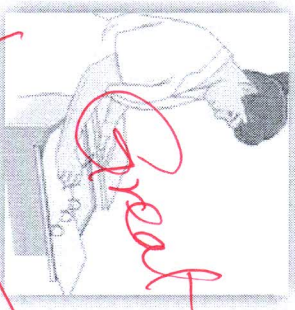


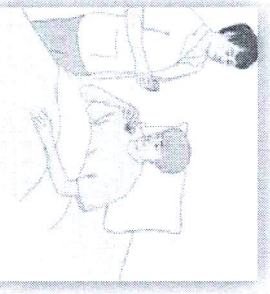
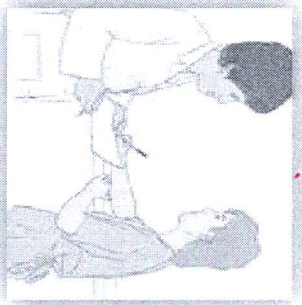
NCP report

Student Name: Ali Alshakrani Room/bed No. 8

Diagnosis: Respiratory failure II, ESRD Date: 13-11-2017 WEEK# 6th
DM, HTN



great one!



	Marks	Student Marks
1. Physical assessment sheet	2	2
2. Laboratory and Diagnostic Tests	1	1
3. Nursing care plan	4	4
4. Medication	3	3
TOTAL	10	10

10/10

Good



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Physical assessment

RM # 8	Area sex: <u>MF</u> critical Age: <u>#2y</u>	ER-----bed#-----	Admission day 15/10/17	Unit : <u>Male Medical</u> Triage level in ER dep.: <u>Emergency</u>	Wt : <u>40kg</u> Height: <u>140cm</u> BMI: <u>24.2</u>
DX: <u>Respiratory failure II</u> <u>ESRD</u> <u>Diabetic Mellitus</u> <u>Hypertension</u>		ISOLATION: <u>Standard Precaution</u>		Allergies: <u>Moxifloxacin</u>	
Lines : art lines PA caths IV Site: PICC: CVC:	AV Fistula		CVP:	V/S	
note: <u>Upper arm brachial cephalic, instead location, the condition of them, and when the dressings were last changed</u> Orders to flush central/hep		PA pressure :		T	
NEURO: <u>conscious</u> Mental : <u>oriented</u> Speech: <u>normal</u> PUPILS: <u>RAL</u> <u>L2</u>		Cardio: <u>S1, S2</u> Heart sound: <u>No murmur or crackles</u> Tele (ECG) : <u>Baseline ECG</u> Edema - <u>nil</u>		BP	
		Location of edema :		HR	
				SP02	
				FSBS	
				183mg/dl	
				O2 RA NC 3...L	
				Lung Sounds: <u>Bil lower zone crepitation</u>	
				Cough <u>non productive</u>	
				TRACH	
				suction	
				Ventilation mood setting	



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GCS 15-15-15 		Chest tube: Rt side for the pleural drainage ABG : PH : 7.49 HCO3 : 28 PCO2: 100 Interpretation: Respiratory alkalosis 	
GI Diet: PO. <input checked="" type="checkbox"/> 300kcal OR level NPO with protein NPO w/Meds NGT Fluid Restrictions <input checked="" type="checkbox"/> Last BMI: <i>Last night</i>		GU Urine color: <i>Dark</i> Intake: <i>around 1000ml/day</i> Output: <i>ml/kg/hr</i> Balance: FOLEY <input type="checkbox"/> 24/HR <input type="checkbox"/> Strict I/O's DIALYSIS <i>3 hr</i>	
M/S → (Strong, week, par thesis, paralysis) RU <i>5/5</i> RL <i>5/5</i> LU <i>1/5</i> LL <i>1/5</i> Brace <i>Cane</i> Walker Wheelchair		Skin Color: <i>No redness</i> Condition: <i>Dry</i> Wound: <i>nil</i> Dressing output:..... Drain	
ACTIVITY PT <i>bedridden</i>		PAIN (PQRSTU) <i>4/10</i>	

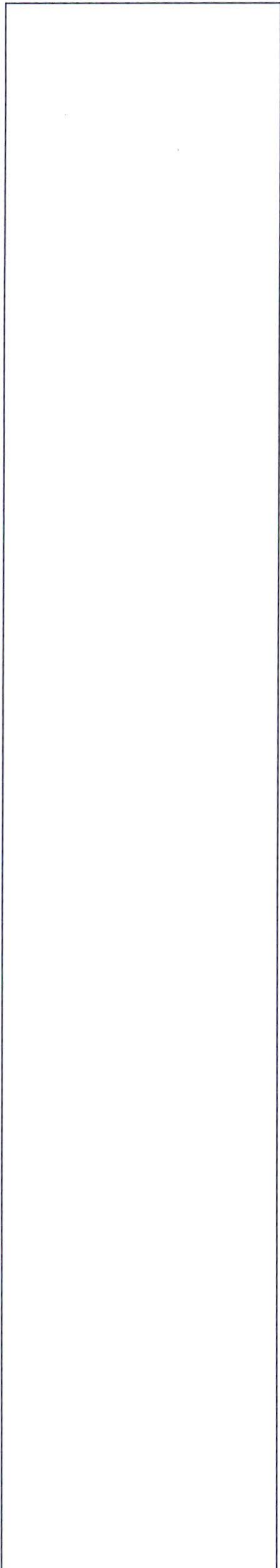


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ECG strip

HR: 68 PR interval 0.28sec QRS duration 0.08sec

Interpretation First degree heart block





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Area RDU Date Submitted 13/11/2017

Laboratory and Diagnostic studies

I – Laboratory Test	Normal Value	Result	Significance
Creatinine	64-104	378 umol/L	Hi result due to Renal failure
Urea	3-9.2	8.2 mmol/L	
Potassium	3.5-4.5	4.7 mmol/L	Hi result significance of Renal failure.
Albumin		17.7 g/L	
Tropoin I	0-34.2	6.1 ng/L	
II – Diagnostic Test	DATE	FINDING	
Angiography		Normal study	
ECG		Normal study, EF: 60%	
CXR		CXR: Rt Pleural effusion	
Fluoroscopy			



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List of actual nursing diagnosis :

- 1- Ineffective breathing pattern related to altered O₂ supply secondary alveolar edema .
- 2- Risk for infection related to long hospitalization .
- 3- Impaired skin integrity related to immobility and poor circulation
- 4- Risk for imbalanced nutrition, less than body requirement .
- 5- Excess fluid volume related to compromised ~~regulatory~~ mechanism .

Nursing Care Plan 1

Patent Name: Obeid Alhiski Room/Bed NO: 8 Diagnosis: Respiratory failure type II & ESRD

Assessment	Nursing diagnosis	Goals	Interventions	Evaluation
<p>Subjective data: I have difficulty of breathing.</p> <p>Objective data: shortness of breathing RR: 34 bpm HR: 146 beats/min BP: 100/50 use of accessory muscles</p>	<p>subjective breathing pattern related to altered O₂ supply secondary alveolar edema</p>	<p>After 30min of nursing intervention the patient will be able to manifest effective breathing pattern as evidence by RR of 16-20 bpm.</p>	<p>provide O₂ therapy via nasal cannula 2L/min. position with proper body alignment for optimal respiratory excursion. encourage patient for deep breathing salbutamol nebulization 1ml with 3ml normal saline administered as ordered. monitor vital signs and pulse oximetry frequently.</p>	<p>Goals met - after 30min of nursing intervention patient was able to manifest effective breathing pattern.</p>

at physical assessment.



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Nursing Care Plan 2

Patent Name: Obeid Alisli Room/Bed NO: 2018 Diagnosis: Respiratory failure type II, ESRD

Assessment	Nursing diagnosis	Goals	Interventions	Evaluation
<p>Subjective data: My feet is swelling ✓</p> <p>Objective data: Edema on lower extremities grade 2. ✓ Jugular vein distention ✓</p>	<p>Excess fluid volume related to increase hydrostatic pressure, secondary to increase venous system pressure ✓</p>	<p>During the shift monitor and record vitals and after nursing intervention patient will maintain urine output of at least 25-30ml/hr ✓</p>	<p>Monitor and record vitals signs every hour, administer furosemide 40mg IV administer as prescribed. ✓ Apply antiembolism stocking to increase venous return. Assess and measure intake and output</p>	<p>Goal met before end of the shift patient maintain urine output 25ml/hr.</p>



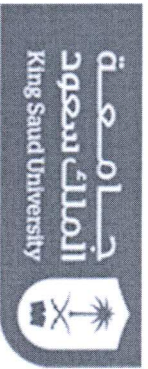
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Nursing Care Plan 3

Patent Name: Abdul Aziz Room/Bed NO: 202 8 Diagnosis Respiratory failure II, ESRD, DM, HTN

List of patient medication:

- 1- Insuline Regular
- 2- Heparin
- 3- Concor Tablet
- 4- Hydrolazine Tablet
- 5- Thyroxine Tablet
- 6-
- 7-



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Medication sheet 1

Patent Name & ID: *Abel Alshari* Room/bed NO: *101.8* Diagnosis: *Postoperative hemorrhage, DVT, ESRD*

Name of Drug Dose Route Frequency	Classification / Action of the Drug	Indication	Side effects Observed in the client	Nursing role	Evaluation
Heparin injection 5000 U S.C Twice daily	Anticoagulant prevent the formation of blood clots	Reduce and prevent blood clots	No signs or symptoms for side effects was noted.	assess and observe any signs of bleeding obtain baseline status for coagulation profile study. educate patient about drug therapy and adverse side effects.	No side effects was observed.

Medication sheet 2

Patent Name & ID: *Abeyid Adhishiri* Room/bed NO: *204* Diagnosis: *Post-operative T. SSED*

Name of Drug Dose Route Frequency	Classification / Action of the Drug	Indication	Side effects Observed in the client	Nursing role	Evaluation
<p><i>name:</i> Hydrochlorine Tablet, Dose 50mg q Route po o/a 1 Frequency Q8hr</p>	<p>Anti hypertensive Vasodilator</p>	<p>Hypertension</p>	<p>Edema</p>	<p>Monitor blood pressure frequently. Instruct the patient to take exactly dose as prescribed. Educate patient about drug indication and side effects.</p>	<p>Blood pressure controlled.</p>

Medication sheet 3