

Features of normal breathing from destructive

[Sociology](#), [Identity](#)



I consider pneumonia as my priority hypothesis because despite the patient have pre-existing cardiovascular problems, he is been receiving a treatment, and seeing his physician consistently. Pneumonia is on top of the priority considering his age, and comorbidities. Besides, this is the cause of the recent admittance of the patient due to increased shortness of breath, increased temperature, coughing which for me is a positive presentation of a respiratory problems. “ Pneumonia remains a leading cause of morbidity and mortality despite advances in treatment and therapy. Systematic health care provider and institutional improvements can decrease mortality rates, particularly in patients with increasingly complex comorbidities. Proper treatment of pneumonia hinges on correct pathogen identification but is complicated by the variety of diagnostics assays with variable specificity, sensitivity, and interpretations.”

Because of the other health problems of the patient which could have similar presentation pneumonia could easily be ignored. Without the guide of the assessment data it is more harder for the health professionals like me to determine that it is the respiratory infection that causing the patient to increasingly experience shortness of breath more than his pre-existing congestive heart problem. Problem like this delays the treatment to the patient if not determined right away thus, causing death.

“ Nursing assessment is critical in detecting pneumonia.” “ Assessing respiratory symptoms, fever, chills or night sweats in a patient should be reported right away to the nurse as this could be signs of bacterial pneumonia.

Assess clinical manifestations such as pleuritic pain, bradycardia, tachypnea and fatigue, use of accessory muscle for breathing, coughing and purulent sputum. On physical assessment, changes in temperature and pulse, amount, odour, color of secretions, frequency and severity of cough, degree of tachypnea or shortness of breath and the changes in the chest x- ray.

Assess elderly patient for altered mental status, dehydration, unusual behaviour, excessive fatigue, concomitant heart failure.” To help me simplify my cues and helped me to come down to the final “ hunch”, I choose 4 important assessment to help me plan my care to the patient.

“ Auscultation of the lungs is an important part of the respiratory examination and it is helpful in diagnosing various respiratory disorders. It is important to distinguish normal respiratory sounds from abnormal.

1. Auscultate lung sounds: wheeze and crackles. This sounds are heard on inspiration or expiration in response to fluid accumulation, thick secretions, and airway spasms and obstructions. Decreased airflow occurs in areas with consolidated areas with consolidated fluids. Due to secretions and mucosal edema, there are areas of the lungs that are not adequately ventilated and cause partial occlusion of the alveoli or bronchi.”
2. Increased mucus production, sputum that is discolored, tenacious or has a odour may increase airway resistance and may warrant further intervention. Change in sputum characteristics may indicate infections.”

3. Capillary refill, as oxygenation and perfusion became impaired, peripheral tissues become cyanotic. Cyanosis of nail beds may represent vasoconstriction on the body's response to fever and chills."
4. Changes in level of consciousness, restlessness decreased cerebral oxygenation and may require further intervention check pulse oximetry result with any mental status changes in the adults. Restlessness, irritation, confusion and somnolence may reflect hypoxemia."