Practice Focus Note

02/22/16
8 PM

Admission Note: Mr. Snow admitted to 10 West from ER via stretcher with c/o SOB. He is diagnosed with Respiratory Distress. He has a history of COPD for many years and smoking for 50 years. He had right lower lobe infiltrate and was intubated with ventilator settings of: TV 650, R10, FIO2 40%, Assist Control

Focus 1: Dyspnea and Expiratory Wheezing

D: V/S stable, patient c/o of SOB, bilateral expiratory wheezes upon auscultation of lungs.

A: Goal – Patient's dyspnea will improve and wheezing will be resolved by discharge

- Dr. X notified. Vent settings remain the same. Atrovent 2.5 mL given via nebulizer q 6 hours ordered.
- Head of bed 30-45 degrees

Focus 2: NGT

D: Patient is on ventilator and has order for NGT feeds with Jevity 60 mL/hour

A: Goal – Patient will get proper feeds from NGT

- Chest X-ray ordered for placement confirmation
- Consult with speech therapist regarding swallow test
- Monitor I/Os
- Monitor for signs of patient readiness to remove NGT

Focus 3: VAP Prevention

D: Patient on ventilator since ER visit.

A: Goal – Patient will not get VAP during hospital stay

- VAP Bundle: Head of bed 30-45 degrees, DVT and PUD prophylaxis, oral care, no routine tube changes
- Assess patient for readiness to wean/extubate
- Daily sedation vacation
- Dr. X notified. Chlorhexidine rinse prn and Cefepime 1g IV q 12 hours ordered.
- Routine C/S ordered.

Focus 4: Stage 3 Sacral Decubitus

D: Physical assessment shows Stage 3 sacral decubitus (1x2") and ½" deep, necrotic tissue, foul odor, slight brownish odor.

A: Goal – Ulcer will not progress throughout hospital stay

- Dr. X notified. 4x4 dressings, Polysporin ointment daily and Collagenase ointment daily ordered.
- NGT feeds using Jevity 60 mL/hour to promote nutrition and wound healing
- Apply No Sting Barrier Cream
- Consult with wound care team

Stephanie Niu, RN

02/22/16
11 PM
Focus 1: Dyspnea and Expiratory Wheezing

R: Patient tolerated Atrovent well. Dyspnea and wheezing has improved

A: Maintain vent settings and head of bed at 30 degrees, repeat Atrovent 2.5 mL given via nebulizer q 6 hours as ordered.

Focus 2: NGT

R: Chest X-ray shows NGT in place. Patient has received 180 mL of Jevity.

A: Speech therapist will assess patient once off vent. Continue to monitor I/Os, placement, and readiness to remove NGT.

Focus 3: VAP Prevention

R: C/S is negative. Cefepime 1g IV given. Patient tolerating vent settings and showing signs of improvement.

A: Continue to follow Cefepime 1g IV q 12 hours, VAP bundle, and assess patient for readiness to extubate

Focus 4: Stage 3 Sacral Decubitus

R: 4x4 dressings and ointments applied. No Sting Barrier Cream for prevention is applied on the back. Patient is tolerating feeds. Wound care team will consult patient later in the day.

A: Reapply No Sting Barrier Cream and consult with Wound Care Team.

Stephanie Niu, RN

02/23/16
8 AM
Focus 1: Dyspnea and Expiratory Wheezing

R: He is tolerating Atrovent. Dyspnea improved and wheezing resolved. Scattered rhonchi auscultated.

A: Dr. X notified. Atrovent to alternate with Proventil at 2.5 mL via nebulizer q 6 hours ordered.

Focus 2: NGT

R: Speech therapist visited patient 7:20 AM. Patient can swallow PO meds only.

A: Dr. X ordered a clear liquid diet.

Focus 3: VAP Prevention

R: Patient extubated 7AM. Another dose of Cefepime was given to patient.

A: Complete C/S and observe labs. Continue to follow Cefepime 1g IV q 12 hours

Focus 4: Stage 3 Sacral Decubitus

R: Wound Care Team performed care and dressing change for patient's ulcer. Patient tolerated procedure well.

A: Keep dressing dry and continue No Sting Barrier Cream

Stephanie Niu, RN

02/24/16
6 AM
Focus 1: Dyspnea and Scattered Rhonchi

R: Dyspnea improved and mild rhonchi auscultated. Patient is OOB for short periods and comfortable in no acute distress.

A: Dr. X notified. Chest x-ray ordered. O2 at 2L/min. nasal cannula ordered. Continue Atrovent to alternate with Proventil at 2.5 mL via nebulizer q 6 hours

Focus 2: NGT

R: Patient tolerating clear liquid diet. Patient can swallow PO meds only.

A: Dr. X ordered NGT removal and 1800 calorie/day diet.

Focus 3: VAP Prevention

R: WBC 18.9, but C/S negative.

A: Continue to follow Cefepime 1g IV q 12 hours

Focus 4: Stage 3 Sacral Decubitus

R: Dressing is dry and intact. No drainage and non-odorous observed.

Stephanie Niu, RN

02/25/16
8 AM

Focus 1: Dyspnea and Scattered Rhonchi

R: Patient reports no SOB. Chest x-ray clear. Scattered rhonchi persists. Patient OOB for longer periods.

Focus 2: NGT

R: Patient eating and no swallowing issues noted.

Focus 3: VAP Prevention

R: WBC 12.7. This is within desired limits for patient.

Stephanie Niu, RN

02/25/16
10 AM

Focus: Discharge Planning

D: Patient lives at home with spouse and two adult children. He states that he is "equipped with nebulizer and oxygen at home." Scattered rhonchi persists, so he is ordered Proventil at 2.5 mL via nebulizer q 6 hours, and dressing changes at home.

A: Goal – Patient will be discharged with proper referrals for home care, and patient will understand how to administer medication and perform dressing changes

- Referred to social worker and case management for follow-up appointments
- Teach patient how to administer medication
- Teach patient how to perform dressing changes

R: Patient performs teach back regarding medication administration and dressing change.

Stephanie Niu, RN