURAL:**

**Coping method(s):** Pt. states that he uses the help of family to cope. Pt does smoke and drink.

**Developmental level:** No deficits noted.

**Religion & what it means to pt.:** Pt does not identify with any religion.

**Personal/Family Data (Think about home environment, family structure, and available family support):** Pt. states he lives alone, no talk of family or help with ADLs.

**Physical Exam (18 points)**

**Vital Signs, 1 set (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>1600</b>	<b>100 irregular</b>	<b>128/70 LUE</b>	<b>24</b>	<b>98/1 F oral</b>	<b>90% 2L O2 NC</b>

**Pain Assessment, 1 set (5 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>1600</b>	<b>0-10</b>	<b>n/a</b>	<b>0</b>	<b>n/a</b>	<b>n/a</b>

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>Pt had a total of 1560 cc of intake between drinks and IVF. This total was gathered over a 12 hr period.</b>	<b>Pt has some retaining of fluids. Pt output was 650 measured of the same 12 hr period.  Pt also had 2 BMs moderate size.</b>

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

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"><li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li></ul>	<ul style="list-style-type: none"><li>• Explain why the nursing diagnosis was chosen</li></ul>		<ul style="list-style-type: none"><li>• How did the patient/family respond to the nurse’s actions?</li><li>• Client response, status of goals and outcomes, modifications to plan.</li></ul>

<p><b>1. Ineffective breathing pattern related to shortness of breath as related to use of accessory muscles, O2 sat of 88% on room air and abnormal ABGs.</b></p>	<p><b>Nursing diagnosis was chosen due to the fact that pt is having trouble breathing.</b></p>	<p><b>1. Place pt in High Fowlers position to help make breathing easier.</b> <b>2. Show pt to breath through pursed lips if difficulty breathing occurs.</b></p>	<p><b>Pt was sat in high fowlers position. Goal was met to help with ineffective breathing because pt stated he was having an easier time breathing and evidence by pulse ox showed O2 sat was now 92% on 2L of O2 by NC, which the doctor ordered.</b></p>
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<p><b>2. Deficient knowledge related to diabetes and unfamiliarity with information as evidence by inadequate follow-through of instruction.</b></p>	<p><b>Pt has Type II diabetes but doesn't follow diet restrictions or checking of glucose level at home causing sugar levels to be elevated.</b></p>	<p><b>1. Provide information on a diet that is low in simple sugars, low in fat, and high in fiber and whole grains.</b></p> <p><b>2. Verify the pt understands and demonstrates the technique and timing of home monitoring of glucose.</b></p>	<p><b>Goal was met by pt stating "I will need to eat a low-protein diet." allowing me to know that he understands what he can and cannot eat. Pt's sugars were also controlled while in the hospital showing a 74mg/dL upon last blood sugar.</b></p>
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**Other References (APA):**

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health.*

**Concept Map (20 Points):**

### Subjective Data

Pt. reports he smokes a pack of cigarettes a day and consumes alcohol 3-5 times a week.

Pt stated he called 911 due to feeling like he was short of breath and weak.

### Patient Information

60 yo African American male who has a medical history of a-fib, type II diabetes, coronary artery disease, and chronic kidney disease. Pt smokes a pack of cigarettes a day and consumes alcohol 3-5 times a week.

### Nursing Diagnosis/Outcomes

1. Ineffective breathing pattern related to shortness of breath as related to use of accessory muscles, O2 sat of 88% on room air and abnormal ABGs.

Pt was sat in high fowlers position. Goal was met to help with ineffective breathing because pt stated he was having an easier time breathing and evidence by pulse ox showed O2 sat was now 92% on 2L of O2 by NC, which the doctor ordered.

2. Deficient knowledge related to diabetes and unfamiliarity with information as evidence by inadequate follow-through of instruction.

Goal was met by pt stating "I will need to eat a low-protein diet." allowing me to  
Nursing Interventions

1. Place pt in High Fowlers position to help make breathing easier.
2. Show pt to breath through pursed lips if difficulty breathing occurs.

1. Provide information on a diet that is low in simple sugars, low in fat, and high in fiber and whole grains.
2. Verify the pt understands and demonstrates the technique and timing of home monitoring of glucose.

### Objective Data

Pts labs showed:  
RBC levels are low due to anemia in pts with chronic kidney disease.

Low hgb may indicate anemia.

Low hct can indicate insufficient supply of red blood cells.

An increase in WBC can indicate the pt is fighting an infection.

High levels of creatinine show



