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NURS 393
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VSim: Jennifer Hoffman

Documentation

1. During my assessment of Jennifer Hoffman, she had sonorous wheezing in inspiration and expiration. Mrs. Hoffman was admitted for an exacerbated asthma attack. Her breathing rate was high along with her HR and BP. She could only speak in one word during her respiratory distress. This showed that her heart rate was compensating for the lack of oxygen from impaired gas exchange evidenced by her oxygen saturation being at around 88% (high 80s). She was A&O x4 but was clearly in pain and gasping for air. Her ECG showed tachycardia with BP beyond 130/80.
2. The nursing diagnosis was impaired gas exchange. She needed to be treated right away and I gave her albuterol through a nebulizer and non-rebreather on 10L of oxygen. This raised her oxygen saturation to around 90% (very low 90s) but it was clearly not enough as her body was still working hard to meet the oxygen demands of tissue perfusion. This meant that the airways were still tightened so I gave her fluticasone as the doctor ordered.
3. For the phone call to the doctor, I communicated her asthmatic event and how it was treated. The doctor's orders were followed during the asthmatic event. Her vital signs are back to normal and she is no longer in respiratory distress and the doctor should prescribe her beta blockers and corticosteroids for discharge.
4. I washed my hands walking into the room. I asked her if she was allergic to anything and asked her if she was in pain. She said no and could only give 1 worded responses. I got my equipment for vital signs ready like the BP cuff, pulse oximeter, and ECG. Initially I gave her 2 L of O₂ through the nasal cannula. Then, I switched to non rebreather and gave 5 mg albuterol through a nebulizer. It did not give satisfactory vital signs so I IV administered corticosteroids. I gave 100 mg methylprednisolone IV push. It relieved her symptoms.

Reflection

- What assessment findings would indicate that the patient's condition is worsening?
 - Absent breath sounds would indicate status asthmaticus, when the airways are so tightened that no air is able to get through and no gas exchange can occur. The patient would have to be intubated.
- When a patient develops a rapid onset of SOB, what are the nurse's immediate priorities?
 - Airway, breathing, and circulation (ABCs) is the priority. The nurse's immediate priority is to figure out the cause of the ABCs and intervene. For asthma, it would be tightening of the airways creating airway breathing problems. Bronchodilators (beta blocker: albuterol) would be first administered. If that does not yield satisfactory corticosteroids like Flutacasona would be administered.

- Review Jennifer Hoffman's Lab results. Identify which results are abnormal and discuss how this relates to her clinical presentation and the disease process.
 - She did not have any lab results because I failed to send in a lab result for ABGs. I would assume that her lab results would show uncompensated respiratory alkalosis. Her pH would be below 7.35, PaCo₂ would be above 45 and a regular HCO₃ reading. Nevertheless, her RR was around 30 and her HR was around 110. Because of her asthma attack, Mrs. Hoffman's heart is compensating for the lack of oxygen perfusion with too much Co₂ and pumping extra. This would explain her increased heart rate and breathing rate and reflected in the lab results.
- What patient teaching priorities would be important for the patient who has experienced an acute exacerbation of asthma?
 - It is important for the patient to understand what is happening (pathophysiology) and the causes for it. A lot of the time it is air irritation and allergies. The patient should learn what environments to avoid
- What discharge instructions regarding home medications would you provide the patient related to medications to use to alleviate symptoms of an acute asthma attack?
 - It is important that the patient knows how to properly use an inhaler. Mrs. Hoffman should sit upright on a seat to start off. She would have to first shake the inhaler, put it on the mouth, inhale deeply while pumping the medication once, and, finally, hold her breath so that the medication can be reached. The patient should also know that they should not immediately stop using corticosteroid treatments for asthma. It should be removed gradually and that plan should be worked out with the healthcare provider.
- What resources would you recommend for the patient experiencing asthma?
 - There are organizations like Asthma and Allergy Foundation of America (AAFA), Asthma Network Community, and American Lung Association that provide patient education and help. Asthma affects many Americans
- What is the importance of the asthma action plan in managing the care of a patient with asthma?
 - The most important part of an asthma action plan is to know what will cause an asthma attack. Prevention of an attack is key. Avoiding surroundings (allergies) and smoking cessation is key to make sure that the lung will be free from irritations.
- What would you do differently if you were to repeat this scenario? How would your patient care change?
 - If I were to repeat this scenario (87%), I would remember to send in ABG results to the lab. This would have given me a much more accurate understanding of how the gas exchange was doing. I should also remember to give a non-rebreather right away instead of a nasal cannula during an asthma attack. I forgot to give patient education as well.