

Student Names:

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History

Nursing home resident - mild cognitive impairment

History of falls - atrial fibrillation, 84 year-old male

Daughter only relative and lives out of state

Physical Assessment

Low grade temperature Chest x-ray revealing possible area of consolidation in right lower lobe suggestive of pneumonia
Restless, irritable, agitated
indwelling urinary catheter
IV in left arm

Nursing Diagnosis

Risk for falls r/t diminished mental status AEB history of falls with injury

Impaired gas exchange r/t alveolar-capillary membrane changes AEB chest x-ray suggesting possible area of consolidation in the right lower lobe

Acute Confusion r/t situational crisis AEB restlessness, irritability, and agitation.

Expected Outcomes

Risk for falls:

Short term: shows ability for independent coordinated ambulation with walker around hospital floor before discharge

Long term: No injuries related to falling for over 6 months or more

Impaired Gas Exchange:

Short term: improve oxygen saturation while hospitalized within baseline. Demonstrate effective deep breathing and coughing exercises while in the hospital.

Long term: Continue with deep breathing and coughing exercises after discharge to prevent complications and improve air exchange.

Acute Confusion:

Short term: decreased signs of restlessness, irritability and agitation

Long term: develop adequate coping mechanisms. Seek out support within capacity

Interventions

Follow guidelines as per facility for patients who are high risk for falls. Post fall alert sign, have patient wear slip-free socks, have patient wear fall alert bracelet.
Rationale: In the acute-care setting, an integrated multidisciplinary team (consisting of the physician, nurse, health care provider, risk manager, physical therapist, and other designated staff) plans care for the older adult, at risk for falls or who has fallen, based on findings from an individualized assessment (Hartford Institute for Geriatric Nursing, 2012).

Teach patient cough and breathing exercises. Administer oxygen. Monitor O2 saturation and vital signs more frequently.

Rationale: Coughing and deep breathing will help expand the lungs, and prevent complications, such as pneumonia. Maintaining the patient on oxygen would be required if the patient's oxygen saturation was below normal, <95%. Vital signs are objective data to obtain in the patient's assessment.

Consult with Social Worker and nursing home to contact the patient's daughter.

Rationale: Informing the patient's next of kin is helpful in determining the patient's plan of care and to include the patient as well as designated family/individuals in the decision-making process, deemed favorable to the patient.