N431 Care Plan #3

Lakeview College of Nursing

Hope Dykes

Demographics (3 points)

Date of Admission 6/28/2020	**Patient Initials** JF	**Age** 82	**Gender** F
Race/Ethnicity W/C	**Occupation** Retired	**Marital Status** Single	**Allergies** ASA, Penicillin
Code Status No CPR	**Height** 5'7"	**Weight** 230 lbs	

Medical History (5 Points)

Past Medical History: COPD, CHF, Chronic Atrial Fibrillation, GERD, HTN

Past Surgical History: Pacemaker placement, Elbow fracture repair

Family History: None significant

Social History (tobacco/alcohol/drugs): Former smoker-- none since 2010. Reports no hx of other drugs or alcohol.

Assistive Devices: Pacemaker, Oxygen tank at home, top and bottom dentures.

Living Situation: Pt came in from home, where she lived alone

Education Level: Does not affect learning.

Admission Assessment

Chief Complaint (2 points): Acute upper abdominal pain

History of present Illness (10 points): The client initially came in 12 days ago with a complaint of sudden, severe pain in her upper abdomen. When I asked her to describe the pain, she said, "It felt like someone was stabbing me". She did not report any associated factors and said nothing relieved the pain. An abdominal CT scan showed a pneumoperitoneum, which was interpreted

as a gastric peptic ulcer. On the same day, the patient underwent laparoscopic repair. Following surgery, she experienced hypoxic respiratory failure due to fluid overload. She continues to struggle with shortness of breath and some hypokalemia, which is the reason for her extended recovery stay in the hospital..

Primary Diagnosis

Primary Diagnosis on Admission (2 points):. Perforated peptic ulcer

Secondary Diagnosis (if applicable):. COPD, Acute hypoxic respiratory failure due to fluid overload (following surgery), hypokalemia

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

My patient underwent a laparoscopic perforated peptic ulcer repair. When a peptic ulcer perforates, it is a medical emergency that requires surgery (Vakayil et al., 2019). Another study reports that perforated peptic ulcers are "one of the most frequent causes of death (Mirabella, 2018, p. 1).

This patient presented with acute, stabbing upper abdominal pain. She had abdominal distention and described a feeling of fullness. These complaints are all consistent with a peptic ulcer (Mayo Clinic, 2020). Her age over 60 and prior history of smoking put her at an increased risk for this a peptic ulcer (Mayo Clinic, 2020). Most patients are asymptomatic until their ulcers perforate (Mayo Clinic, 2020). A CT scan showed a pneumoperitoneum, which is air trapped in the abdominal cavity. This result verified suspicion of a peptic ulcer perforation (Sureka et al., 2015). The surgeon decided to do a laparoscopic procedure to patch the aperture. Laparoscopic surgery is the preferred method of treatment for this diagnosis (Vakayil et al., 2019).

Following her surgery, my patient went into fluid overload that led to hypoxic respiratory failure. Having a history of chronic obstructive pulmonary disease (COPD) put her at a higher risk for this complication (Fernandes et al., 2019). The physician ordered Lasix to remove the extra fluid. This medication is a potassium-wasting diuretic, so the patient went into hypokalemia (Capriotti & Frizzell, 2016). Her most recent lab value for potassium was 3.3, which is still outside of the expected range of 3.5-5.0 (Capriotti & Frizzell, 2016). Since this value continued to be low while the patient is receiving potassium therapy, she is still under observation on the medical-surgical unit.

Pathophysiology References (2) (APA):

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

Fernandes, A., Rodriguez, J., Lages, P., Lanca, S., Mendes, P., Antunes, L., Santos, C. S., Castro, C., Costa, R. S., Lopes, C. S., da Costa, P. M., & Santos, L. L. (2019). Root causes and outcomes of postoperative pulmonary complications after abdominal surgery: A retrospective observational cohort study. *Patient Safety in Surgery, 13,* 40. https://ezproxy.lakeviewcol.edu:2097/10.1186/s13037-019-0221-5

Mayo Clinic. (2020). *Peptic Ulcer.* *https://www.mayoclinic.org/diseases-conditions/peptic-ulcer/symptoms-causes/syc-20354223*

Mirabella, A., Fiorentini, T., Tutino, R., Falco, N., Fontana, T., DeMarco, P., Gulotta, L., Licari, L., Salamone, G., Melfa, I., Scerrino, G., Lupo, M., Speciale, A., & Cocorullo, G. (2018).

Laparoscopy is an available alternative to open surgery in the treatment of perforated peptic ulcers: A retrospective multicenter study. *BMC Surgery, 18*(1), 78. https://ezproxy.lakeviewcol.edu:2097/10.1186/s12893-018-0413-4

Sureka, B., Kalpana, B., & Arora, A. (2015). Pneumoperitoneum: What to look for in a radiograph? *Journal of Family Medicine and Primary Care, 4*(3), 477-478. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4535122/#

Vakayil, V., Bauman, B., Joppru, K., Mallick, R., Tignanelli, C., Connett, J., Ikramuddin, S., & Harmon, J. V., Jr. (2019). Surgical repair of perforated peptic ulcers: Laparoscopic versus open approach. *Surgical Endoscopy, 33*(1), 281-292. https://ezproxy.lakeviewcol.edu:2097/10.1007/s00464-018-6366-y

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	**4.0-4.9 *10^6/uL***	**4.0 *10^6/uL***		
Hgb	**12.0-16.0 *g/dL***	**12.0**		
Hct	**37.0-48.0%**	**37.5**		
Platelets	**150-400 *10^3/uL***	**173 *10^3/uL***		
WBC	**4.1-10.9 *10^3/uL***	**10.1 *10^3/uL***		
Neutrophils	**40.0-68.0 %**	**73.7%**		**Neutrophils are high due to the body's response to perforation and surgery. They are first responders. This would indicate a perforated peptic ulcer (Capriotti & Frizzell, 2016).**

Lymphocytes	**19.0-49.0%**	**10.4%**		**Low lymphocytes indicate an infectious process (Capriotti & Frizzell, 2016). This may indicate the presence of *H. pylori* from the peptic ulcer perforation (Mirabella et al., 2018).**
Monocytes	**3.0-13.0%**	**10.4%**		
Eosinophils	**0.00-8.00%**	**4.4%**		
Bands	**0-5%**			

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-	**136-145 *mmol/L***	**139**		
K+	**3.5-5.1 *mmol/L***	**3.3 *mmol/L***		**The patient is experiencing hypokalemia as a result of diuresis that resulted from her fluid overload (Capriotti & Frizzell, 2016).**
Cl-	**98-107 *mmol/L***	**98 *mmol/L***		
CO2	**21.0-32.0 *mmol/L***	**39.0 *mmol/L***		**This patient has a chronic history of COPD. COPD increases CO2 levels (Capriotti & Frizzell, 2016).**
Glucose	**60-99 *mg/dL***	**94 *mg/dL***		
BUN	**5-20 *mg/dL***	**14 *mg/dL***		
Creatinine	**0.5-1.5 *mg/dL***	**0.60 *mg/dL***		
Albumin	**3.5-5.7**	**3.6**		
Calcium	**8.5-10.1 *mg/dL***	**8.5 *mg/dL***		
Mag	**1.6-2.6 *mg/dL***	**1.7 *mg/dL***		

Phosphate	**2.5-4.5 *mg/dL***	**N/A**		
Bilirubin	**0.0-0.2**	**0.2**		
Alk Phos	**34-104**	**67**		
AST	**13-39**	**19**		
ALT	**7-52**	**17**		
Amylase	**23-85 U/L**	**80**		
Lipase	**0-160 U/L**	**74**		
Lactic Acid	**4.5-19.8 *mg/dL***	**N/A**		
Troponin	**0-0.040 *ng/mL***	**<0.030 *ng/mL***		
CK-MB	**5-25 U/L**	**N/A**		
Total CK	**22-198 U/L**	**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**	**1.1**	**N/A**	
PT	**10.1-13.1 sec**	**13.0 sec**	**N/A**	
PTT	**25-36 sec**	**36 sec**	**N/A**	
D-Dimer	**<0.5**	**N/A**		
BNP	**0-100 *pg/mL***	**89 *pg/mL***		
HDL	**>60 *mg/dL***	**N/A**		

LDL	**<100 mg/dL**	**N/A**		
Cholesterol	**<200 mg/dL**	**N/A**		
Triglycerides	**<150 mg/dL**	**N/A**		
Hgb A1c	**<5.7%**	**N/A**		
TSH	**0.4-4.0 mU/L**	**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	**Colorless-Yellow, Clear**	**Yellow, Straw**	**N/A**	
pH	**5.0-7.0**	**5.0**	**N/A**	
Specific Gravity	**1.003-1.005**	**1.005**	**N/A**	
Glucose	**Negative**	**Negative**	**N/A**	
Protein	**Negative**	**Negative**	**N/A**	
Ketones	**Negative**	**Negative**	**N/A**	
WBC	**0-25/*uL***	**0**	**N/A**	
RBC	**0-20/*uL***	**5**	**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**	**7.35**	**N/A**	
PaO2	**80-100**	**75**	**N/A**	**PaO2 is increased in patients with COPD (Capriotti & Frizzell, 2016).**
PaCO2	**35-45**	**66**	**N/A**	**PaCO2 is increased in patients with COPD (Capriotti & Frizzell, 2016).**
HCO3	**22-26**	**32.5**	**N/A**	**HCO3 will be increased to compensate for respiratory distress (Capriotti & Frizzell, 2016).**
SaO2	**95-100**	**92**	**N/A**	**SaO2 will be lower in patients with COPD (Capriotti & Frizzell, 2016).**

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	**N/A**	**N/A**	**N/A**	
Blood Culture	**N/A**	**N/A**	**N/A**	
Sputum Culture	**N/A**	**N/A**	**N/A**	
Stool Culture	**N/A**	**N/A**	**N/A**	

Lab Correlations Reference (APA):

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

Mirabella, A., Fiorentini, T., Tutino, R., Falco, N., Fontana, T., DeMarco, P., Gulotta, L., Licari, L., Salamone, G., Melfa, I., Scerrino, G., Lupo, M., Speciale, A., & Cocorullo, G. (2018). Laparoscopy is an available alternative to open surgery in the treatment of perforated peptic ulcers: A retrospective multicenter study. *BMC Surgery, 18*(1), 78. https://ezproxy.lakeviewcol.edu:2097/10.1186/s12893-018-0413-4

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

X-ray ribs unilateral with PA chest, right.

X-ray ribs bilateral with PA chest.

CT Abdomen and pelvis without intravenous contrast.

Diagnostic Test Correlation (5 points): Impression of X-ray: Cardiomegaly with pacemaker noted. No consolidation or pneumothorax noted. This test was completed before the procedure and showed pneumoperitoneum, which was used to diagnose the patient's perforated peptic ulcer (Sureka et al., 2015). This test was also completed following surgery to make sure there were no air bubbles or buildup after surgery (Mayo Clinic, 2020).

Impression of CT: The CT showed mural thickening in gastric antrum region with air bubbles that could be etiology for perforation. Pneumoperitoneum indicates peptic ulcer perforation (Varcus, 2016).

Diagnostic Test Reference (APA):

Mayo Clinic. (2020). *Chest X-rays.* *https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494*

Sureka, B., Kalpana, B., & Arora, A. (2015). Pneumoperitoneum: What to look for in a radiograph? *Journal of Family Medicine and Primary Care, 4*(3), 477-478. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4535122/#

Varcus, F., Beuran, M., Lica, I., Turculet, C., Cotarlet, A. V., Georgescu, S., Vintila, D., Sabau, D., Sabau, A., Ciuce, C., Bintintan, V., Georgescu, E., Popescu, R., Tarta, C., & Surlin, V. (2017). Laparoscopic repair for perforated peptic ulcer: A retrospective study. *World Journal of Surgery, 41*(4), 948-953. https://ezproxy.lakeviewcol.edu:2097/10.1007/s00268-016-3821-6

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	Coreg/ carvedilol	Cozaar/ losartan	Lasix/ furosemide	Coumadin/ warfarin
Dose	75mcg	6.25mg	50mg	20mg	5mg

Frequency	qam	bid	qd	qd	qd
Route	Oral	Oral	Oral	Oral	Oral
Classification	Thyroid Replacement	Beta-blocker	Antihypertensive	Antihypertensive/ Diuretic	Anticoagulant
Mechanism of Action	Replaces T4 normally produced by thyroid	Reduces cardiac output and decreases peripheral vascular resistance	Inhibits effects of angiotensin II to reduce blood pressure.	Inhibits sodium and water reabsorption in the Loop of Henle and increases urine formation.	Depletes Vitamin K-dependent clotting factors thus inhibiting coagulation.
Reason Client Taking	Hypothyroidism	Hypertension	Hypertension	My client has hypertension. This medication may reduce blood pressure.	Chronic CHF and A-fib with pacemaker.
Contraindications (2)	Osteoporosis, Allergies to certain types of nuts	Asthma, Severe hepatic impairment	Concurrent aliskiren therapy, Hypersensitivity to Losartan	Impaired renal function. Hypokalemia, also taking Lasix.	Bleeding, Diverticulitis.
Side Effects/Adverse Reactions (2)	Headache. Insomnia	Itching or hives, Dizziness	Nasal congestion, Nausea	Muscle cramping, Headache	Intracranial hemorrhage, Angina
Nursing Considerations (2)	Give 30 minutes	Monitor HR, BP, and blood	May be used along with other	Monitor cardiac rhythms for signs of	Avoid LM injections while using Warfarin.

	before breakfast. Monitor for signs of hyperthyroidism like insomnia and tachycardia.	glucose levels. Use cautiously in patients with peripheral vascular disease as it may aggravate symptoms.	hypertensives. Monitor patient for hyperkalemia.	hypokalemia. Teach client he will urinate more frequently while on this medication.	Expect to give another parenteral anticoagulant with oral warfarin for 3 days.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	T4, TSH, Heart Rate	Heart Rate BP, Blood glucose	Heart Rate, BP	Check kidney function (Creatinine and BUN). Check potassium levels.	PT/INR, CBC
Client Teaching needs (2)	Take 30 minutes before breakfast. Watch for signs of hyperthyroidism, including insomnia and fast heart rate.	Must report weight gain of 5 lb or more in 2 days or increased shortness of breath. Seek emergency help if hives or swelling develops.	Avoid potassium-containing salt substitutes. Avoid drinking excessive amounts of alcohol.	Do not take this medication before bed. It is normal for this medication to increase urination.	Report any unusual bruising or bleeding. Use a soft toothbrush.

Hospital Medications (5 required)

Brand/Generic	**Normodyne / labetalol**	**Lasix/ furosemide**	**Protonix/ pantoprazole**	**Klor-con/ potassium chloride**	**Lanoxin/ digoxin**

Dose	10mg	20mg	40mg	40mEq (packet)	0.125mg
Frequency	Q6h prn	q8h	qhs	qam	qd
Route	IV	IVl	Oral	Oral	Oral
Classification	Antihypertensive	Antihypertensive/ Diuretic	Proton-pump Inhibitor	Electrolyte replacement	Antiarrhythmic
Mechanism of Action	Selectively blocks receptors to reduce BP and peripheral vascular resistance.	Inhibits sodium and water reabsorption in the Loop of Henle and increases urine formation.	Reduces the amount of acid produced in the stomach.	Activates many enzymatic reactions essential for physiologic processes.	Increases the force and velocity of myocardial contraction
Reason Client Taking	My client has hypertension. This medication may reduce blood pressure.	My client has hypertension. This medication may reduce blood pressure.	Control of symptoms associated with GERD and prevention of stomach bleeding.	Hypokalemia	Chronic A-Fib.
Contraindications (2)	Asthma. Heart failure.	Impaired renal function. Hypokalemia.	Warfarin, Diuretics	Addison's disease, Heat cramps.	Ventricular fibrillation Hypersensitive carotid sinus syndrome
Side Effects/Adverse Reactions (2)	Drowsiness, Chest pain.	Muscle cramping, Headache	Headache. Stomach pain.	Dyspnea, Rash.	Blurred vision, vomiting.

Nursing Considerations (2)	Keep patient in supine position for 3 hours after administration. During IV use, monitor BP per facility policy.	Monitor cardiac rhythms for signs of hypokalemia. Teach client he will urinate more frequently while on this medication.	Long-term use can lead to B12 deficiency. This medication should be used as short-term as possible for treatment.	Give with breakfast. Dilute with at least 120mL of cold water. If GI irritation occurs, increase dilution.	Take apical pulse for one full minute before giving each dose. It must be over 60. Monitor for signs of digitalis toxicity.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	BP, HR	Check kidney function (Creatinine and BUN). Check potassium levels.	Hgb, hct, platelets	Potassium, Renal function	Apical heart rate, BP
Client Teaching needs (2)	Report confusion or difficulty breathing. Avoid sudden position changes.	Do not take this medication before bed. It is normal for this medication to increase urination.	Notify prescriber if diarrhea occurs. Take tablet form whole and never chew.	Do not exceed recommended daily amount of potassium. Take with or right after eating.	Take digoxin at same time each day. Take pulse before each dose.

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A&O x3. Patient is alerted to person, place, and time. She is in no acute distress and appears comfortable and appropriately dressed.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** **Drains present: Y☐ N X** **Type:**	**BRADEN SCORE= 19** Skin color, character, and temperature appropriate. No rashes or wounds. Did not remove small dressings present from laparoscopic surgery as the nurse had recently put them on before I arrived. Some minor bruising from surgery around incisions.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head normocephalic. No erythema, drainage, or discharge from ears, eyes, or nose. Client has a full set of dentures.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X** **Edema Y ☐ N X** **Location of Edema: N/A**	S1, S2 present without murmurs. Regular rate and rhythm. Pacemaker present. Peripheral pulses present +2 bilaterally. Cap Refill 6sec. No edema or neck distension noted.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character**	Some rales at bases bilaterally, faint breath sounds. breathing labored. No accessory muscle use.

GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X** **Type:**	On regular diet at home. Currently tolerating soft diet well. Ht: 5' 7" Wt: 230lbs. Pt could not recall last bowel movement. Chart showed one recorded two days ago. Bowel sounds auscultated in all four quadrants. Did not remove small dressings present from laparoscopic surgery as the nurse had recently put them on before I arrived. No other wounds, drains, or scars present.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N X** **Dialysis: Y ☐ N X** **Inspection of genitals:** **Catheter: Y ☐ N X** **Type:** **Size:**	Urine in toilet light yellow, clear. Pt reports no pain with urination. No dialysis, no catheter. Did not inspect genitals.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y X N ☐** **Fall Risk: Y X N ☐** **Fall Score: 17** **Activity/Mobility Status:** **Independent (up ad lib) N** **Needs assistance with equipment Y** **Needs support to stand and walk Y**	**FALL SCORE=17, high fall risk** Good ROM in arms and legs bilaterally. Pt has walker with one assist to get to and from bathroom. Strength equal bilaterally. Pt requires help with bathing and some help with dressing, but is otherwise independent.

NEUROLOGICAL (2 points): **MAEW: Y X N☐** **PERLA: Y X N☐** **Strength Equal: Y X N ☐** **if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	A&O x3. Oriented to person, place, and time. No speech or sensory deficits. No significant changes in LOC during shift.
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):**	Patient enjoys spending time with her daughter and grandchildren. She enjoys church but has not been attending since "this sick business started". She usually lives in a nursing home, so she says she has missed her family a lot recently. She does spend time talking to staff and other residents.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0720	78	112/70	16	98.7F t	96% on 2L/ nasal cannula
1100	80	109/62	20	98.1F t	96% on 2L/ nasal cannula

Vital Sign Trends: Vital sounds stable throughout my shift. No significant changes.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0720	**0-10**	**N/A**	**0/10**	**N/A**	**N/A**
1100	**0-10**	**Abdomen**	**4/10 "Well, I don't like it" (WHen I asked how severe it was, when I asked again, she repeated it was about a 4 and she would like some medication).**	**"Kind of dull, I guess"**	**Acetaminophen, 650mg**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV:	22g
Location of IV:	Left Basilic
Date on IV:	7/5/2020
Patency of IV:	Patent, flushes easily (Saline Lock)
Signs of erythema, drainage, etc.:	No signs of erythema or drainage
IV dressing assessment:	Secured with steri-strips and tegaderm dressing. Dry and intact.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
540	Voided 2x, no BM during my shift.

Nursing Care

Summary of Care (2 points)

Overview of care: I talked with the patient throughout my shift. She was pleasant and asked for some hot coffee when I arrived, so I brought it to her. She was struggling to take deep breaths, so I helped her adjust the bed to a more upright position. Near the end of my time with her, she reported abdominal pain and asked for some Tylenol. The nurse helped me pull the medication to administer it, and she thanked me for my care and time spent with her.

Procedures/testing done: CT scan, labs, X-rays (x2)

Complaints/Issues: Shortness of breath

Vital signs (stable/unstable): Stable throughout my shift

Tolerating diet, activity, etc.: Tolerating soft diet well. Did not tolerate activity yesterday, but was up with physical therapist today. Pt reports it "depends on the day" whether or not she gets out of bed.

Physician notifications: N/A. The physician came in to discuss discharge planning with the patient, and she was expected to be discharged within a few hours.

Future plans for patient: Pt will be discharged to Colonial Manor today.

Discharge Planning (2 points)

Discharge location: Colonial Manor Long term care facility (LTF)

Home health needs (if applicable): Patient will be cared for by LTF staff.

Equipment needs (if applicable): LTF will provide equipment needs for patient.

Follow up plan: Follow up with PCP in 2 weeks

Education needs: Importance of movement/ ambulation to prevent DVT, pressure injury, and promote lung expansion

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. Impaired gas exchange due to COPD and hypoxic respiratory failure following surgery as evidenced by patient's chronically low O2 (92-94% on oxygen via nasal cannula) and CO2 of 39 on ABG.	**Chronic impaired gas exchange can lead to trouble sleeping, decreased appetite, increased risk for infection, and decreased activity levels.**	**1. Monitor O2 levels throughout shift. Maintain oxygen above 92% per physician's order.** **2. Keep patient sitting upright and encourage coughing and deep breathing to promote lung expansion and improve oxygenation.**	**Oxygen via nasal cannula at 3L/minute maintained patient's oxygen at 94% throughout my shift.** **I encouraged the patient to sit upright. A physical therapist came in and worked with the patient on coughing and deep breathing early in my shift. I reminded her to deep breathe after our assessment and conversation. She did this with little difficulty.**
2. Acute pain due to surgery as evidenced by patient's statement, "My stomach hurts. I don't like it".	**The patient reported pain and asked for Tylenol.**	**1. Explain the cause of pain to the patient and educate her on nonpharmacologic pain management techniques.** **2. Assess sleeping pattern and promote positive sleeping habits.**	**The patient was open to talking about the fact that she would experience pain related to her surgery for awhile longer. She was receptive to suggestions to deep breathe and relax to decrease pain.** **The patient reports it has been harder to sleep since surgery. We discussed keeping a sleeping and waking schedule and keeping distractions like the TV**

			turned off before bed. The patient said she is going to a place where they will "probably tell me when to wake up and when to go to sleep". (She was referring to the long-term care facility).
3. Risk for infection due to surgery as evidenced by open incisions on the patient's abdomen.	**Postoperative patients are at risk for infection.**	**1. Ensure the incisions stay clean and covered throughout my shift.** **2**. Educate patient on signs of infection, including worsening swelling, redness, or cloudy discharge.	**Shortly before I came in, the nurse had dressed the patient's incisions with gauze and tape. I did not remove them on inspection, but I did make sure the gauze stayed in place.** **Patient was receptive to teaching about signs and symptoms of infection.**
4. Risk for falls due to recent surgery, medication side effects, and prolonged bed rest as evidenced by patient's unsteady gait and medications that can cause dizziness.	**Falls put patients at risk for injury.**	**1. Ensure room is clear of fall risks and that path to the bathroom is clear.** **2. Make sure the patient's call light is within reach at all times.**	**The patient's room was clean, and the path to her bathroom was kept clear.** **Each time I left the room, I asked the patient to show me her call light. She always had it clipped to the sheet next to her.**

Other References (APA):

Carpenito, J. L. (2017). ***Handbook of nursing diagnosis*** **(18th ed.). Wolters Kluwer.**

Concept Map (20 Points):