# N431 Care Plan #2

Lakeview College of Nursing

Abby Sellek

## Demographics (3 points)

| Date of Admission<br>7/6/2020 | Patient Initials<br>L.E.C. | Age<br>77 | Gender<br>Male |
|---|---|---|---|
| Race/Ethnicity<br>Caucasian | Occupation<br>Retired farmer | Marital Status<br>Single | Allergies<br>No known allergies |
| Code Status<br>DNR | Height<br>5'9" | Weight<br>121 lbs | |

## Medical History (5 Points)

**Past Medical History: Prostate cancer metastatic to bone, Low grade B cell lymphoproliferative disorder, Keratoderma, Anemia, Gunshot injury to left thigh**

**Past Surgical History: Leg surgery for bullet removal**

**Family History: Father: Heart disease, Mother: Unknown, Sister: COPD**

**Social History (tobacco/alcohol/drugs): No drug or alcohol use. Former cigarette smoker 0.1 packs/day.**

**Assistive Devices: No assistive devices.**

**Living Situation: Patient lives at home alone, but recently has been staying with his girlfriend.**

**Education Level: High school diploma**

## Admission Assessment

**Chief Complaint (2 points): Shortness of breath**

**History of present Illness (10 points):**. The patient presented to the emergency department complaining of shortness of breath. The shortness of breath started a week and a half ago and has progressively gotten worse. The patient states that he is unable to lie flat because it makes it too difficult to breath. Sitting up and leading over a table helps improve his breathing. During assessment, the patient was found to have dyspnea, orthopnea, generalized weakness, hoarseness,

and ankle edema. The patient denies any coughing, wheezing, or chest pain. The patient's vitals included a BP of 132/84, pulse of 92 bpm, respiration rate of 26, SpO2 90%, and temperature of 98.7 F.

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points): Pneumonia of right lower lobe due to infectious organism**

**Secondary Diagnosis (if applicable):**.

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

Pneumonia occurs when a pathogen enters the lungs causing an infection (Mayo Clinic, 2020). The alveoli become irritated, inflamed, and fill with fluid. Inflammation and fluid within the alveoli inhibit effective gas exchange between the lungs and blood. Poor gas exchange results in decreased oxygen levels within the body, depriving vital organs of adequate oxygenation and tissue perfusion. The airway also increases production of secretions causing excess sputum and decreased airway clearance (National Institute of Health, 2020). Patients with pneumonia commonly present with fatigue, loss of appetite, tachypnea, tachycardia, fever, crackles on auscultation, and decreased breath sounds. Complications associated with pneumonia include pleural effusion, sepsis, and respiratory distress (Mayo Clinic, 2020). Pleural effusion occurs when fluid builds up in the lining of the lungs and chest cavity. The fluid causes pressure on the lungs, preventing adequate expansion. This can cause decreased oxygen exchange and inhibits adequate oxygen perfusion to vital organs. Sepsis occurs when the infection in the lungs enters the blood stream. This is a serious complication causing systemic infection that can lead to organ failure without prompt treatment. Breathing can also become so difficult that the patient goes

into respiratory distress. A patient in respiratory distress may be unable to breath on their own and require ventilation until the lungs are able to heal.

A chest x-ray or CT is commonly performed to determine the presence of infiltrates within the lungs (National Institute of Health, 2020). A sputum culture and sensitivity are typically gathered from patients with a productive cough to determine the presence and type of infection within the lungs. Blood tests including a CBC, CMP, and C-reactive protein can also be performed to determine the presence of infection and inflammation within the body. Treatment for pneumonia includes prompt antibiotic therapy, anti-inflammatories, supplemental oxygen, IV fluids, and oral rehydration (Mayo Clinic, 2020).

This patient presented with shortness of breath that became worse whenever he tried to lay down. During assessment, the patient had decreased SpO2 levels of 90%, increased respirations of 26, crackles in the lungs, accessory muscle use, and dyspnea. The physician ordered a chest CT and laboratory values including a CBC. The chest CT indicated that the patient had infiltrates within the right lower lobe of the lung, a finding common in pneumonia (Mayo Clinic, 2020). The patients CBC also showed an elevated WBC of 20.1 and lymphocyte count of 67, both findings common with infection. The physician also ordered a sputum sample, but the patient did not have a productive cough, so they were unable to gather a specimen. Based on the laboratory values and chest CT, the physician diagnosed the patient with pneumonia. The physician ordered IV antibiotics ceftriaxone and azithromycin. He also prescribed dexamethasone to decrease inflammation and IV fluids for rehydration. The patient was placed on 1 liter of supplemental oxygen via nasal cannula and had a continuous pulse oximeter to monitor with SpO2 levels.

**Pathophysiology References (2) (APA):**

Mayo Clinic. (2020). *Pneumonia.* https://www.mayoclinic.org/diseases-conditions/pneumonia/diagnosis-treatment/drc-20354210

National Institute of Health. (2020). *Pneumonia.* https://www.nhlbi.nih.gov/health-topics/pneumonia

**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** | **4.40-5.80 mcL** | **3.58** | **3.5** | **The patient is receiving chemotherapy treatments which can cause low RBC counts (Kee, 2017).** |
| **Hgb** | **12.0-15.8 g/dL** | **10.3** | **10.2** | **The patient is receiving chemotherapy treatments which can cause low RBC counts (Kee, 2017).** |
| **Hct** | **38.0-50%** | **31.6** | **31.5** | **The patient is receiving chemotherapy treatments which can cause low RBC counts (Kee, 2017).** |
| **Platelets** | **140-440 mcL** | **140** | **145** | |
| **WBC** | **4.40-5.80 mcL** | **20.10** | **42.5** | **The patient has pneumonia. Infection commonly causes an increase in WBC (Kee, 2017).** |
| **Neutrophils** | **40-68%** | **27** | **17** | **The patient is receiving chemotherapy treatments which can cause low neutrophil levels (Kee, 2017).** |
| **Lymphocytes** | **18-49%** | **67** | **81** | **Elevated lymphocytes are common during infection (Kee, 2017). This patient currently has pneumonia.** |
| **Monocytes** | **3.0-13.0%** | **3** | **N/A** | |
| **Eosinophils** | **0.0-8.0%** | **0** | **N/A** | |
| **Bands** | **0.0-1.0%** | **0** | **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- | 133-144 mmol/L | 135 | 143 | |
| K+ | 3.5-5.1 mmol/L | 3.6 | 3.6 | |
| Cl- | 98-107 mmol/L | 99 | 103 | |
| CO2 | 21-31 mmol/L | 31 | 33 | |
| Glucose | 70-110 mg/dL | 110 | 115 | The patient was receiving IV fluids of dextrose 5% with normal saline. Dextrose fluids contain glucose and can cause increased blood glucose levels (Kee, 2017). |
| BUN | 7-25 mg/dL | 14 | 25 | |
| Creatinine | 0.50-1.20 mg/dL | 0.5 | 0.54 | |
| Albumin | 3.5-3.7 g/dL | 3.2 | N/A | The patient has poor dietary intake due to anorexia related to his chemotherapy treatments. Poor dietary intake of proteins can cause low calcium levels (Kee, 2017). |
| Calcium | 8.8-10.2 mg/dL | 8.3 | 8.6 | The patient has poor dietary intake due to anorexia related to his chemotherapy treatments. Poor dietary intake of calcium can cause low calcium levels (Kee, 2017). |
| Mag | 1.5-2.6 mg/dL | N/A | N/A | |
| Phosphate | 2.5-4.5 mg/dL | N/A | N/A | |
| Bilirubin | 0.2-0.8 mg/dL | 0.6 | N/A | |

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|---|---|---|---|---|
| **Alk Phos** | **32-104 U/L** | **512** | **N/A** | **Elevated alkaline phosphate levels are common in patients with bone metastasis (Kee, 2017). This patient has prostate cancer that has metastasized to the bones.** |
| **AST** | **10-40** | **141** | **N/A** | **The patient is receiving chemotherapy treatments. Chemotherapy drugs can affect the liver resulting in elevated AST levels (Kee, 2017).** |
| **ALT** | **10-30** | **88** | **N/A** | **The patient is receiving chemotherapy treatments. Chemotherapy drugs can affect the liver resulting in elevated ALT levels (Kee, 2017).** |
| **Amylase** | **23-85 u/L** | **N/A** | **N/A** | |
| **Lipase** | **12-70 u/L** | **N/A** | **N/A** | |
| **Lactic Acid** | **0.5-1 mmol/L** | **N/A** | **N/A** | |
| **Troponin** | **0-0.4 ng/mL** | **N/A** | **N/A** | |
| **CK-MB** | **5-25 IU/L** | **N/A** | **N/A** | |
| **Total CK** | **22-198 U/L** | **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** | **0.8-1.4** | **N/A** | **N/A** | |
| **PT** | **10.1-13.1 sec** | **N/A** | **N/A** | |
| **PTT** | **25-36 sec** | **27** | **N/A** | |
| **D-Dimer** | **0-622 ng/mL** | **3554** | **N/A** | **D-dimer increases during inflammation (Kee, 2017). This patient has lung inflammation due to pneumonia.** |

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|---|---|---|---|---|
| **BNP** | **0-100 pg/mL** | **36** | **N/A** | |
| **HDL** | **>60 mg/dL** | **N/A** | **N/A** | |
| **LDL** | **<100 mg/dL** | **N/A** | **N/A** | |
| **Cholesterol** | **<200 mg/dL** | **N/A** | **N/A** | |
| **Triglycerides** | **<150 mg/dL** | **N/A** | **N/A** | |
| **Hgb A1c** | **<7%** | **N/A** | **N/A** | |
| **TSH** | **0.4-4.0 mu/ L** | **N/A** | **N/A** | |
| **Lactate dehydrogenase** | **140-271 U/L** | **699.6** | **N/A** | **High levels of LDH occur because of tissue damage (Kee, 2017). Elevated levels are common in patients with anemia and cancer. This patient has both conditions.** |

**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** | **N/A** | **N/A** | |
| **pH** | **4.6-8.0** | **N/A** | **N/A** | |
| **Specific Gravity** | **1.005-1.030** | **N/A** | **N/A** | |
| **Glucose** | **Negative** | **N/A** | **N/A** | |
| **Protein** | **0-8 mg/dL** | **N/A** | **N/A** | |
| **Ketones** | **Negative** | **N/A** | **N/A** | |
| **WBC** | **0-4** | **N/A** | **N/A** | |
| **RBC** | **0-2** | **N/A** | **N/A** | |
| **Leukoesterase** | **Negative** | **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** | **N/A** | **N/A** | |
| **PaO2** | **75-100 mmHg** | **N/A** | **N/A** | |
| **PaCO2** | **35-45 mmHg** | **N/A** | **N/A** | |
| **HCO3** | **22-28 mEq/ L** | **N/A** | **N/A** | |
| **SaO2** | **94%-100%** | **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** | |
| **Blood Culture** | **Negative** | **N/A** | **N/A** | |
| **Sputum Culture** | **Negative** | **N/A** | **N/A** | |
| **Stool Culture** | **Negative** | **N/A** | **N/A** | |

**Lab Correlations Reference (APA):**

Kee, J.L.F. (2017). *Pearson handbook of laboratory & diagnostic tests with nursing implications.* Pearson.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):**

**Chest CT w/ Contrast:**

**Findings**: Patchy infiltrate and atelectatic changes in the right lower lung. Infiltrate and atelectatic changes measure 7.1 cm x 1.2 cm and could indicate a pneumonic process. Diffuse blastic metastatic disease**.**

**Diagnostic Test Correlation (5 points):**

The patient presented to the emergency department with shortness of breath. The physician ordered a chest computerized tomography scan to determine if there were any visible changes to the lungs that may be causing the dyspnea. Contrast is commonly used to provide a clearer image of the tissue or organ being examined. The chest CT indicated the presence of infiltrates, a finding common of pneumonia.

**Diagnostic Test Reference (APA):**

Kee, J.L.F. (2017). *Pearson handbook of laboratory & diagnostic tests with nursing implications.* Pearson.

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

**Hospital Medications (5 required)**

| **Brand/Generic** | **dexamethasone/ Decadron** | **fluconazole / Diflucan** | **pantoprazole/ protonix** | **azithromycin/ Zithromax** | **ceftriaxone/ Rocephin** |
|---|---|---|---|---|---|
| **Dose** | **4mg** | **200 mg 100 mL/hr** | **40 mg** | **500 mg** | **1 g 250mL/hr** |
| **Frequency** | **Every 12 hours** | **Every 24 hours** | **Daily** | **Once** | **Q 24 hours** |
| **Route** | **Intravenous** | **Intravenous** | **Intravenous** | **Intravenous** | **Intravenous** |
| **Classification** | **Adrenocortical steroid, anti-inflammato** | **Antifungal** | **Gastric acid proton pump inhibitor** | **Antibiotic** | **Antibiotic** |

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|---|---|---|---|---|---|
| | **ry** | | | | |
| **Mechanism of Action** | **Binds to intracellular glucocorticoid receptors suppressing inflammation immune response** | **Interferes with enzyme needed for proper fungal cell membrane formation** | **Inhibits gastric acid proton pump and production of HCl in the stomach by blocking the exchange of H+ and K+, preventing H+ from entering the stomach** | **Binds and inhibits RNA synthesis of bacteria.** | **Interferes with bacteria cell synthesis and causes cell to rupture** |
| **Reason Client Taking** | **To decrease inflammation in the lungs** | **To treat oral candidiasis.** | **To treat and promote healing of erosive esophagitis associated with gastroesophageal reflux** | **To treat pneumonia** | **To treat pneumonia** |
| **Contraindications (2)** | **Live-virus vaccines**<br><br>**Fungal infections** | **Concurrent administration of erythromycin.**<br><br>**Hypersensitivity to fluconazole.** | **Concurrent therapy with rilpivirine**<br><br>**Hypersensitivity to substituted benzimidazoles** | **Hepatic dysfunction**<br><br>**Hypersensitivity to erythromycin or macrolides** | **Calcium containing IV solutions, hypersensitivity to cephalosporins or penicillin** |
| **Side Effects/Adverse Reactions (2)** | **Vision changes**<br><br>**Bradycardia** | **Prolonged Q-T syndrome**<br><br>**Photosensitivity.** | **Elevated serum creatinine**<br><br>**Hyperglycemia** | **Hyperglycemia**<br><br>**Oral candidiasis** | **Diarrhea**<br><br>**Candidiasis infections** |

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|---|---|---|---|---|---|
| **Nursing Considerations (2)** | **Medication can cause sodium retention resulting in hypokalemia and edema.**<br><br>**Monitor fluid intake and output.** | **Monitor hepatic and renal function.**<br><br>**Monitor coagulation tests and assess for bleeding.** | **Monitor PT and INR.**<br><br>**Long-term use of the medication has many side effects, only administer as long as medically necessary.** | **Do not administer via IV bolus. Must be infused over 60 minutes or longer.**<br><br>**Monitor liver enzymes and hepatic function.** | **Never give IV infusion with calcium-containing IV fluids.**<br><br>**Monitor bowel habits daily and report severe diarrhea.** |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | **Daily weight**<br><br>**Assess respiratory status and lung sounds.** | **BUN**<br><br>**Creatinine**<br><br>**Liver enzymes**<br><br>**Cultures** | **PT and INR labs**<br><br>**Electrolytes, magnesium** | **AST, ALT, Bilirubin**<br><br>**Culture and sensitivity.** | **BUN/ Creatinine**<br><br>**Liver enzymes**<br><br>**Cultures**<br><br>**CBC** |
| **Client Teaching needs (2)** | **Do not consume alcohol while taking this medication as it increases the risk for GI bleeds.**<br><br>**Need to maintain low sodium, high potassium, high protein diet.** | **The complete course of the medication must be taken. Do not stop medication if feeling better.**<br><br>**Medication can alter taste of food.** | **Expect relief of symptoms within two weeks.**<br><br>**Report signs of diarrhea.** | **Report white patches in the mouth as this may indicate a super infection.**<br><br>**Medication may cause abdominal pain and loose, watery stools.** | **Report watery, bloody stool n up to two months following discontinuation of medication.**<br><br>**Report any signs of rash, itching, or hives.** |

**Home Medications (5 required)**

| **Brand/Generic** | **Leuprolide/ Lupron** | **Atezolizumab/ Tecentriq** | **Calcium-Vitamin D Tablet** | **No additional home medications prescribed.** | **No additional home medications prescribed.** |
|---|---|---|---|---|---|
| **Dose** | **22.5 mg** | **1200 mg** | **500/125 mg** | **N/A** | **N/A** |
| **Frequency** | **3 month 12 day cycle** | **2x per month for 6 months** | **2x daily** | **N/A** | **N/A** |
| **Route** | **Intramuscular** | **Intravenous** | **Oral** | **N/A** | **N/A** |
| **Classification** | **Antineoplastic gonadotropin inhibitor** | **Antineoplastic agent** | **Supplement** | **N/A** | **N/A** |
| **Mechanism of Action** | **Suppresses gonadotropin-releasing hormone, decreasing testosterone and slowing neoplastic cells.** | **Binds to tumor cells, infiltrates and blocks tumor cell function and interactions.** | **Provide needed vitamins and minerals for proper body functioning.** | **N/A** | **N/A** |
| **Reason Client Taking** | **Palliative treatment for prostate cancer** | **Cancer** | **Vitamin supplementation due to inadequate dietary consumption.** | **N/A** | **N/A** |

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|---|---|---|---|---|---|
| **Contraindications (2)** | **Hypersensitivity to benzyl alcohol, gonadorelin, and gonadotropin0releasing hormone analogues**<br><br>**Children** | **ANC < 1500**<br><br>**Platelet count <100,000** | **Concurrent administration of digoxin and tetracyclines.**<br><br>**Hypercalcemia.** | **N/A** | **N/A** |
| **Side Effects/Adverse Reactions (2)** | **Colitis**<br><br>**Edema** | **Body aches**<br><br>**Edema** | **Dry mouth**<br><br>**Nausea** | **N/A** | **N/A** |
| **Nursing Considerations (2)** | **Administer drug at room temperature and shake thoroughly.**<br><br>**Monitor for hyperglycemia as medication can induce type 1 diabetes.** | **Monitor blood glucose as this medication may cause new onset of type 1 diabetes.**<br><br>**Monitor for diarrhea.** | **Monitor blood calcium levels periodically to check medication progress.**<br><br>**If patient has difficulty absorbing nutrition, this medication may be ineffective.** | **N/A** | **N/A** |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | **CMP**<br><br>**CBC** | **Thyroid function**<br><br>**Glucose**<br><br>**Liver labs** | **Calcium levels**<br><br>**Vitamin D levels** | **N/A** | **N/A** |
| **Client Teaching needs (2)** | **Report any signs of depression or memory problems.** | **Tell all doctors that you are taking this medication** | **Take this medication with food.**<br><br>**Do not take a double** | **N/A** | **N/A** |

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|---|---|---|---|---|---|
| | **Educate the patient that condition may become worse at the beginning of treatment.** | **because it has a lot of interactions.**<br><br>**This medication is immunosuppressive, avoid large crowds and individuals with known infection.** | **dose if a dose is missed. Take the medication at the next regularly scheduled time.** | | |

**Medications Reference (APA):**

Jones & Bartlett Learning. (2019). *2019 Nurse's drug handbook.* Burlington, MA.

**Assessment**

**Physical Exam (18 points)**

| | |
|---|---|
| **GENERAL (1 point):**<br>**Alertness: Alert**<br>**Orientation: Oriented to person, place, time, and situation.**<br>**Distress: No acute distress. Patient is having difficulty breathing.**<br>**Overall appearance: Well-groomed, small stature** | |
| **INTEGUMENTARY (2 points):**<br>**Skin color: Pink**<br>**Character: Dry, keratosis of the palmar and plantar surfaces**<br>**Temperature: Warm**<br>**Turgor: Poor**<br>**Rashes: No rashes**<br>**Bruises: No bruises**<br>**Wounds: No wounds**<br>**Braden Score: 19**<br>**Drains present: Y☐ N ☒**<br>**Type: N/A** | |
| **HEENT (1 point):**<br>**Head/Neck: Normal cephalic, atraumatic, trachea midline, minor lymphadenopathy.** | |

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|---|---|
| **Ears: No erythema, lesions, or drainage noted.**<br>**Eyes: Symmetrical, no drainage, erythema, or lesions noted. Sclera white, conjunctive pink, PERRLA, EOE intact.**<br>**Nose: Dry, no drainage, erythema, or lesions noted.**<br>**Mouth: Dry mucous membranes, uvula midline, palates symmetrical, dentition intact.** | |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds: S1, S2 noted. No murmurs, gallops, or rubs,**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable): Normal sinus rhythm.**<br>**Peripheral Pulses: 1+ palpable**<br>**Capillary refill: 5 seconds**<br>**Neck Vein Distention: Y ☐ N ☒ Edema Y ☒ N ☐**<br>**Location of Edema:**<br>**3+ non-pitting edema in the bilateral lower extremities, edema noted in the scrotum.** | |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☒ N ☐**<br>**Breath Sounds: Location, character**<br>**Crackles noted in the right lower lobe, no wheezes, or stridor. Increased respiratory effort, use of accessory muscles, bilateral equal expansion.** | |
| **GASTROINTESTINAL (2 points):**<br>**Diet at home: The patient has poor dietary intake at home due to lack of appetite. The patient reports losing 20 pounds in the past 2 months.**<br>**Current Diet: Benecalorie supplement drinks TID and nectar thick liquids. The patient is not tolerating nectar thick liquids well and has been refusing these liquids.**<br>**Height: 5'9"**<br>**Weight: 121 lbs**<br>**Auscultation Bowel sounds: Active bowel sounds in all 4 quadrants**<br>**Last BM: 7/7/20**<br>**Palpation: Pain, Mass etc.: Abdomen soft, with no tenderness or pain to palpation. No masses or organomegaly noted.**<br>**Inspection: Skin dry, intact, with no lesions noted.**<br>**Distention: No distension.**<br>**Incisions: No incisions.**<br>**Scars: No scars.**<br>**Drains: No drains.**<br>**Wounds: No wounds.**<br>**Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒**<br>**Size: N/A**<br>**Feeding tubes/PEG tube Y ☐ N ☒**<br>**Type: N/A** | |
| **GENITOURINARY (2 Points):**<br>**Color: Yellow**<br>**Character: Clear, free of sediment** | |

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|---|---|
| **Quantity of urine: 400 mL**<br>**Pain with urination: Y ☐ N ☒**<br>**Dialysis: Y ☐ N ☒**<br>**Inspection of genitals: No erythema or drainage noted. Enlarged, edematous scrotum.**<br>**Catheter: Y ☐ N ☒**<br>**Type: N/A**<br>**Size: N/A** | |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status: Intact**<br>**ROM: Full, active ROM**<br>**Supportive devices: No supportive devices.**<br>**Strength: Generalized weakness, equal strength.**<br>**ADL Assistance: Y☒ N ☐**<br>**Fall Risk: Y ☒ N☐**<br>**Fall Score: 13**<br>**Activity/Mobility Status:**<br>**Independent (up ad lib) ☐**<br>**Needs assistance with equipment ☐**<br>**Needs support to stand and walk ☒** | . |
| **NEUROLOGICAL (2 points):**<br>**MAEW: Y ☒ N☐**<br>**PERLA: Y ☒ N☐**<br>**Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐**<br>**Orientation: Oriented to person, place, time, and situation**<br>**Mental Status: Competent**<br>**Speech: Hoarse throat, patient is unable to verbally communicate.**<br>**Sensory: Patient has decreased sensitivity in his hands and feet due to a skin condition, keratoderma.**<br>**LOC: Alert** | . |
| **PSYCHOSOCIAL/CULTURAL (2 points):**<br>**Coping method(s): Patient has effective coping methods and familiar support.**<br>**Developmental level: Appropriate for age**<br>**Religion & what it means to pt.: No religion noted.**<br>**Personal/Family Data (Think about home environment, family structure, and available family support): The patient has a live-in girlfriend of 10 years who has been with him throughout his entire admission. The patient also has two very supportive daughters.** | . |

**Vital Signs, 2 sets (5 points)**

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **0730** | **92** | **104/80** | **18** | **98.2 F**<br><br>**Tympanic** | **92%**<br><br>**1 L Oxygen** |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | **Nasal Cannula** |
| **1130** | **88** | **112/76** | **20** | **98.9 Tympanic** | **93% 1 L Oxygen Nasal Cannula** |

**Vital Sign Trends:**

**The patient's vital signs have remained stable and within the normal expected limits. The patient's blood pressure slightly increased from 104/80 to 112/76. His temperature also experienced an increase from 98.2 F to 98.9 F.**

**Pain Assessment, 2 sets (2 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **0730** | **0-10** | **N/A** | **0** | **No verbal or physiological indicators of pain.** | **Patient repositioned for optimal comfort.** |
| **1130** | **0-10** | **N/A** | **0** | **No verbal or physiological indicators of pain.** | **Patient repositioned for optimal comfort.** |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV: 22g**<br>**Location of IV: Right hand**<br>**Date on IV: 7/4/20**<br>**Patency of IV: Patent**<br>**Signs of erythema, drainage, etc.: No erythema, edema, bleeding, or drainage.**<br>**IV dressing assessment: Clean, dry, and intact.** | 0.9% Normal Saline at 75 ml/hour |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| **600 mL – 0.9% normal saline IV fluids** | **x1- Bowel movement**<br><br>**400 mL – Urine** |

**Nursing Care**

**Summary of Care (2 points):**

**Overview of care: The patient underwent a chest CT and laboratory tests were drawn, including a CBC, CMP, and d-dimer. Based on these tests, the physician diagnosed the patient with pneumonia. Following this diagnosis, the patient was started on IV antibiotics ceftriaxone and azithromycin. The patient was placed on supplemental oxygen via a nasal cannula. The patient also received IV fluids and protein shakes three times a day.**

**Procedures/testing done: During admission, the patient had a chest CT with contrast performed. Lab values including a CBC, CMP, and d-dimer were also drawn.**

**Complaints/Issues: No complaints.**

**Vital signs (stable/unstable): Stable**

**Tolerating diet, activity, etc.: The patient can perform activities as tolerated. Physical therapy is recommended to improve strength. The patient is currently on a nectar thickened liquid but may return to a normal diet when swallowing ability returns to normal. The patient has low neutrophil levels; therefore, he should ensure to cook all foods thoroughly and wash all fruits and vegetables.**

**Physician notifications: No physician notifications needed.**

**Future plans for patient: The patient will return home with his girlfriend with no home care. The patient will continue taking oral antibiotics following discharge. The**

**patient is recommended to consume high-calorie protein shakes daily to improve caloric intake.**

**Discharge Planning (2 points)**

**Discharge location: Home with girlfriend.**

**Home health needs (if applicable): No home health needed. PT recommended to improve strength.**

**Equipment needs (if applicable): Patient may return home with supplemental oxygen depending on ability to maintain O2 saturation at time of discharge. Currently, the patient will discharge with no equipment needs.**

**Follow up plan: The patient will follow up with his oncologist after discharge to assess condition and any changes needed to his treatment plan. The patient will also follow up with his primary care provider to review medications and have labs drawn to assess blood counts and electrolytes.**

**Education needs: The patient will need education on dietary changes to ensure adequate intake of vitamins, minerals, and calories. The patient should consume small, high calorie, frequent meals. He should increase his intake of fluids to maintain hydration and thin mucus in the lungs. Education on deep breathing exercises is also important for the patient to increase oxygenation, clear secretions, and prevent future infection.**

**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 | ● Explain why the nursing diagnosis was chosen | | ● How did the patient/family respond to the nurse’s actions? |

| by" components | | | ● Client response, status of goals and outcomes, modifications to plan. |
|---|---|---|---|
| **1. Decreased gas exchange related to altered oxygen supple and alveolar-capillary changes with the inflammatory process and infiltrates in the lungs as evidenced by dyspnea, shortness of breath, increased respirations, and decreased SpO2 levels.** | **The patient has pneumonia with infiltrates and atelectasis, decreasing oxygen exchange.** | **1. Position the patient with the head of the bed elevated.**<br><br>**2. Monitor pulse oximetry readings and titrate oxygen as needed.** | **Goal: The patient maintains a respiratory rate between 12 and 20 breaths per minutes, Spo2 level above 92%, and displays no use of accessory muscles.**<br><br>**The patient prefers the head of the bed to be elevated because this significantly helps his breathings.** |
| **1. Potential for insufficient airway clearance related to excessive tracheobronchial secretions with infection as evidence by auscultation crackles in the lungs.** | **The patient has increased airway secretions due to a respiratory infection.** | **1. Auscultate breath sounds every 2-4 hours and assess the patient's ability to clear secretions.**<br><br>**2. Teach the patient deep breathing exercises and encourage the patient to perform them at least every 2 hours.** | **Goal: The patient demonstrates an effective cough and is free of adventitious breath sounds.**<br><br>**The patient was receptive to education on how to perform deep breathing exercises and was willing to demonstrate his ability to clear secretions.** |
| **2. Dehydration related to increased insensible loss occurring** | **The patient displays signs of dehydrations which is common in patient with** | **1. Obtain daily weights to monitor fluid balance.**<br><br>**2. Encourage oral fluid intake of 2-3** | **Goal: The patient displays moist mucous membranes, capillary refill less than 3 seconds, and adequate skin turgor.** |

| | | | |
|---|---|---|---|
| **with tachypnea and decreased oral intake as evidenced by dry mucous membranes, increased capillary refill, and poor skin turgor.** | **pneumonia.** | **L per day and maintain IV fluid therapy.** | **The patient is not receptive to oral intake of fluids because he is required to have thickened liquids but is okay with receiving IV fluids.** |
| **3. Fatigue related to imbalance of oxygen supply and demand and increased work of breathing as evidenced by use of accessory muscles, generalized weakness, and lack of sleep.** | **The patient states he is exhausted because he has not been able to sleep well due to difficulty breathing and is experiencing generalized weakness.** | **1.Cluster the patients care to promote rest and decrease interruptions.**<br><br>**2. Schedule periods of rest between activities for the patient.** | **Goal: The patient demonstrates increased energy and strength.**<br><br>**The patient enjoys have fewer interruptions as it gives him more opportunities to rest and relax.** |

**Other References (APA):**

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

**Concept Map (20 Points):**

## Subjective Data

The patient presented to the emergency department complaining of shortness of breath. The shortness of breath started a week and a half ago and has progressively gotten worse. The patient states that he is unable to lie flat because it makes it too difficult to breath. Sitting up and leading over a table helps improve his breathing. The patient denies any coughing, wheezing, or chest pain.

Former Smoker: 0.1 packs/day

## Nursing Diagnosis/Outcomes

Decreased gas exchange related to altered oxygen supple and alveolar-capillary changes with the inflammatory process and infiltrates in the lungs as evidenced by dyspnea, shortness of breath, increased respirations, and decreased SpO2 levels.
Goal: The patient maintains a respiratory rate between 12 and 20 breaths per minutes, Spo2 level above 92%, and displays no use of accessory muscles.
Potential for insufficient airway clearance related to excessive tracheobronchial secretions with infection as evidence by auscultation crackles in the lungs.
Goal: The patient demonstrates an effective cough and is free of adventitious breath sounds.
Dehydration related to increased insensible loss occurring with tachypnea and decreased oral intake as evidenced by dry mucous membranes, increased capillary refill, and poor skin turgor.
Goal: The patient displays moist mucous membranes, capillary refill less than 3 seconds, and adequate skin turgor.
Fatigue related to imbalance of oxygen supply and demand and increased work of breathing as evidenced by use of accessory muscles, generalized weakness, and lack of sleep.
Goal: The patient demonstrates increased energy and strength.

## Objective Data

**Height: 5’9”**
**Weight: 121 lbs**

**<u>Vital Signs</u>:**
**BP: 112/76**
**Heart rate: 88 bpm**
**Respirations: 20**
**SpO2: 93% 1 L nasal cannula**
**Temperature: 98.9 F**
**Pain (0-10): 0**

## Patient Information

77-year-old Caucasian male
Admitted on 7/6/2020
Primary Diagnosis:
Pneumonia of the right lower lobe
DNR
No known allergies

## Nursing Interventions

1.Position the patient with the head of the bed elevated.
2. Monitor pulse oximetry readings and titrate oxygen as needed.

1. Auscultate breath sounds every 2-4 hours and assess the patient’s ability to clear secretions.
2. Teach the patient deep breathing exercises and encourage the patient to perform them at least every 2 hours.

1. Obtain daily weights to monitor fluid balance.
2.Encourage oral fluid intake of 2-3 L per day and maintain IV fluid therapy.

1.Cluster the patients care to promote rest and decrease interruptions.
2. Schedule periods of rest between activities for the patient.