

# NRNP 6540 Week 5 Case Assignment

Islamic Psychology (International Open University)

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### Case Title: A 67-year-old With Tachycardia and Coughing

Ms. Jones is a 67-year-old female who is brought to your office today by her daughter Susan. Ms. Jones lives with her daughter and is able to perform all activities of daily living (ADLs) independently. Her daughter reports that her mother's heart rate has been quite elevated, and she has been coughing a lot over the last 2 days. Ms. Jones has a 30-pack per year history of smoking cigarettes but quit smoking 3 years ago. Other known history includes chronic obstructive pulmonary disease (COPD), hypertension, vitamin D deficiency, and hyperlipidemia. She also reports some complaints of intermittent pain/cramping in her bilateral lower extremities when walking, and has to stop walking at times for the pain to subside. She also reports some pain to the left side of her back, and some pain with aspiration.

Ms. Jones reports she has been coughing a lot lately, and notices some thick, brown-tinged sputum. She states she has COPD and has been using her albuterol inhaler more than usual. She says it helps her "get the cold up." Her legs feel tired but denies any worsening shortness of breath. She admits that she has some weakness and fatigue but is still able to carry out her daily routine.

Vital Signs: 99.2, 126/78, 96, RR 22

Labs: Complete Metabolic Panel and CBC done and were within normal limits

<b>CMP Component</b>	<b>Value</b>	<b>CBC Component</b>	<b>Value</b>
Glucose, Serum	86 mg/dL	White blood cell count	5.0 x 10E3/uL
BUN	17 mg/dL	RBC	4.71 x10E6/uL
Creatinine, Serum	0.63 mg/dL	Hemoglobin	10.9 g/dL
EGFR	120 mL/min	Hematocrit	36.4%
Sodium, Serum	141 mmol/L	Mean Corpuscular Volume	79 fL
Potassium, Serum	4.0 mmol/L	Mean Corpus HgB	28.9 pg
Chloride, Serum	100 mmol/L	Mean Corpus HgB Conc	32.5 g/dL
Carbon Dioxide	26 mmol/L	RBC Distribution Width	12.3%
Calcium	8.7 mg/dL	Platelet Count	178 x 10E3/uL
Protein, Total, Serum	6.0 g/dL		
Albumin	4.8 g/dL		
Globulin	2.4 g/dL		
Bilirubin	1.0 mg/dL		
AST	17 IU/L		
ALT	15 IU/L		

Allergies: Penicillin

Current Medications:

- Atorvastatin 40mg p.o. daily
- Multivitamin 1 tablet daily
- Losartan 50mg p.o. daily
- ProAir HFA 90mcg 2 puffs q4-6 hrs. prn
- Caltrate 600mg+ D3 1 tablet daily

Diagnosis: Pneumonia

**Directions:** Answer the following 10 questions directly on this template.

Question 1: What findings would you expect to be reported or seen on her chest x-ray results, given the diagnosis of pneumonia? Infiltrations, opacification in the base of the lungs

Question 2: Define further what type of pneumonia Ms. Jones has, HAP (hospital-acquired pneumonia) or CAP (community-acquired pneumonia)? What's the difference/criteria?

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Ms. Jones has CAP. Tutor check on difference which is the type of micro-organism on each one

Question 3:

- 3A) What assessment tool should be used to determine the severity of pneumonia and treatment options? Tutor to search answer  
**CURB-65 Criteria for Evaluation of Pneumonia Severity and Treatment Site and CAP index for patients older than 65 years**  
(Kennedy-Malone et al., 2019).
- 3B) Based on Ms. Jones' subjective and objective findings, apply that tool and elaborate on each clinical factor for this patient. Tutor to search answer  
**Ms. Jones has a small probability of pneumonia severity, according to the CURB-65 tool. Her BUN is 17, lower than the standard of 19, her RR is 22, lower than 30, and her blood pressure is 126/78, which indicates that her systolic is greater than 90 and her diastolic is greater than 60. As a result, she would receive a score of 0. As a result, she is a low-risk patient who should be treated in an outpatient setting** (Kennedy-Malone et al., 2019).