N431 Care Plan #3

Lakeview College of Nursing

Ana Punsalan

Demographics (3 points)

Date of Admission 7/13/2020	**Patient Initials** J.B.	**Age** 42	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Clerk	**Marital Status** Single	**Allergies** No Known Allergies
Code Status Full Code	**Height** 5’5”	**Weight** 140 lbs.	

Medical History (5 Points)

Past Medical History: Chronic arthritis, Bilateral knee pain, Hypertension, Anemia

Past Surgical History: No past surgical history.

Family History: Hypertension & Diabetes Mellitus – Father; Arthritis – Mother

Social History (tobacco/alcohol/drugs): No tobacco, or drug uses. Drinks alcohol occasionally, on special holidays.

Assistive Devices: Walker

Living Situation: Patient lives with her boyfriend.

Education Level: High School

Admission Assessment

Chief Complaint (2 points): SOB, coughing, and weakness

History of present Illness (10 points): J.B. is a 42-year-old Caucasian who came to the emergency department due to generalized weakness. J.B. has been coughing up yellowish phlegm for the last ten days. She has no chest pain, fever, chills, nausea, or vomiting. She complains about having some abdominal pain. She received 2 liters of oxygen via nasal cannula, a DuoNeb x1, 1 liter of 0.9 normal saline bolus, azithromycin 500 mg IV x1, and Rocephin 1 gm IV x1. Chest x-ray results showed minimal infiltration in the right base, and a clear left lung. The results of J.B.'s sputum culture is in progress.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): N/A

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

Pneumonia

Pneumonia is an infection of the lungs lobes resulting from bacteria, parasites, fungi, viruses, mycoplasmas, and chemicals. Exudates fill-up the alveolar air spaces, causing consolidation and decreased air exchange resulting in hypoxia (Capriotti & Frizzell, 2016).

Signs and symptoms of people with pneumonia include difficulty breathing, fevers, coughs, chills, muscle aches, pleuritic chest pains, and sputum production (Mayo Clinic, 2020). J.B. complained of having shortness of breath, coughing with sputum production, and weakness. She is not experiencing chest pain, fevers, or chills.

Expected findings related to pneumonia include fevers, dyspnea, diminished breath sounds, crackles, and whispered pectoriloquy. Increase sputum blood-tinged to purulent, and tachycardia is also present in pneumonia patients (Capriotti & Frizzell, 2016). J.B. has dyspnea, diminished breath sounds, rhonchi, and increased sputum production.

Diagnostic testing for those with pneumonia includes a chest x-ray, sputum culture and sensitivity, and continuous pulse oximetry (Capriotti & Frizzell, 2016). J.B.'s chest x-ray shows minimal infiltration in her lung's right base that confirms she has pneumonia. The results of J.B.'s sputum culture is still in progress and will help indicate that she has an infection it comes out positive.

Treatment available for those of has pneumonia includes antibiotics, cough medicine, and fever reducer, and pain relievers (Mayo Clinic, 2020). J.B. is currently taking Rocephin, Azithromycin, Mucinex, and Ibuprofen.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspective* (1st ed.). F.A. Davis Company.

Mayo Clinic. (2020). *Pneumonia*. 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	4.40 – 5.80	2.60	2.85	Decreased levels due to anemia (Pagana et al., 2019).
Hgb	12.0 – 18.0	10.5	10.3	Decreased levels due to anemia (Pagana et al., 2019).
Hct	37.0 – 51.0 %	28.8	29.5	Decreased levels due to anemia (Pagana et al., 2019).
Platelets	140 - 440	220	362	
WBC	4.00 – 12.00	3.60	3.80	Decreased levels due to anemia (Pagana et al., 2019).
Neutrophils	40 - 68	45.6	58.4	
Lymphocytes	18 - 49	17.8	20.4	Decreased levels due to anemia (Pagana et al., 2019).
Monocytes	3.0 – 13.0	23.8	17.6	Decreased levels due to anemia (Pagana et al., 2019).
Eosinophils	0.0 – 8.0	2.4	3.6	

Bands	<1	0.6	0.8	

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	138	140	
K+	3.5 – 5.2	2.9	3.8	Decreased levels due to poor dietary intake (Pagana et al., 2019).
Cl-	98 - 108	99	106	
CO2	22 - 29	26	28	
Glucose	70 - 100	85	96	
BUN	8 - 25	10	18	
Creatinine	0.6 – 1.3	0.78	0.81	
Albumin	3.5 – 5.7	4.6	N/A	
Calcium	8.6 - 10	9.2	9.7	
Mag	1.5 – 2.6	N/A	N/A	
Phosphate	2.5 – 4.5	N/A	N/A	
Bilirubin	0.2 – 0.8	N/A	N/A	
Alk Phos	34 - 104	N/A	N/A	
AST	10 - 30	N/A	N/A	
ALT	10 - 40	N/A	N/A	
Amylase	23 - 85	N/A	N/A	

Lipase	0 -160	N/A	N/A	
Lactic Acid	0.5 – 1.0	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 – 1.1	N/A	N/A	
PT	10.1 – 13.1	N/A	N/A	
PTT	25 - 36	N/A	N/A	
D-Dimer	<0.5	N/A	N/A	
BNP	<125	N/A	N/A	
HDL	40 - 59	N/A	N/A	
LDL	100 - 129	N/A	N/A	
Cholesterol	<200	N/A	N/A	
Triglycerides	<150	N/A	N/A	
Hgb A1c	4 – 5.6	N/A	N/A	
TSH	0.4 – 4.0	N/A	N/A	

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	

	Clear	Amber		
pH	5.0-8.0	6.0	N/A	
Specific Gravity	1.005-1.034	1.026	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	Negative	Positive	N/A	Positive due to pneumonia (Pagana et al., 2019).
RBC	Negative	Negative	N/A	
Leukoesterase	Negative	Negative	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	80-100	N/A	N/A	
PaCO2	35-45	N/A	N/A	
HCO3	22-26	N/A	N/A	
SaO2	95-100%	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	Waiting for sample results.	Waiting on sample results for proper diagnosis of infection (Pagana et al., 2019).

Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's diagnostic and laboratory test reference* (14th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-ray: Cardiac size normal with minimal infiltration seen in the right base. Left lung is clear.

Diagnostic Test Correlation (5 points): A chest x-ray shows an image of the lungs, heart, and blood vessels to assist in determining if an individual has pneumonia (Gamache, 2018). White spots will be visible, that identifies infection (Gamache, 2018). Chest x-rays also establish if complications correlate to pneumonia, such as pleural effusions (Gamache, 2018). J.B. has an infiltration in her right base.

Diagnostic Test Reference (APA):

Gamache, J. (2018). *What chest x-ray findings indicate anaerobic bacterial pneumonia?*. https://www.medscape.com/answers/296198-38053/what-chest-x-ray-findings-indicate-anaerobic-bacterial-pneumonia

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

Home Medications (5 required)

Brand/Generic	Meloxicam (Mobic)	Amlodipine (Norvasc)	Ibuprofen (Motrin)	Gabapentin (Neurontin)	Dextromethorphan (Vicks Dayquil Cough)

Dose	15 mg	5 mg	600 mg	300 mg	10 mg
Frequency	Daily	Daily	Q8hrs PRN	BID with meals	Q4hrs PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification	Anti-inflammatory	Antihypertensive	Analgesic Anti-inflammatory Antipyretic	Anticonvulsant	Antitussive
Mechanism of Action	Blocks cyclooxygenase, which mediate inflammatory response and cause local pain, swelling, and vasodilation.	Inhibits the movement of calcium ions into vascular smooth muscle cells and cardiac muscle cells which inhibits the contraction of cardiac muscle and vascular smooth muscle cells.	Blocks activity of cyclooxygenase, which mediate inflammatory response and cause local pain, swelling, and vasodilation.	Unknown. Inhibits the rapid firing of neurons associated with seizures.	Suppresses the cough reflex.
Reason Client Taking	To relieve signs and symptoms of arthritis.	To control hypertension.	To relieve pain in arthritis.	To treat partial seizures.	To relieve irritating nonproductive cough.
Contraindications (2)	Severe renal impairment. Cross-sensitivity.	Hypersensitivity. Systolic BP <90 mm Hg.	Active GI bleeding. Ulcer disease.	Hypersensitivity to drug and its component. Caution if respiratory or renal impairment.	Hypersensitivity. Should not be used for chronic productive coughs.
Side Effects/Adverse Reactions (2)	-Acute renal failure -Asthma	-Anxiety -Chest pain	-Hematuria -Abdominal cramps	-Apnea -Alopecia	-Dizziness -Nausea
Nursing Considerations (2)	-May be administered without regard to food. -Assess pain and range of motion prior to and 1-2 hrs. following administration.	- May be administered w/out regard to meals. - Assess patient frequently for chest pain when starting or increasing the dose	-Pt. should be well dehydrated before administration to prevent renal adverse reactions. -Use lowest effective dose for shortest period.	- Give drug at least 2 hours after an antacid - Do not exceed 12 hours between doses on three times a day schedule.	-Assess frequency and nature of cough, lung sounds, and amount and type of sputum produced. -Maintain fluid intake of 1500-2000 mL to decreased viscosity of bronchial

					secretions.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	BUN, creatinine, CBC, and liver function.	BP, ECG, I&O	BUN, creatinine, CBC, and liver function.	May cause false-positive readings for urinary proteins. CBC.	BP, CBC
Client Teaching needs (2)	-Caution pt. to avoid the concurrent use of alcohol, aspirin, acetaminophen, or other OTC medications w/ out consulting healthcare provider. -Advise pt. to take medication with a full glass of water & to remain in an upright position for 15-30 minutes after administration.	-Advise pt. to take medication as directed, even if feeling well. -Caution pt. to wear protective clothing and use sunscreen to prevent photosensitivity reactions.	-May cause drowsiness or dizziness. Advise pt. to avoid driving or other activities requiring alertness. -Advise pt. to inform healthcare provider of medication regimen prior to treatment or surgery.	-Advise pt. not to take gabapentin w/in 2 hrs. of an antacid. -Advise pt. & family to notify healthcare provider if thoughts of suicide or dying, attempts to commit suicide.	-Instruct pt. to cough effectively. Sit upright and take several deep breaths before attempting to cough. -Advise pt. to minimize cough by avoiding irritants, such as cigarette smoke, fumes, and dust.

Hospital Medications (5 required)

Brand/Generic	Guaifenesin (Mucinex)	Ceftriaxone (Rocephin)	Azithromycin (Zmax)	Potassium chloride (Klor-con)	Ipratropium (Atrovent)
Dose	60 mg	1 g	250 mg	20mEq	3 mL
Frequency	BID	Q24hrs	Daily	2x with meals daily	4x daily
Route	Oral	IM	Oral	Oral	Nasal
Classification	Expectorant	Antibiotic	Antibiotic	Electrolyte replacement	Anticholinergic
Mechanism of Action	Increases fluid and mucus removal from the upper respiratory tract by increasing the volume of	Interferes with bacterial cell wall synthesis by inhibiting cross-linking of peptidoglycan strands.	Binds to a ribosomal subunit of susceptible bacteria, blocking peptide	Acts as the major cation in intracellular fluid, activating many	Blocks acetylcholine's effects in bronchi and bronchioles and relaxes smooth muscles and

	secretions and reducing their adhesiveness and surface tension.		translocation and inhibiting RNA-dependent protein synthesis.	enzymatic reactions essential for physiologic processes, including nerve impulse transmission and cardiac and skeletal muscle contraction.	cause bronchodilation
Reason Client Taking	To relieve cough.	To treat infection of the lower respiratory tract.	To treat community-acquired pneumonia.	To treat hypokalemia.	To treat rhinorrhea.
Contraindications (2)	Hypersensitivity to drug and its component. Caution if nephrolithiasis.	Calcium-containing I.V. solutions. Hypersensitivity	Hypersensitivity to drug and its component. History of cholestatic jaundice or hepatic dysfunction.	Acute dehydration. Crush syndrome.	Hypersensitivity to drug and its component. Hypersensitivity to peanuts, soya lecithin, soybeans.
Side Effects/Adverse Reactions (2)	-Rash -N/V	-Abdominal cramps -Acute renal failure	-Agitation -Arrhythmias	-Confusion -Dyspnea	-Insomnia -Wheezing
Nursing Considerations (2)	-Administer each dose of guaifenesin followed by a full glass of water to decrease viscosity of secretions. -Extended-release tablets should be swallowed whole; do not open, break, crush, or chew.	-Obtain culture and sensitivity test results, if possible, before giving drug. -Assess for arthralgia, bleeding, ecchymosis, and pharyngitis they may indicate a blood dyscrasia.	-Obtain culture and sensitivity test results, if possible, before starting therapy -Give azithromycin capsules 1 hour before or 2-3 hours after food	-Administer with or after meals to decrease GI irritation. -Tablets & capsules should be taken with a meal and full glass of water. Do not chew or crush enteric-coated or extended release tablets or capsules.	-Use cautiously in patients with angle-closure glaucoma, or bladder neck obstruction and in patient with hepatic and renal dysfunction -When using a nebulizer, apply a mouthpiece to prevent drug from leaking out around mask and causing blurred vision or eye pain.
Key Nursing Assessment(s)/Lab(s	Assess lung sounds,	AST, ALT, phosphate,	Bilirubin, AST, ALT, LDH, and	Potassium, Renal	Assess for allergy to

) Prior to Administration	frequency, and type of cough, and character of bronchial secretions periodically.	bilirubin, LDH, BUN, and creatinine.	phosphate.	function, bicarbonate, and pH.	atropine & belladonna alkaloids. Assess respiratory status.
Client Teaching needs (2)	-Instruct pt. to cough effectively. Pt. should sit upright & take several deep breaths before attempting to cough. -Instruct pt. to contact healthcare provider if cough persists longer than 1 week or is accompanied by fever, rash, or persistent headache or sore throat.	-Advise pt. to report signs of superinfection and allergy. -Instruct pt. to notify healthcare provider if fever & diarrhea develop, especially if diarrhea contains blood, mucus, or pus. Advise pt. not to treat diarrhea w/out consulting with healthcare provider.	-Instruct pt. not to take azithromycin with food or antacids. -Advise pt. to use sunscreen & protective clothing to prevent photosensitivity reactions.	-Advise pt. regarding sources of dietary potassium. Encourage compliance with recommende d diet. -Instruct pt. to report dark, tarry, or bloody stools; weakness; unusual fatigue; or tingling of extremities. Notify healthcare provider if nausea, vomiting, diarrhea, or stomach discomfort persists.	-Caution pt. not to exceed 12 doses within 24 hrs. -Pt. should notify healthcare provider if symptoms do not improve within 30 minutes after administration of medication of if condition worsens.

Medications Reference (APA):

2019 Nurse's Drug Handbook (2019). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert; oriented; slightly distressed; looks her age; clean; appears frail and fatigued.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin is within patient's norm Fair skin; warm & dry; Not diaphoretic. Temperature is within the average range. There is good skin turgor. No rashes or bruises. There are some wounds and scars. No peripheral edema noted. **Braden Score:** 20
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head & neck are symmetrical; trachea is midline without deviation; Auricle is moist and pink without lesions; sclera is white; conjunctive is clear; lids are moist & pink; septum is midline; sinuses are nontender; dentition is good.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Normal rate; S1 & S2 without murmurs, gallops, or rubs; pulses are 2+ throughout; capillary refill less than 3 seconds
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds are present, slightly diminished, and equal bilaterally. No wheezes or crackles noted. Rhonchi noted bilaterally.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:**	Has not been eating much due to dysphagia. Diet Dysphagia II H: 5'5" W: 120 lbs.

Auscultation Bowel sounds: **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Normal bowel sounds are auscultated in all 4 quadrants. Last BM: 1030 after breakfast Abdomen is soft, no distention, no pain, no masses. No incisions, scars, or drains
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Yellow Clarity – Clear Urine output: 760 mL Genitals appear pink & moist.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk ☒**	CV II-XII are intact; Reflexes are 2+ throughout; Coordination: Normal finger to nose bilaterally; No pain, paralysis; No paresthesia; Not pallor; No swelling or increased pressure; Need supportive device: walker; Need some assistance with her ADLs; **Fall Score:** 18
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:**	Alert oriented to person, place, and time; judgement and thought content normal; speech is articulate; Normal sensation; No LOC

Sensory: **LOC:**	
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):**	 Watches TV; her boyfriend at her bedside. Ego integrity, wisdom & the ability to participate in life with a sense of satisfaction. Lutheran and active in church. Her boyfriend and sister are her support system.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0815	98	156/88	16	98.7°F	97%
1305	96	141/86	18	97.6°F	98%

Vital Sign Trends: Vital signs are within the patient's norm. Her past medical history states she has Hypertension, hence her elevated BP results.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0815	Numeric	Both knees	7	Continuous, sharp, stabbing	Ibuprofen
1305	Numeric	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:**	N/A; Patient did not have an IV.

IV dressing assessment:	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Drink: 680 mL	Urine: 760 mL

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is cooperative and has no complaints. Patient can do ADLs and cooperates with her physical therapist. She is no in pain and is continuing with her antibiotic treatment.

Procedures/testing done: N/A

Complaints/Issues: Patient did not have any complaints or issues.

Vital signs (stable/unstable): Patient's vital signs are stable.

Tolerating diet, activity, etc.: Patient tolerates diet and activity.

Physician notifications: Patient is available for discharge.

Future plans for patient: Patient is clear for discharge and must got to physical therapy 3x a week.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: See physician in one week following discharge.

Education needs: Resting, deep breathing & coughing several times each hour, hand hygiene, eating a balanced diet, and staying hydrated.

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. Ineffective airway clearance related to production of respiratory secretion as evidenced by coughing and infiltrates seen on chest x-ray.	Patient states she has weakness and her chest x-ray shows infiltration in the right base of her lung.	1. Auscultate lung fields, noting areas of decreased or absent airflow and adventitious breath sounds. 2. Teach and assist pt. with proper deep breathing exercises. Demonstrate proper splinting of chest and effective coughing while in upright position.	Patient has clear breath sounds and is consistent with own baseline. Respirations are nonlabored.
2. Activity intolerance related to general weakness as evidenced by verbal reports of fatigue and exertional dyspnea.	Patient states she has shortness of breath, weakness, and has been coughing.	1. Assist with self-care activities, as necessary. 2. Explain importance of rest in treatment plan and necessity for balancing activities with rest.	Patient demonstrates a measurable increase in tolerance to activity with absence of dyspnea and excessive fatigue.
3. Impaired physical mobility related to pain and discomfort as evidenced by chronic arthritis.	Patient states she has pain on both knees whenever she walks.	1. Assess and continuously monitor degree of joint inflammation and pain. 2. Assist with active	Patient performed active and passive ROM and walks without signs or verbalizing pain or discomfort.

		and passive ROM and isometrics when able.	
4. Decreased cardiac output related to hypertension as evidenced by elevated BP results.	Patient BP results are 156/88 and 141/86	1. Monitor and record BO. Measure in both arm three times, 3-5 min apart while at rest. 2. Evaluate patient reports or evidence of extreme fatigue, intolerance for activity, and progressive shortness of breath.	Patient maintains BP within acceptable range and participates in activities that reduce BP/cardiac workload.

Other References (APA):

Swearingen, P., & Wright, J. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health* (5th ed.). Elsevier.

Concept Map (20 Points):

Subjective Data

CC: “SOB, coughing, and weakness.”
J.B. is a 42-year-old Caucasian who came to the emergency department due to generalized weakness. J.B. has been coughing up yellowish phlegm for the last ten days. She has no chest pain, fever, chills, nausea, or vomiting. She complains about having some abdominal pain.

Nursing Diagnosis/Outcomes

Diagnosis #1 Ineffective airway clearance related to production of respiratory secretion as evidenced by coughing and infiltrates seen on chest x-ray.
Outcome Patient has clear breath sounds and is consistent with own baseline. Respirations are nonlabored.
Diagnosis #2 Activity intolerance related to general weakness as evidenced by verbal reports of fatigue and exertional dyspnea.
Outcome Patient demonstrates a measurable increase in tolerance to activity with absence of dyspnea and excessive fatigues.
Diagnosis #3 Impaired physical mobility related to pain and discomfort as evidenced by chronic arthritis.
Outcome Patient performed active and passive ROM and walks without signs or verbalizing pain or discomfort.
Diagnosis #4 Decreased cardiac output related to hypertension as evidenced by elevated BP results.
Outcome Patient maintains BP within acceptable range and participates in activities that reduce BP/cardiac workload.

Objective Data

J.B. has dyspnea, diminished breath sounds, rhonchi, and increased sputum production. J.B.'s chest x-ray shows minimal infiltration in her lung's right base that confirms she has pneumonia. Vital signs are within the patient's norm but have a PMH of hypertension hence her elevated B.P. results.

Patient Information

J.B.
42-years-old
Admitted: 7/13/2020
Female, Caucasian
Clerk
Single
No known allergies
H: 5’5”
W: 140 lbs.
Code: Full Code

Nursing Interventions

Intervention #1:
Auscultate lung fields, noting areas of decreased or absent airflow and adventitious breath sounds.
Teach and assist pt. with proper deep breathing exercises.
Intervention #2:
Assist w/ self-care activities.
Explain the importance of rest in treatment plan & necessity for balancing activities w/ rest.
Intervention #3:
Assess & continuously monitor degree of joint inflammation & pain.
Assist w/ active & passive ROM & isometrics when able.
Intervention #4:
Measure both arms 3x, 3-5min apart.
Evaluate pt. reports or evidence of fatigue, intolerance of activity, & SOB.