

## Patient Scenario

Beverly Newman is a 61 year-old Caucasian female who has a history of emphysema for the past 12 years, GERD for 8 years, and hypertension for the past 15 years. She has a 5 pack per week history of smoking for 30 years. She has been admitted multiple times in the past 3 years for pneumonia. Surgical history of hysterectomy 20 years ago. Gravida 5 Para 5 no complications. Mother died at 51 for Myocardial Infarction and father died at 59 for respiratory failure ( smoked for 40 years) She was admitted to the hospital in moderate respiratory distress at 0300 from the Emergency Department. Allergies : Iodine & Vicodin

She is on O2 therapy at 2L/min via NC with SPO2 of 95%

She has intravenous fluids: Dextrose 5% 0.9% NaCl at 75 ml/hr infusing in the right forearm

Angiocatheter #20. IV site is clear without redness, edema or signs of infiltration/extravasation.

Labored and shallow respiratory effort with use of accessory muscles is seen upon initial assessment. Bilateral breath sounds reveal coarse rales to right side. Pt c/o HA, mild chest discomfort, and slight numbness to her right jaw. Client is tachypneic. She is coughing productively with large amount of thick yellow sputum.

Sputum was sent for gram stain, culture and sensitivity in the ER- with the results pending at this time. Chest X Ray results showed generalized hyperinflation and right middle and lower lobe infiltrates. Client is tachycardic. Patient is sleeping intermittently only able to tolerate HOB up in high fowler's position.

0500 lab tests drawn: ABG: ph 7.33: PaO2 70: PaCO2 47: HCO3 26, SpO2 92%

Vital Signs: T 100.0 F orally, BP 198/100 RT Arm Manually, RR 32, AP 124, Radial/Pedal Pulses are bounding SpO2 88% on room air.

Client removes her nasal cannula intermittently. C/o dryness to bilateral nares.

Medication: Cefotetan 1 Gram IVPB every 12 hours, Cozaar 50 mg PO daily, Crestor 10mg PO at HS, Ipratropium Bromide 2 Puffs twice a day, Solu medrol 125 mg IV daily, Acetaminophen 650 mg PO every 6 hours as needed for Temperature > 101.3 F

Client is alert and oriented x 4 but anxious because of feeling short of breath and continuous HA. She lives independently in a retirement community. She normally has a steady gait but becomes unsteady when she becomes SOB and requires a quad-cane. Otherwise, she functions autonomously and performs activities of daily life independently. She is not accustomed to asking others for help and is afraid to burden healthcare members for help during her admissions. She is anxious and worried about the care of her two cats and frequently verbalizes that she wants to go home to care for them. Patient cries when she talks about her cats. Client is worried that she will die during this admission as her father passed from respiratory complications in his late 50s.

She has two daughters who live out of state and she feels lonely because she has not been able to contact them. Her phonebook was left at home. She usually talks to them on a daily basis. They visit every Christmas and on her birthday. She enjoys spending time with her grandchildren when they visit.

BN is a retired elementary school teacher who takes pride in her past career. Her husband passed away 10 years ago in a motorcycle accident. She is proud of her two professional daughters. She socializes regularly with the tenants of the retirement community. She has been unable to contact them as well. Her friends from the retirement community do not drive and are unable to visit her. She misses them very much. She feels out of place in the hospital. She attends Christian services on a weekly basis and she enjoys praying with friends and family. She celebrates American holidays especially the 4<sup>th</sup> of July. She values family and hard work. She quit smoking 5 years ago.

She lives off of her retirement fund from the state. Her daughters send her \$3,000 a month for expenses. She has private medical insurance. She has access to private physical therapy. She does not drive but has access to a private driver. She enjoys manicures and pedicures and getting her hair done.

#### Discharge Considerations:

##### Consult with:

Respiratory Therapist

Social Worker

Case Manager

Pulmonologist

Physical Therapist

Contact Daughters

Contact Retirement community regarding care of cats

Contact Support Group

Contact Pastor/ church members for support

1. Discuss the nursing metaparadigm in your group. Discuss each component. Health, nurse, patient, and environment.
2. Categorize subjective data and objective data.
  - What additional questions might you ask?
  - What additional labs might you request from the physician?
3. Develop an actual physiological NANDAi priority diagnosis and a psychosocial diagnosis.
4. Develop short-term SMART goal for each.
5. List 5 interventions for each  
Include (but do not limit to):
  - An Assessment Measure
  - Non-pharmacological measures
  - And an education component
6. Complete an evaluation.