

1. What is this client's primary diagnosis? Discuss the differentials and rationales that helped you to clarify or confirm the primary diagnosis.

The patient's primary diagnosis is postoperative morphine overdose. Three differentials for this patient were opioid overdose, sepsis, pulmonary embolism or hypoglycemia.

- A. Opioid overdose: The patient came in confused, drowsy and was unable to answer any questions. Upon assessment, he has pinpoint pupils <1mm, a respiratory rate of 8, reduced GCS and type 2 respiratory failure on the ABG. Naloxone was given IV, and the patient had a quick response to the medication. With all the assessment data, I was able to conclude we had an opioid overdose diagnosis.
 - B. Sepsis: The patient came in confused, disoriented and 12 hours postoperative. The patient's vital signs reveal low oxygen saturation with decreased breath sounds. I ruled this diagnosis out when the nurse stated she had looked at the surgical incision and there were no signs of infection, breath sounds were clear, vitals were stable, and respiratory distress was noted with inpatient notes showing recent excessive opioid administration.
 - C. Pulmonary embolism: The patient came in with confusion; breath sounds were decreased and decreased oxygen saturations needing supplemental oxygen. ABG's were drawn and showed respiratory failure which could be an indication of a PE, but I ruled this diagnosis out once Naloxone was given due to recent excessive opioid administration, and the patient's status clinically improved.
 - D. Hypoglycemia: The patient's significant other, and history showed the patient is a diabetic. The patient came in confused, altered mental status, and 12 hours postoperative which can effect blood sugar levels. After a blood glucose check revealing a 94, I ruled out this diagnosis.
- 2. What is the most appropriate treatment plan for this client in the emergent setting according to the latest clinical practice guidelines/standard of care? What is the most appropriate treatment plan if the client is in the inpatient setting**

In the case of an opioid overdose, we as providers need to act quickly. According to Regina (2025), immediate assessment of the patient's airway and hemodynamics need to be evaluated. This includes baseline vital signs, EKG and a quick assessment to gather an evaluation of the patient. The initial treatment starts with supportive care, including assistance with respirations, cardiopulmonary resuscitation (in the absence of spontaneous circulation) and removal of any opioid agents (as in patches). During this time Naloxone, an opioid antagonist, which is the antidote for an opioid overdose should be administered. The preferred method would be IV, but if the patient is in an emergent setting with no IV access, IM is appropriate. The onset of action of Naloxone occurs within minutes, and if no response is noted after the first administration a