N321 Care Plan #

Lakeview College of Nursing

Jose Irizarry

Demographics (3 points)

Date of Admission 20 April 20	**Patient Initials** MR	**Age** 38	**Gender** Female
Race/Ethnicity African American	**Occupation** Manager at seed company	**Marital Status** Married	**Allergies** Penicillin
Code Status Full Code	**Height** 5’ 2”	**Weight** 110 lb.	

Medical History (5 Points)

Past Medical History:

- HTN
- Hypothyroidism

Past Surgical History:

- Hysterectomy with oophorectomy

Family History:

- Mother had breast cancer
- Father has HTN, aortic valve stenosis
- Both mother and father smoked in the home Mary grew up in.

Social History (tobacco/alcohol/drugs):

- Denies illicit drug use, drinks occasionally
- Does not currently smoke; stopped smoking 14 years ago

Assistive Devices:

- No assistive devices

Living Situation:

- Lives with husband and children

Education Level:

- Bachelor's degree in business admin

Admission Assessment

Chief Complaint (2 points):

- Shortness of breath; Patient began exhibiting common cold symptoms approximately 10 days ago. About 4 days ago, patients fever began to increase, accompanied by severe chilling. Her cough became productive, with green sputum. The cough has prevented patient from sleeping very much for the past several nights. She has been complaining of a pattern of increasingly severe shortness of breath. She has been taking several over-the-counter medications to relieve her symptoms. For the past several days, she has been complaining of a transient sharp pain in her lower right chest that increases with breathing.

History of present Illness (10 points):

Patient has been brought in from community clinic with rapid, shallow respirations. She is moving restlessly in the bed. A frequent, harsh cough is heard, and secretions are audible during coughing. Perspiration is noted on patients face. She began exhibiting common cold symptoms approximately 10 days ago. About 4 days ago, her fever began to increase, accompanied by severe chilling. Her cough became productive, with green sputum. The cough has prevented patient from sleeping very much for the past several nights. She has been complaining of a pattern of increasingly severe shortness of breath. She has been taking several over-the-counter medications to relieve her symptoms. For the past several days, she has been complaining of a transient sharp pain in her lower right chest that increases with breathing. Patient is allergic to penicillin. Patients vital signs are RR 32/min (shallow, regular, labored, with use of accessory muscles), BP 140/80, HB 120, Temp 38.9, SpO2 90%, with 7/10 on number pain scale on right side of chest with deep inspiration, described as sharp and stabbing pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):.Pneumonia

Secondary Diagnosis (if applicable): N/A

Pneumonia

Pneumonia is an infection that inflames the air sacs in one or both lungs. The air sacs may fill with fluid or pus (purulent material), causing cough with phlegm or pus, fever, chills, and difficulty breathing (Mayo, 2019). A variety of organisms, including bacteria, viruses and fungi, can cause pneumonia. Pneumonia can range in seriousness from mild to life-threatening. It is most serious for infants and young children, people older than age 65, and people with health problems or weakened immune systems.

The signs and symptoms of pneumonia vary from mild to severe, depending on factors such as the type of germ causing the infection, and age and overall health. Mild signs and symptoms often are similar to those of a cold or flu, but they last longer. Signs and symptoms of pneumonia may include chest pain when breathing or coughing, confusion or changes in mental awareness (in adults age 65 and older), cough, which may produce phlegm, fatigue, fever, sweating and shaking chills, lower than normal body temperature (in adults older than age 65 and people with weak immune systems), nausea, vomiting or diarrhea, and shortness of breath (Mayo, 2019).

People that are at a high-risk that need to see a doctor are adults older than age 65, children younger than age 2 with signs and symptoms, people with an underlying health condition or weakened immune system, people receiving chemotherapy or taking medication that suppresses the immune system. For some older adults and people with heart failure or chronic lung problems, pneumonia can quickly become a life-threatening condition.

Many germs can cause pneumonia. The most common are bacteria and viruses in the air we breathe. Your body usually prevents these germs from infecting the lungs. But sometimes these germs can overpower the immune system, even if health is generally good. Pneumonia is classified according to the types of germs that cause it and where location of infection; Community-acquired pneumonia is the most common type of pneumonia; Pneumonia can be contracted during a hospital stay for another illness. Hospital-acquired pneumonia can be serious because the bacteria causing it may be more resistant to antibiotics and because the people who get it are already sick; Health care-acquired pneumonia is a bacterial infection that occurs in people who live in long-term

care facilities or who receive care in outpatient clinics, including kidney dialysis centers . (Mayo, 2019). Like hospital-acquired pneumonia, health care-acquired pneumonia can be caused by bacteria that are more resistant to antibiotics.

Pneumonia can affect anyone. But the two age groups at highest risk are children who are 2 years old or younger, and people who are age 65 or older. Other risk factors include being hospitalized, chronic disease, smoking, weakened or suppresses immune system. Even with treatment, some people with pneumonia, especially those in high-risk groups, may experience complications, including**, b**acteria in the bloodstream (bacteremia), difficulty breathing, fluid accumulation around the lungs (pleural effusion), and lung abscess (Capriotti, T., & Frizzell, J.P , 2016). To help prevent pneumonia get vaccinated, make sure children get vaccinated, practice good hygiene, do not smoke, and keep the immune system strong.

Treatment for pneumonia involves curing the infection and preventing complications. People who have community-acquired pneumonia usually can be treated at home with medication. Although most symptoms ease in a few days or weeks, the feeling of tiredness can persist for a month or more. Specific treatments depend on the type and severity pneumonia, age and overall health. The options include antibiotics, cough medicines, and fever reducer/ pan reliever. Hospitalization may be needed if patients are older than age 65, confused about time, people or places, kidney function has declined, systolic blood pressure is below 90 millimeters of mercury (mm Hg) or diastolic blood pressure is 60 mm Hg or below, breathing is rapid (30 breaths or more a minute), breathing assistance is needed, temperature is below normal, or heart rate is below 50 or above 100 (Mayo, 2019).To recover more quickly and decrease risk of complications get plenty of rest, stay hydrated, and take medicine as prescribed. To avoid making condition worse, do not smoke or be around smoke and drink plenty of fluids and get plenty of rest.

Pathophysiology References (2) (APA):

Refences

Capriotti, T., & Frizzell, J.P (2016). *Pathophysiology Introductory Concepts and Clinical Perspective. Philadelphia, PA:* Davis Company.

Mayo clinic, (2019). *High Blood Pressure.* Retrieved on March 26, 2020 https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms- /syc-20373410

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	3.92-5.13	4.8	-	
Hgb	11.6-15	14	-	
Hct	35.5-44.9	42%	-	
Platelets	157-371	-	-	
WBC	3.4-9.6	15000	-	Elevated WBC due to body fighting pneumonia infection (Kee, J., 2018).
Neutrophils	50-81	-	-	
Lymphocytes	14-44	-	-	

Monocytes	2-6	-	-	
Eosinophils	1-5	-	-	
Bands	0-1	-	-	

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	142	-	
K+	3.5-5	4.5	-	
Cl-	96-106	104	-	
CO2	23-29	-	-	
Glucose	70-100	-	-	
BUN	6-20	-	-	
Creatinine	0.6-1.3	-	-	
Albumin	3.4-5.4	-	-	

Calcium	8.5-10.2	9.2	-	
Mag	1.6-2.4	-	-	
Phosphate	2.5-4.5	-	-	
Bilirubin	0.0-1.2	-	-	
Alk Phos	20-130	-	-	
AST	8-35	-	-	
ALT	4-38	-	-	
Amylase	0-160	-	-	
Lipase	23-85	-	-	
Lactic Acid	0.5-1.4	-	-	

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	0.86-1.14	-	-	

PT	11.9-15	-	-	
PTT	60-70 sec	-	-	
D-Dimer	Negative	-	-	
BNP	<100 pg/mL	-	-	
HDL	> 60	-	-	
LDL	<100	-	-	
Cholesterol	<200	-	-	
Triglycerides	<150	-	-	
Hgb A1c	4%-5.6%	-	-	
TSH	0.4-4.0	-	-	

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, clear	Clear	-	
pH	5.0-8.0	-	-	
Specific Gravity	1.005-1.034	1.030	-	
Glucose	Normal	-	-	

Protein	Negative-normal	-	-	
Ketones	Negative	-	-	
WBC	<5	-	-	
RBC	0-3	-	-	
Leukoesterase	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	Negative	-	-	
Blood Culture	Negative	-	-	
Sputum Culture	Clear	-	-	
Stool Culture	Negative	-	-	

Reference

Kee, J. (2018). *Laboratory and diagnostic tests with nursing implications.* Pearson.

Lakeview College of Nursing. Diagnostic Labs

Van Leeuwen, A. M., & Bladh, M. L. (2017). *Davis's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications* (7 ed.). Philadelphia, PA: F.A. Davis

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- Portable chest x-ray showed right middle lobe and right lower lobe infiltrates are consistent with pneumonia.
- Sputum for culture and Gram stain: results pending on culture; Gram stain: gram-positive clustered cocci
- Place pt. on telemetry

Diagnostic Test Correlation (5 points):

The diagnostic confirms that the patient has pneumonia and a possible infection.

Diagnostic Test Reference (APA):

Reference

Van Leeuwen, A. M., & Bladh, M. L. (2017). *Davis's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications* (7 ed.). Philadelphia, PA: 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	Synthroid/ levothyroxine	Norvasc/ amlodipine	Toprol XL/metoprolol	Estrace/estradiol	Women's Centrum/ Multivitamin
Dose	25 mcg	5 mg	25 mg	2 mg	
Frequency	1xday	1xday	1xday	1xday	1xday
Route	PO	PO	Po	PO	PO
Classification	Thyroid hormone replacement	Antianginal/ antihypertension	Antianginal, antihypertensive, MI prophylaxis and Tx	Antineoplastic, antiosteoporosis agent, ovarian hormone therapy	Vitamins
Mechanism of Action	Increases energy expenditure, accelerates cellular oxidation, regulates growth and aids in myelination of nerves.	Decreases calcium level, inhibiting smooth muscles cell contractions, and relaxing the coronary and vascular smooth	Inhibits stimulation of beta1 receptor cell sites located mainly in the heart resulting in decrease cardiac	Increases cervical secretions of luteinizing hormone and decrease testicular	Used to treat vitamin deficiencies (lack of vitamins) caused by illness, pregnancy, poor nutrition, digestive disorders, and many other conditions.

		resistance, and reducing BP.	excitability, cardiac output, and myocardial O2 demand.	secretion of testosterone.	
Reason Client Taking	Hypothyroidism	To control HTN	To control HTN	Estrogen therapy	For increase in vitamin
Contraindications (2)	• Acute MI • Uncorrected adrenal insufficiency	• GRF< 50 • Hypersensitivity to medication or components	• Acute HF • Cardiogenic shock	• Active DVT • Antithrombin deficiency	• iron metabolism disorder causing increased iron storage. • an overload of iron in the blood.
Side Effects/Adverse Reactions (2)	• Hyperthyroidism • Arthralgia	• Arrhythmias • Hot flashes	• Confuse • Constipation	• Intolerance to contact lenses • Amenorrhea	• tooth staining • increased urination
Nursing Considerations (2)	• Not to be used for Tx of obesity or weight loss	• Take missed dosed as soon as remembered and next dose in 24 hours. • Suggest taking with food to reduce GI upset	• Blocks beta2 adrenergic receptors causing bronchospasms and dyspnea	• Monitor PT test with patients taking warfarin • Closely monitor BP	• Avoid taking more than one multivitamin product at the same time unless your doctor tells you to. • Multivitamin products also contain minerals such as calcium, iron, magnesium, potassium, and zinc.

Reference

Jones and Bartlett. 2019. *Nurses drug handbook. (*pp.65-66, 442-448, 693-696, 784-786, 1356-1366).

Hospital Medications (5 required)

Brand/Generic	**Levaquin/ levofloxacin**	**Mucinex/ guaifenesin**	**Motrin/ ibuprofen**	**Ofirmev/ acetaminophen**	**Acidophilus/ lactobacillus**
Dose	750 mg	600 mg	400 mg	1000 mg	1 cap
Frequency	Every 24 hours	Daily	PRN	Every 6 hours	Daily
Route	IVPB	PO	PO	IV	PO
Classification	Antibiotic	Expectorant	Analgesic, anti-inflammatory, antipyretic	Antipyretic, mom opioid analgesic	Antibiotic
Mechanism of Action	Interferes with bacterial cell wall replication by inhibiting gyreses.	Increase fluid and mucus removal from upper resp tract by increasing volume of secretions and reducing adhesion to surface tension.	Block activity of cyclooxygenase which mediates inflammatory response and cause of pain , swelling, and vasodilation.	Block activity of cyclooxygenase which mediates inflammatory response and cause of pain , swelling, and vasodilation.	Interferes with bacterial cell wall replication by inhibiting gyreses.
Reason Client Taking	Infection	Help clear airway from pneumonia	Fever	Fever	Bacterial infection
Contraindicatio	• Myasthenia	• Hypersensitivi	• Angioedema	• HTN	• Hypersensitivi

ns (2)	gravis • Hypersensitive to medication or components	ty to medication • Hypersensitivity to meds components	• Bronchospasms	• Oliguria (parenteral form)	ty to med • Yeast allergy
Side Effects/Adverse Reactions (2)	• Anxiety • Acute renal failure	• Dizziness • Rash	• Aseptic meningitis • Fluid retention	• Stridor • Muscle spasms	• Intestinal gas or bloating • Diarrhea
Nursing Considerations (2)	• Use cautiously with patients with renal insufficiency • Avoid giving within 2 hours of antacids.	• Give liquid form to children • Watch for coughs that last longer than 1 week, fever, persistent h/A, and rash.	• Know increase HF with use of NSAIDS • Women starting at 30 weeks should not take med.	• Check liver function as ordered • Monitor renal function in patients with long term therapy.	• Rash • Report abdominal distention or severe diarrhea

Reference

Jones and Bartlett. 2019. *Nurses drug handbook. (*pp. 11-14, 572-573, 600-604, 664-665,688-694).

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** A&Ox4 **Orientation:** Alert and oriented **Distress:** Yes **Overall appearance:** Neat and clean.	Patient is in distress d/t SOB. Patient is alert x4 and is clean and proper.
INTEGUMENTARY (2 points): **Skin color:** Pale **Character:** Dry **Temperature:** Hot and diaphoretic. **Turgor:** Poor. **Rashes:** No **Bruises:** No **Wounds:** No **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	Skin was difficult to assess. Patients mucous membranes are dusky in color with no abnormalities. There is poor skin turgor. No drains are present, and patient has a Braden score of 20.
HEENT (1 point): **Head/Neck:** Head symmetric and trachea midline. **Ears:** Clear **Eyes**: PERRLA **Nose:** Clear **Teeth:** Has all her natural teeth.	Head is midline with no deviations. Hair is black. Ears show no abnormal drainage, tympanic membrane visible, pearly grey. PEERLA is noted. Patient uses glasses regularly. Nose shows no deviated septum, turbinates' equal bilaterally. Oral mucosa is pink and moist with no notable abnormalities. Patient's teeth present, yellow in color.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** Not visible due to race.	S1 and S2 and no murmur are auscultated. Sounds are regular, with a rate of 122/min, telemetry show Sinus Tachycardia. No peripheral edema noticed. The nail beds are difficult to assess because of her dark pigmentation

Neck Vein Distention: Y ☒ N ☐ **Edema Y ☐ N ☒** **Location of Edema:**	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Crackles and wheezes are auscultated in the right middle and right lower lobes of her lungs. A pleural friction rub is auscultated at the right anterior axillary line, fifth intercostal space. Pulmonary adventitious sounds make it somewhat difficult to clearly discriminate sounds.
GASTROINTESTINAL (2 points): **Diet at home:** Regular diet. **Current Diet:** NPO **Height: 5'2"** **Weight:** 110 lb. **Auscultation Bowel sounds:** **Last BM:** 2 days ago. **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** No **Scars:** No **Drains:** No **Wounds:** No **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	The abdomen is flat. Positive bowel sounds are auscultated in all quadrants. Mary denies any abdominal tenderness. It is soft to palpation.
GENITOURINARY (2 Points):	Patient voided 125 mL of clear, dark amber urine

Color: Dark amber **Character:** Clear **Quantity of urine:** 125 mL **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** N/A **Catheter: Y ☐ N ☒** **Type:** **Size:**	with a specific gravity of 1.030
MUSCULOSKELETAL (2 points): **Neurovascular status: Normal** **ROM: AROM bilateral** **Supportive devices: No supportive device** **Strength: Ambulates but with standby assist.** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 35** **Activity/Mobility Status:** **Independent (up ad lib) Yes** **Needs assistance with equipment: No** **Needs support to stand and walk:** Safety assist.	Peripheral pulses are palpable in all four distal extremities. Patient has AROM on all four limbs. Uses no supportive devices and Braden score is 35.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** A&Ox4 **Mental Status:** A&Ox4 **Speech:** Patient speaks and comprehends English well and clear.	Awake, oriented to person, place, time, and able to state reason for visit. Eyes are PERRLA with 6-point H-gaze. He speaks and writes well and clear and has normal sensation upon assessment.

Sensory: Normal sensation upon assessment. **LOC:** A&Ox4	
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** Did not mention. **Developmental level:** 4-year university **Religion & what it means to pt.: S**outhern Baptist **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient is married and lives at home with him and her three children all school age.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	120	140/80	32/min	38.9	90%
1100	100	132/78	28/min	38	98% on 4L nasal canula

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0900	Number	R-side of chest	7/10	Sharp and stabbing	--
1100	Number	R-side of chest	4/10	Sharp and stabbing	-

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: #18 gauge **Location of IV:** Peripheral IV infusion **Date on IV:** 21 April 20 **Patency of IV:** Clean and intact **Signs of erythema, drainage, etc.:** no redness, tenderness, swelling or drainage noted. **IV dressing assessment:** IV site is patent.	500 mL There is an #18 gauge peripheral IV infusing NS at 100 cc/hr. The site is clean, dry and intact, no redness, tenderness, swelling or drainage noted.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
240 mL	

Nursing Care

Summary of Care (2 points)

Summary of Care:

Patient should be aware of shortness of breath episodes, mindful of new heart healthy diet, and follow prescribed medications that the provider will issue for upper respiratory infection. Patient was in her room entire visit. Patient pain was 4/10 in right side with deep inspiration, but tolerable. Her vital signs were stable throughout my time. Staff was aware of her new diagnosis of pneumonia; were working to decrease his shortness of breath and increase her O2 saturation. Patient was tolerating ambulating and using the restroom on her own, with safety assistance. Patient has understood the education provided to her and the family in regard to the importance of proper hand hygiene and pain management. Patient will focus on the education provided and on her new diagnosis/ new medications.

Discharge Planning (2 points)

Discharge Planning:

Patient will be D/C to go home with her husband and will not be needing home health care for any supplies. Patient does not need any other assistive devices. Patient will receive further education on how to reduce her exacerbation, decrease chances of contracting respiratory infections and lowering her blood pressure. Patient will also have education on personal and hand hygiene. Patient will follow up with his provider after being discharged to further evaluate interventions.

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 nosocomial infection due to inadequate primary defenses, invasive procedures, and/or chronic disease.	1.Pulmonary activities that help to prevent spread of the infection by removing pathogens from the hands. 2.Individuals with depressed LOC, advanced age, dysphagia, or a NG are at risk for aspiration which would lead to pneumonia.	1.Provide preoperative teaching, explaining and demonstrating pulmonary activities that would be used postoperatively to prevent respiratory infection. 2.Identify patients who are at increased risk for aspiration.	The patient is free of nosocomial pneumonia AEB normothermia, WBX count 12000/mm3 or less, and sputum clear to whitish in color.
2. Decreased gas exchange due to altered oxygen supply and alveolar-capillary membrane changes occurring with the inflammatory process and exudate in the lungs.	1.O2 saturation of <92% is a significant oxygenation problem and can indicate need for O2 therapy. 2.A rising temp and or other changes in VS may signal presence of worsening inflammatory response in the lungs.	1.Monitor oximetry as prescribed. 2.Monitor and document VS at least every 2-4 hours or as indicated by the patient's condition. Report significant findings.	Hospital D/C is anticipated when the patient exhibits: Temp 37.7oC or less, HR<100BPM, RR <24/min, SBP >90, O2>92%, and ability to maintain oral intake.
3. Dehydration due to increased insensible loss occurring with	1.These actions help ensure adequate hydration.	1.Encourage fluid intake at least 2.5 L/day in unrestricted patients. Maintain IV therapy as	At least 24 hours before D/C, patient is normovolemic AEB urine output of 30 mL/hour or more, stable

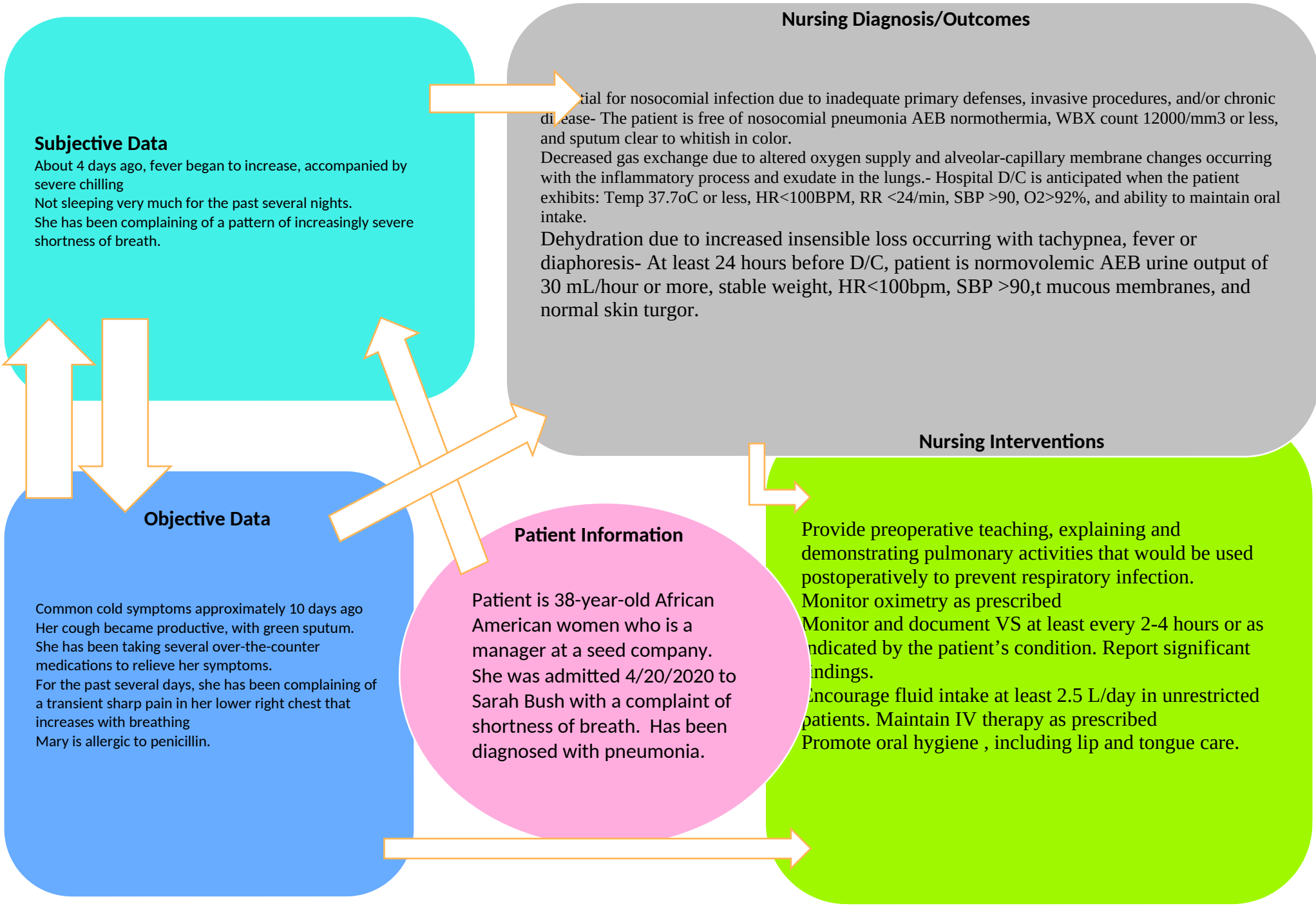
tachypnea, fever or diaphoresis.	2.Oral hygiene moisten dried tissues and mucous membranes in patients with FVD.	prescribed. 2Promote oral hygiene , including lip and tongue care.	weight, HR<100bpm, SBP >90,t mucous membranes, and normal skin turgor.

Other References (APA):

Reference

Swearingen, P.L.,Wright, J.D., (2019). All-in-One Nursing Care Planning Resource. *Medical-surgical, pediatric, maternity, and psychiatric-mental health.* St. Louis, MO. Elsevier.

Concept Map (20 Points):


Subjective Data
About 4 days ago, fever began to increase, accompanied by severe chilling
Not sleeping very much for the past several nights.
She has been complaining of a pattern of increasingly severe shortness of breath.
Nursing Diagnosis/Outcomes
tial for nosocomial infection due to inadequate primary defenses, invasive procedures, and/or chronic di ease- The patient is free of nosocomial pneumonia AEB normothermia, WBX count 12000/mm3 or less, and sputum clear to whitish in color.
Decreased gas exchange due to altered oxygen supply and alveolar-capillary membrane changes occurring with the inflammatory process and exudate in the lungs.- Hospital D/C is anticipated when the patient exhibits: Temp 37.7oC or less, HR<100BPM, RR <24/min, SBP >90, O2>92%, and ability to maintain oral intake.
Dehydration due to increased insensible loss occurring with tachypnea, fever or diaphoresis- At least 24 hours before D/C, patient is normovolemic AEB urine output of 30 mL/hour or more, stable weight, HR<100bpm, SBP >90,t mucous membranes, and normal skin turgor.
Nursing Interventions
Provide preoperative teaching, explaining and demonstrating pulmonary activities that would be used postoperatively to prevent respiratory infection.
Monitor oximetry as prescribed
Monitor and document VS at least every 2-4 hours or as ndicated by the patient's condition. Report significant indings.
Encourage fluid intake at least 2.5 L/day in unrestricted patients. Maintain IV therapy as prescribed
Promote oral hygiene , including lip and tongue care.
Objective Data
Common cold symptoms approximately 10 days ago
Her cough became productive, with green sputum.
She has been taking several over-the-counter medications to relieve her symptoms.
For the past several days, she has been complaining of a transient sharp pain in her lower right chest that increases with breathing
Mary is allergic to penicillin.
Patient Information
Patient is 38-year-old African American women who is a manager at a seed company. She was admitted 4/20/2020 to Sarah Bush with a complaint of shortness of breath. Has been diagnosed with pneumonia.