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Medical Case 2: Jennifer Hoffman

1. Document your initial focused respiratory assessment of Jennifer Hoffman.

- The patient is a thirty-three-year-old female suffering from respiratory distress. Upon my assessment, she was dyspneic however, she was able to form short statements. She is alert and oriented times four to person, place, time, and situation. Her respiratory rate is 25 breaths per minute with increased respiratory effort. Audible wheezing was heard upon auscultation. The patient's initial oxygen saturation was 79%. Initiated oxygen administration of 15L per minute with a non-rebreather mask and nebulized ipratropium/fenoterol 4L as per provider's order.
- Her vital signs have shown progression: blood pressure is 135/81; temperature 98.6F (tympanic); respiratory rate 20; SpO₂ 99%; heart rate 114 and no complaints of pain. Her infusion does not show signs of infiltration or phlebitis. She is receiving normal saline at a rate of 25ml/hr. As per orders, a standing order of methylprednisolone was administered. Provided education regarding her treatment plan and medications that were given during administration. Instructed patient to call for help with call bell.

2. Identify and document key nursing diagnoses for Jennifer Hoffman.

- Ineffective Airway clearance related to bronchospasms as evidenced by adventitious lung sounds (wheezing), coughing, and dyspnea.
- Anxiety related to respiratory distress as evidenced by tachycardia, tachypnea, and restlessness.
- Ineffective breathing pattern related to swelling and spasm of the bronchial tubes as evidenced by dyspnea, wheezing, cough, and respiratory depth alterations.

3. Document your phone call to the provider, including the information you provided regarding the significant changes in Jennifer Hoffman.

- The patient is a 33-year-old female who presented with a history of asthma and has had an acute asthma attack. She is alert and oriented times four and not experiencing pain. She is in respiratory distress and was treated with oxygen and nebulized with ipratropium 4L. Her breathing efforts have improved after the nebulizer treatment. Her vital signs including respiratory rate have improved, and she is maintaining oxygen saturation well above 92%. Patient has been educated and is aligned with her treatment regimen. She will follow up if she has any concerns or questions.

4. Referring to your feedback log, document the nursing care you provided.

- Introduced myself and performed hand hygiene.
- Identified patient and assessed VS; Blood pressure 131/76 mmHG. Respiration 30. SpO₂ 74%. Temperature 98.6F Tympanic. Heart Rate 114. Obtained ECG: Sinus tachycardia.
- Assessed IV – no redness, swelling, infiltration, bleeding, or drainage. The dressing was dry and intact.
- Checked EMR orders and completed basic medication rights prior to administration of oxygen. Administration of 4mL of ipratropium/fenoterol via nebulizer 3 doses as per orders.
- Assessed respirations – 32 BPM; auscultated lung sounds –audible wheezing – auscultated heart for regular heart sounds without murmur.
- Completed 3 medication checks - administered 125mg of methylprednisolone IV as per order.
- Attached 3-lead ECG monitor.
- Assessed level of consciousness.
- Patient history obtained and education provided.
- Continued to monitor oxygenation status and VS.
- Performed hand hygiene and documented.

Guided Reflection Questions for Medical Case 2: Jennifer Hoffman

How did the scenario make you feel?

- This scenario allowed me to apply my learned knowledge and skill sets to a situation that is commonly seen in patients. Implementing my assessments and interventions in sequential order allowed me to understand why one goes before or after the other. The ability to practice this scenario virtually will enable me to be confident in my assessments and skills within the clinical setting.

Scenario Analysis Questions*

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

- Assessment findings that would indicate the patient is declining would be her oxygenation saturation of less than 92%, bronchoconstriction, airway narrowing, and airway edema.

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

- The nurses' immediate priority for patients who develop a rapid onset of shortness of breath is to administer an anticholinergic with a short-acting beta 2 adrenergic agonist (Ipratropium/fenoterol). This medication relieves bronchospasms. Oxygen administration helps to prevent hypoxemia and improve ventilation. IV access to obtain ABGs help to monitor the client's respiratory status.

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

- Ms. Hoffman's lab values - pH 7.33, Co₂: 50, HCO₃ 24, SaO₂ 78% confirm respiratory acidosis. As a result, there is an increase in arterial carbon dioxide pressure. Clinical manifestations of respiratory acidosis include dyspnea, tachycardia, adventitious breath sounds, and low saturation related to her clinical presentation and disease process.

Concluding Questions

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

- Speaking to the patient in a calm manner while explaining the situation will help alleviate anxiety and lower her breathing efforts

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

- Patient teaching priorities include understanding triggers to avoid that may exacerbate an asthmatic attack and medication compliance.

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

- Discharge instructions regarding home medications include contacting the provider if symptoms worsen and medication compliance to prevent future asthma attacks.

What resources would you recommend for the patient experiencing asthma?

- Resources that patients can use are educational websites regarding such as www.CDC.gov and Asthma and Allergy Foundation website – www.aafa.org

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

- An asthma action plan aids in the visualization of steps to prevent patients from worsening in addition to a detailed medication list with instructions on when and how they should be taken.

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

- When I initially started this scenario, I rushed into treating the patient according to the providers orders and monitored Ms. Hoffman's vitals without performing an initial assessment. After a few attempts and learning how to implement my learned knowledge, I developed a routine by my third attempt and formulated steps to initiate proper care and management. Practicing my skills will strengthen my confidence and treat patients in a safe manner.