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Concept Map
Student Name:
Instructor:

Patient Education (In Pt.) & Discharge Planning (home needs)

Patient education is an essential tool whose relevance in the field of health care can never be neglected. During this clinical encounter, I prepared the patient to understand that the human body is susceptible to illnesses. Professionally, I was sympathetic to the patient's critical condition that her tongue kept on swelling and difficulty breathing and swallowing. I paid attention to the patient's needs by administering first aid to ease breathing to save her life and ensure comfort. I educated the patient to suck on ice chips to soothe her mouth and possibly reduce swelling. In addition, I understood the importance of effective breathing; thus, I urged the patient to accept an oxygen mask to provide highly concentrated oxygen in her lungs until her condition gets back to normal. During the assessment, I noted that the patient's throat was swollen, and her difficulty in swallowing kept on increasing. Upon discharge, I educated the patient to ensure a healthy environment, free from dust and smoke. I educated the patient when she notices a recurrence of the condition to sit up and leaning forward to encourage mouth breathing. I encouraged the patient to monitor her blood oxygen saturation. It oxygen saturation goes below 90%, indicating decreased perfusion and requires immediate and advanced treatment.

Erickson's Developmental Stage Related to pt. & Cite References (1)

Integrity vs. Despair: This is the eighth Erickson's stage theory of psychological development which marks the late adulthood stage of human life. It depicts the time of retirement and the relevance of the sense of fulfillment and pride of achievement for their actions earlier in life (Orenstein & Lewis, 2020).

The patient depicts Erik's integrity vs. despair psychological developmental stage since she seems to be enjoying life at her old age. The patient appears to be satisfied with life and has a virtue of wisdom. She does own finances and drives, and she lives well with her four daughters.

Cultural considerations, ethnicity, occupation, religion, family support, insurance. (1) (14)

The patient is a 77-year-old Caucasian woman, married to her high school boyfriend, and lived as a stay home mom. Baking is her most valued hobby. She has been a widow for 15 years. She is a Baptist and a member of the librarian and

History of Present Illness (HPI), Pathophysiology of Admitting Dx (Cite References) Medical, Surgical, Social History (1).

The 77 y/o woman with a history of DM2, CAD, and HTN for eight years presents to the clinic with a complaint of swelling tongue and difficulty breathing and swallowing. Pt. reports that she woke up around 2:30 am with a sore throat. Pt. reports that she has never witnessed a similar reaction before, no chest pain, nausea, rashes, or itching, and has been afebrile. In the emergency room, she was administered with Pepcid 20 mg IV to reduce the swelling some but her throat still hurts, and it hurts to swallow. No history of travel has not started any new medication and did not take any unsensual foods.

Medical History

Coronary artery disease with left heart cath in 2005, 40% LAD, 40% RCA and 30% large OM; 2006 TTE depicting 60% with diastolic dysfunction and mild LA dilation. + HTN, + hyperlipidemia, +DM 2, + GERD, +Asthma/COPD, and + h/o iron deficiency anemia.

Surgical History

s/p cardiac stent in 1999
s/p hysterectomy in 1970s
s/p appendectomy 1960s

Social History

Pt. lives in her home with her 27 yo daughter, does all ADLs and ADLs without/little assistance. She is financially stable and drives. Mother to 4 daughters who live in the area. Does not take alcohol, tobacco, or illicit drugs. She is a Baptist. Married her high school boyfriend. Was a stay home mom. Loves baking. Lived as a widow for 15 years. Pt. is a member of librarian and flower arrangement club (Jordan, Kurschat & Reuter, 2018).

Patient Information (1)

Name: Neto
Age: 77 year old
Gender: Female
Code Status: Full Code
DPOA: N/A
Living Will: N/A

Chief Complaint

"Swelling tongue and difficult breathing and swallowing."

Admitting Diagnosis

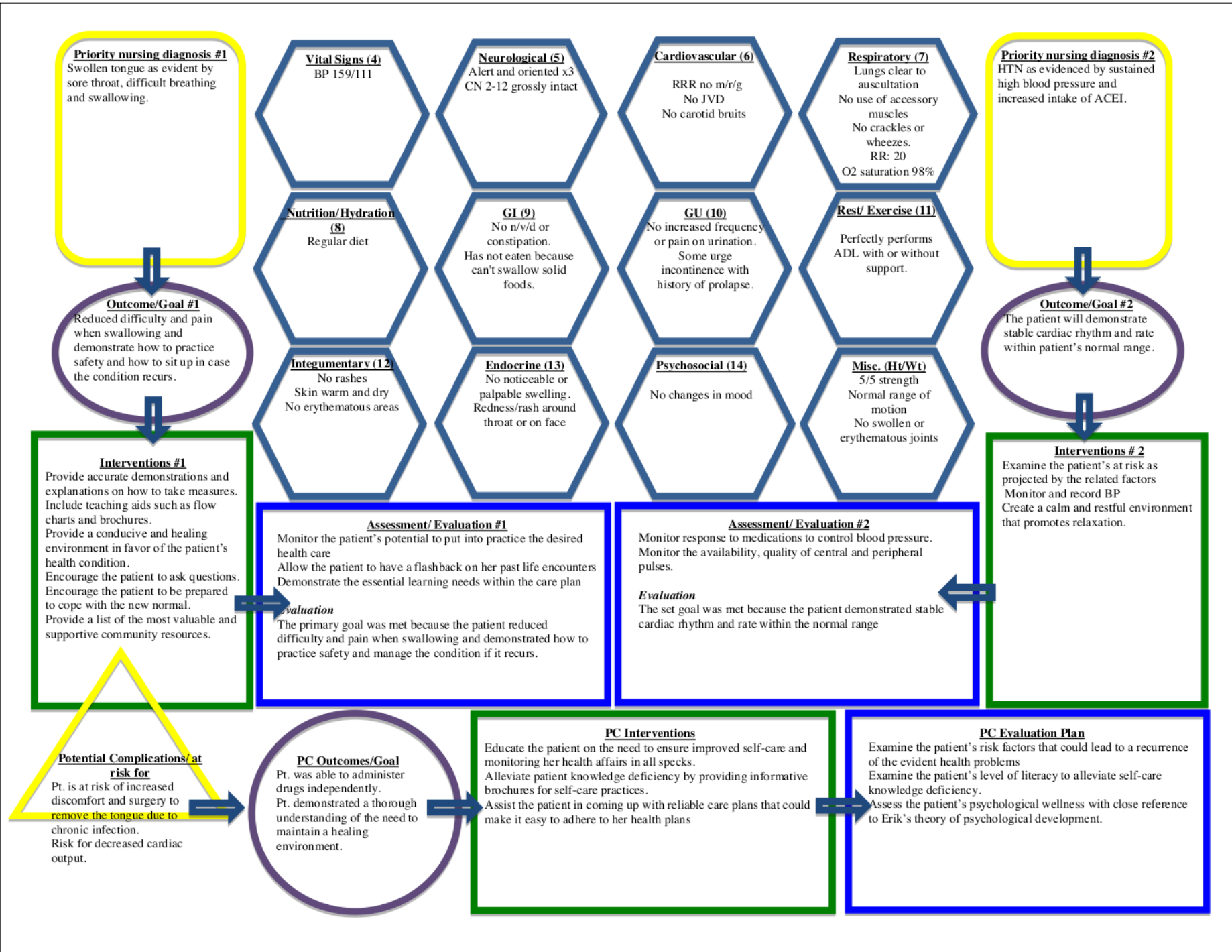
Pt. admitting diagnosis is the swollen tongue and hypertension

Diagnostic Test/ Lab Results with dates and Normal Ranges (3)

Test	Norms	Date	Current Value
Na	136-145	7/20/21	140
K	3.5-5.1	7/20/21	4.5
Cl	96-106	7/20/21	109
Co2	23-29	7/20/21	23
BUN	7-20	7/20/21	29
Cr	1.4 - 26.92	7/20/21	1.0
Ca	8.6 - 10.3	7/20/21	9.9
Mg	1.7 - 2.2	7/20/21	1.4
Phos	3.4 - 4.5	7/20/21	3.6
PTT	60 - 70	7/20/21	26.7
WBC	4.3-10.3	7/20/21	9.9
Hgb	12-16 g/dL	7/20/21	10.0
Hct	36%-48%	7/20/21	30.3
Plt	156-373	7/20/21	373

Medical Management/ Orders/ Medications & Allergies (2)

Name	Dose	RT	Freq	MOA	RN Considerations	Onset/Peak/Duration (Insulin)
Theophylline	25 mg/min IV	PO	Every 4-6 hour	Relaxes the smooth muscles located in the bronchial airways and pulmonary blood vessels	Patient's arterial or capillary blood gases, the respiratory rate, CNS effects and the heart rate of the patient.	Onset 15 min Peak 4-7 hour
Diltiazem 300 mg qhs	0.25 mg/kg IV	PO	Take three or four times a day	Inhibits the inflow of calcium ions into the cardiac smooth muscle during depolarization	Check blood pressure, heart rate, and cardiac monitor prior to administering diltiazem	peak plasma levels 2 to 4 hours after drug administration
Fluticasone (Flovent) 2 puff bid	50 mcg	Nasal sprays	Two times a day	Stimulates glucocorticoid receptors in humans	Monitor patient's respiratory status.	It takes three to four days for full effectiveness



References

- Deepthi, A. (2017). Unilateral tongue angioedema: case report. *Reactions*, 1651, 257-13.
- Jordan, J., Kurschat, C., & Reuter, H. (2018). Arterial hypertension: diagnosis and treatment. *Deutsches Ärzteblatt International*, 115(33-34), 557.
- Orenstein, G. A., & Lewis, L. (2020). Eriksons stages of psychosocial development. *StatPearls*.

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