

## Medical Case 2: Jennifer Hoffman

### Documentation Assignments

1. Document your initial focused respiratory assessment of Jennifer Hoffman.
2. Identify and document key nursing diagnoses for Jennifer Hoffman.
3. Document your phone call to the provider, including the information you provided regarding the significant changes in Jennifer Hoffman.
4. Referring to your feedback log, document the nursing care you provided.

1. In the focused respiratory assessment, Ms. Hoffman presented with: dyspnea, wheezing, and coughing. Her spO<sub>2</sub> via the pulse oximeter was 72 on room air. Her heart rate was 132 and there was increased respiratory effort.
2. Ineffective airway clearance related to respiratory distress, as evidenced by shortness of breath, wheezing and oxygen level of 72%.
3. Called provider after administering the medication order of ipratropium nebulizer and methylprednisolone via IV push. Noted that the O<sub>2</sub> levels steadily increased to a normal range of 93% and patient no longer had complaints of shortness of breath.
4. Washed my hands after making sure I had the right patient. Started with checking vitals and noticed her spO<sub>2</sub> (72%) was abnormal. Immediately applied an oxygen mask to a level of 4 liters to help her with the breathing, then continued my assessment of the heart and lung. The patient admitted to having no known drug allergies. After verifying the provider's medication order, administered the nebulizer, assessed her IV site, flushed it and gave methylprednisolone. After time had passed and the oxygen level reached 93% I performed another check on her vitals and educated the patient on the medication and performed a patient handoff.

### Opening Questions

How did the scenario make you feel?

In the beginning, after checking the vital signs. Seeing her respirations increase in the abnormal ranges and her oxygen levels steadily decreasing, made me very alarmed. I had panicked at first, but relaxed and fell back to what I knew I should do, which was administer an oxygen mask. After which, I had asked her for any allergies prior to administering a nebulizer and the methylprednisolone. After some time had passed, I noticed the patient was no longer in distress and her oxygen levels were returning to normal values. Before handing her off I had checked her vitals once more and I felt better.

## Scenario Analysis Questions\*

**PCC** What assessment findings would indicate that the patient's condition is worsening?

Assessment findings that would indicate the condition is worsening would be the appearance of cyanosis and oxygen levels continuing to drop.

**PCC** When a patient develops a rapid onset of shortness of breath, what are the nurse's immediate priorities?

Application of an oxygen mask. Making sure there are no obstruction of airways

**PCC/I** Review Jennifer Hoffman's laboratory results. Identify which results are abnormal and discuss how this relates to her clinical presentation and the disease process.

Looking at her lab values, her oxygen levels were 75% on room air and her heart rate reached 132. The oxygen levels revealed that her lungs were in a constant constriction which is limiting the amount of air being able to travel. Her heart rate is very high due to the heart trying to beat fast enough to reach the correct oxygen demands of the body.

## Concluding Questions

What communication techniques are important for an extremely anxious patient who is having difficulty breathing?

I believe as a nurse we should teach the patient to remain calm and try to hold a steady smooth breathing pattern. Try to have them focus on other things in hopes to reduce anxiety.

What patient teaching priorities would be important for the patient who has experienced an acute exacerbation of asthma?

Educate them to have their medication on hand in the event of an acute attack. Try to identify the triggers and how to avoid or manage them. Avoid any risk behaviors such as smoking, and make sure they contact their provider if the situation worsens.

What discharge instructions regarding home medications would you provide the patient related to medications to use to alleviate symptoms of an acute asthma attack?

Remain compliant on any medications the patient is taking, education on the side effects, find their triggers.

What resources would you recommend for the patient experiencing asthma?

I would try to help them locate nearby providers that specialize in respiratory illnesses, and possible support groups that could help.

What is the importance of the asthma action plan in managing the care of a patient with asthma?

I believe the importance should be in prevention and management of acute attacks.

What would you do differently if you were to repeat this scenario? How would your patient care change?

Looking back at my scenario, I would try to remain calm and incorporate my patient care faster and efficiently. However I believe I did all the required care in order to care for my patient.