

Grace Kim

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Adult Health Alterations 1

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Medical Case 2: Documentation Questions

- 1.) Document your initial focused respiratory assessment of Jennifer Hoffman.
 - a.) Patient came in with clear respiratory distress, coughing, and dyspnea. Patient's vital signs presented with a HR of 115, BP of 129/76, respiration rate of 29, temperature of 98.6F, and a pulse ox of 77%. Patient was tachycardic, tachypneic, and hypoxic. Patient's lung sounds were adventitious – presented with wheezing.
- 2.) Identify and document key nursing diagnoses for Jennifer Hoffman.
 - a.) Ineffective breathing pattern related to acute asthma attack, as evidenced by coughing, dyspnea, wheezing on auscultation, respiratory acidosis, and hypoxia.
- 3.) Document your phone call to the provider, including the information you provided regarding the significant changes in Jennifer Hoffman.
 - a.) After stabilizing the patient's condition, the provider was contacted, and the patient was transferred. The patient was treated with a 100% oxygen non rebreather on 15L, given one dose 4mL of ipratropium/fenoterol via nebulizer, and one dose 125 mg of methylprednisolone via IV. Patient's pulse ox now at 96% with oxygen supplementation.
- 4.) Referring to your feedback log, document the nursing care you provided.
 - a.) At 12:31, patient was given 100% oxygen from a non-rebreather at 15L, with humidified, warm air.

- b.) 12:32 Patient presented with wheezing in lungs
- c.) 12:33 Patient on 3-lead ECG
- d.) 12:35 Administered 4mL dose of ipratropium/fenoterol via nebulizer
 - i.) Provided Pt. education on the side effects of the nebulizer, like tachycardia and restlessness
- e.) 12:36 Administered 125 mg of methylprednisolone via IV
- f.) 12:39 Assessed the IV site after administration
- g.) 12:39 Patient was stable, and patient handoff was performed

Medical Case 2: Guided Reflection Questions

- 1.) How did the scenario make you feel?
 - a.) The scenario made me nervous, knowing that respiratory distress could quickly affect the other body systems. But it was nice to try and apply what we learn in class into a scenario. I definitely missed a lot of things on my first run, so it was relieving that it was just a scenario haha.
- 2.) What assessment findings would indicate that the patient's condition is worsening?
 - a.) The first assessment findings that indicated the patient's condition was the pulse ox being at 77%. The patient's respiratory rate was gradually increasing, and it was visually and auditorily evident that the patient's condition was worsening.
- 3.) When a patient develops a rapid onset of shortness of breath, what are the nurse's immediate priorities?
 - a.) The nurse's immediate priority would be airway patency, and then effective breathing.

- 4.) Review Jennifer Hoffman's laboratory results. Identify which results are abnormal and discuss how this relates to her clinical presentation and the disease process.
 - a.) From the patient's laboratory results, the patient's pH was acidic at 7.33, and hypercapnic with PaCO₂ at 50. These laboratory results are indicative of respiratory acidosis. This relates to her clinical presentation because the patient was having difficulty breathing, and coughing, and disease process wise – her airways were rapidly swelling. The patient had difficulty expelling CO₂, and thus relates to the abnormal ABG results.
- 5.) What communication techniques are important for an extremely anxious patient who is having difficulty breathing?
 - a.) Therapeutic communication techniques with continuous reassurance, and walking the patient through everything you're doing is essential for an anxious patient who is having difficulty breathing. As a nurse, you also do not want to exacerbate the patient's anxiety and worsen her respiratory distress.
- 6.) What patient teaching priorities would be important for the patient who has experienced an acute exacerbation of asthma?
 - a.) Knowing the triggers of the patient's asthma, recognizing when to seek treatment, and emergency self medication administration are some teaching priorities that would be important for the patient to be educated on in order to prevent a future attack.
- 7.) What discharge instructions regarding home medications would you provide the patient related to medications to use to alleviate symptoms of an acute asthma attack?

- a.) Patient should carry around a quick relief bronchodilator asthma medication like albuterol or levalbuterol in order to alleviate symptoms of an acute asthma attack. If the albuterol does not relieve the symptoms, then methylprednisolone – corticosteroids can be administered.
- 8.) What resources would you recommend for the patient experiencing asthma?
- a.) There are a lot of free resources under Allergy & Asthma Network Mothers of Asthmatics, American Academy of Allergy Asthma & Immunology, and The Asthma and Allergy Foundation of America where the patient can do more research about asthma – and definitely find peer support.
- 9.) What is the importance of the asthma action plan in managing the care of a patient with asthma?
- a.) The utmost importance of an asthma action plan is prevention.
- 10.) What would you do differently if you were to repeat this scenario? How would your patient care change?
- a.) I had two attempts, because the first attempt I did panic a little bit. So from the first attempt to the second attempt, I communicated with the patient a lot more. I realized that I was so panicked with treating the acute asthma attack that I forgot to see that the patient was a patient. I definitely increased my patient education and communication with every action.