Case Study: Pulmonology

**Pneumonia Case Study**

Patient Initials: \_\_AP\_\_\_             Age: \_\_65\_\_             Sex: \_\_Female\_\_

**Subjective Data**

**History and Physical:**

The female Caucasian clientpresented with parched cough thathappens at nighttime, she experiences shortness of breath subsequentlyto slightactivity and complains of a low-grade oral temperatureof 101 for the previous two days.The patientmoreoverhas a reducedhungerand agonizes from a smallaching throat particularly in the a.m., and is frightened it may be cancer. Patient has a history of presenting rash as a sign of allergic reaction to sulfa antibiotics.

**Past Medical History:**

The client negates to havingbeen diagnosed with pneumonia, previous treatment with antibiotics and inhalers were reported by the patient and also acknowledges to been diagnosed with “emphysema.” She hasnot everbeen hospitalized for her illness. This female client has past medical history of Hysterectomy 36 years ago and asthma. She admits to smoking cigarettes for the last 40 years.In spite of determinations by other doctor’s proposals to have pulmonary functions tests done, she refuses to take the exams. Her x-ray outcomes specify hyperinflation in equallyin her lungs complemented by an amplified AP diameter showing that she certainly has emphysema. AP reports not taking any prescribed antibiotics, she occasionally takes Tylenol 600mg for pain.

**Review of System:**

She has a fever with no diaphoresis and no signs and symptoms of nausea or vomiting. The female patient has no palpitations and when doing physical work, negates having any chest pressure like feelings. Her evaluations of systems specific for cardiovascular difficultiesdisclose that she has a SOB with minimal activity.

**Social/Personal History:**

The patient has been smoking for 40 years and that is an indication of an unhealthy regime. The clienthas been a widow for 20 years and is a retired. According to the patient she enjoys sewing and she used to be a hairdresser for many years. She maintains regularly a nutritious diet,and she is well alert of the well-beingprofits of adequate nutritionalconsumption in sustaining ahealthyroutine. However,the client report she does not work out due to herdisorder and seldom leaves her house. The client has two sisters; she is the youngest one of them. The first-born sister has been diagnosed with osteoporosis 20 years ago at the age of 55, while the younger was detectedwith breast cancer 12 years ago. The client has two children, both are female.

**Support System:**

The client’sprovision system is very poor. As she is now older, she inhabits much of her times in the house. Her two daughters even though, the livenear are hardlyembroiled in her life. She is affiliated to a religious church that she attends and that is part of her current support system, separately from that and her daughters,no additionalmethod of sustenance system such as municipal groups are available. Her community has a low crime incidence rate so it seems to be pretty safe.

**Awareness of Capabilities, Illness Process, and Health Care Requirements:**

She currently has health insurance and is aware of her health care requirements. She also has regularly visits to her primary physician four times in a year.The patient is conscious of her deterioratingbodilycapacities and senses that her depression is not getting better and could be the reason of her corporalindicators.

**Objective Data:**

**Vital Signs/BMI:**

Blood pressure: 130/72 mmHg, temperature 101 orally, heart rate 100 and regular, respiratory rate 20, unlabored.The patient’s weight is 130lbs anda stature of 55” (4 feet and 7inches, BMI of 30.2, which is obese for her size.

**Corporal Assessment:**

Breath sounds are diminished bilaterally, dull to tapping right inferior lobe and an end expiratory wheeze in the right minor lobe. The patient shows a white material on the mouth hat does not come off with the tongue depressor. Moreover, she is showing signs of an enlargedtochest wall due to the anterior-posterior diameter.

**Lab Tests/Results:**

Lab results specify a CBC- WBCs 15, 000-countwith a left shift, whichdisplays theincidence of an infection or inflammation.

**ICD-10 Diagnoses:**

Asthma J45.20

Chronic obstructive pulmonary disease with acute exacerbation, unspecified J44.1

J43.9 Emphysema, unspecified

R06.2 Wheezing

**APN Intervention Plan**

 The intervention plan for this patient will be focused totreat the bacterial infection, increase respiratory function, and follow an enduring management which containsoxygen,medications to improve pulmonary function, smoking cessation, and balancing treatments to aid accomplish indications.

The necessity to terminatesmoking has been recognized as an vitalinterference plan for patients with COPD (Jacobs et al, 2016). Statisticsproposes that long-lastingremissionsmustbeskilled in a greaterfraction of smokers. Additionally, with the accessibletoolsand the stop of smoking the patient’sstanceschances at complete recuperation (Jacobs et al, 2016).

Clients suffering from such disease, as COPD should be placed on medications to better treat the condition and prevent worsening of the disease. As per the client’s medical past, previousremedies of antibiotics and bronchodilators have been competent and as such pharmacological therapy mustbe involved in her managementstrategy. Likewise, the mixture of drugs from diversetypesmust be investigatedconstructed on consequences in patients with comparable illnesses (Celli, 1995).

Regardless of the situation that her oxygen saturation specifiedan SAO2 level of 98% she agonizes from SOB with activity and hence oxygen supplementation should be integratedin her care (Celli, 1995). Such interventions willbenefit to improve her rational functions.

The pulmonary restorationagenda will consist of:mainly education, exercise training, and psychological and interactive interventions (Jacobs et al, 2016). This restorationplan will effect the client’s enhancedworkoutaptitude health position and healthcareoperation. This system of restoration has been projectedmostly for patients that display respiratory problems, condensedworkoutacceptance and a constraint in accomplishments of which the patient health improves (Jacobs et al, 2016).

AP sees her doctor frequently four times a year;reinforcement for regular follow up visits with the health care provider will reinforce to monitor lung function and/or damage magnitude. Treatment plan obedience will increase excellence of life and will decrease depression incidents. It is vital that the client comprehends her disease process and the dangers of not following management so that she will deliberately obey to the treatment plan, to guarantee appropriate disease managing.

References

Jacobs MR, Rastogi A, Criner GJ. Editorial: Hospitalizations and ED visits in COPD: a collision of socioeconomic realities with chronic comorbid medical illnesses. Chronic ObstrPulmDis (Miami). 2016; 3(2): 509-511. doi: http://dx.doi.org/10.15326/jcopdf.3.2.2016.0139 - See more at: <http://journal.copdfoundation.org/#sthash.75bAmUum.dpuf>

Celli, BR. (1995). "Pulmonary rehabilitation in patients with COPD." American Journal of Respiratory and Critical Care Medicine, Vol. 152, No. 3 (1995), pp. 861-4 doi: 10.1164/ajrccm.152.3.7663796

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| **Grading Criteria** | **Maximum Points** |
| Care plan demonstrated involvement of the client in the process of recognition, planning, and resolution of the problem. | 15/15 |
| Care plan included effective nursing interventions that are customized for the client and appropriate to the goal. | 15/15 |
| Care plan included diagnostic work-up, medications, conservative measures, and follow-up plan. | 15/15 |
| Care plan provided rationale for choosing a particular treatment modality. | 15/15 |
| Care plan demonstrated logical diagnosis that was substantiated with relevant evidence. | 5/10 |
| Care plan focused on patient education and maintained a fine balance between major and minor health issues of the patient. | 5/10 |
| Care plan included nursing interventions that are specific, appropriate, and free of essential omissions. | 5/10 |
| Used APA standards consistently and accurately. |  5/10 |
| **Total** | **80/100** |

Good try on this assignment. Based upon your assessment, several diagnoses should have been addressed. See comments in the paper. Dr.Gullo