Case Study

Name

Institution

Course

Date

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**TY**

The purpose of this paper is to examine the procedures that were followed when TY (a 77-year-old Caucasian male) presented to the hospital with fever and respiratory distress. During history taking, it was discovered that the patient was intubated post-cardiac arrest 11/2020. He was unable to be extubated during hospitalization and got a tracheostomy. The patient also had AKI, thrombocytopenia, hyponatremia, lactic acidosis, septic shock, as well as E. coli bacteremia. The patient’s immunization history, current medications, surgical history, allergies, past medical history, family history, mental history, reproductive history, violence history, and social and substance history were also determined. A review of systems and physical exam were comprehensively performed on the patient, and diagnostic tests carried out. Three differential diagnoses were identified on the basis of the information obtained. A care plan was formulated for the patient. The actions taken were the most appropriate because the SOAP note was utilized in organizing patient information. The actions taken regarding TY were consistent with existing theories in the sense that the use of the SOAP note helped direct the healthcare professional in applying clinical reasoning in the assessment, diagnosis, and treatment of the patient based on the patient provided (Vijayakumar, 2016).

The treatment of TY is appropriate. The patient is in a long-term care facility following a sequence of unfortunate events. He tolerates the ventilator weaning process. The patient can potentially recover from this: In order to swallow and speak, he has to tolerate a Passy Muir Valve and a trach collar. At this point, nothing can be done differently. Notwithstanding the wean attempts, the patient still needs ventilator support.

**GR**

GR is a 71-year-old Caucasian female presented with increasing shortness of breath. The history taking revealed that the patient was obese and had metastatic breast cancer with metastasis to the lungs, which was diagnosed last September. Additionally, the patient is HER-2 and is presently on oral chemotherapy. The patient’s past medical history also showed recurrent pleural effusions. Three weeks before admission, the patient had a left-sided video-assisted thoracotomy with decortication. The patient experienced increased respiratory distress while at the cardiothoracic surgeon's office and had 68% oxygen saturation on room air. The healthcare professional determined the patient’s immunization status, current medications, social and substance history, surgical history, mental history, reproductive history, violence history, and family history. A comprehensive review of symptoms (ROS) and physical exam were comprehensively performed on the patient. Moreover, diagnostic tests were carried out on her. Based on the information obtained from the patient, four differential diagnoses were identified.

A care plan for the patient was developed. The care plan is appropriate and in line with existing codes of practice. It enhances GR’s treatment plan as it provides a list of identified health problems or conditions as well as a matching list of interventions aimed at meeting the patient’s goals. Additionally, for the list of conditions and matching goals, standard assessment domains are utilized as a basis (Desai et al., 2019). Considering GR’s clinical condition and comorbidities, her lifestyle modification ought to consider the fact that she lives by herself. Therefore, one of the necessities is an arrangement of home health if it can help with activities of daily living. The patient's current condition can be helped by social, physical, and medical assistance.

References

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