



## Go To Clinical Case

While caring for this client, be sure to review the concept maps in chapters 3 and 4.

### Case 2: Neurocognitive and Endocrine Disorders

*Related Concepts: Adaptation: Coping, Stress, Homeostasis, Comfort, Cognitive Functioning*  
*Threaded Topics: Medications, Depression, GI Bleed, Depression, Dementia*

Lola Hamilton is a 72-year-old with a history of fibromyalgia, hypothyroidism, Cushing's disease, diabetes, hypertension, anxiety, and depression. She comes to the emergency department via ambulance after falling at her part-time job. She doesn't recall the events leading up to her hospitalization, but the handoff report from the paramedics said that her coworkers called 911 after she passed out at work. Lola has been having occasional dizziness and forgetfulness for the past year but says these symptoms have worsened over the past several months. She says she often forgets simple things and spends hours trying to recall necessary information.



If she doesn't remember something, she will make up a story that "sounds right, to fill in the holes." She also reports severe anxiety at bedtime leading to "almost total insomnia." Lola shares that she averages 6-8 hours of sleep per week. She has been divorced for 30 years and lives alone.

#### 1. NurseThink® Prioritization Power!

Evaluate the behaviors that Lola is exhibiting and determine the **Top 3 Priority** assessment findings.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



2. The nurse obtains vital signs, which are all normal other than elevated blood pressure. After speaking to the provider about Lola's symptoms, which diagnostic tests will the nurse anticipate? Select all that apply.
1. Complete metabolic panel (CMP).
  2. Thyroid Stimulating Hormone (TSH).
  3. Cardiac enzymes.
  4. Electrocardiogram.
  5. CT scan of the head.
  6. Adrenocorticotrophic hormone (ACTH).
3. The nurse obtains additional information from Lola about her ongoing symptoms. What question(s) are a priority? Select all that apply.
1. How often do you feel dizzy?
  2. What does severe anxiety mean to you?
  3. Tell me about other times you have passed out.
  4. Give me an example of something you might forget.
  5. Do you have thoughts of hurting yourself?
  6. Do you have a current support system?
  7. How did you feel about your coworkers calling 911?

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**Nurse Think**  
HEALTHCARE SYSTEM

Name: Lola Hamilton      Age: 72 years  
 Health Care Provider: Benjamin Demone, MD      Allergies: NKDA  
 Code Status: Full Code

**NURSING NOTE**

<p>June 15 1300</p>	<p>Client states that she has forgotten to report to work and when there she feels "scattered because I can't focus." She also reports increased fatigue, irritability, anger, difficulty completing tasks and poor appetite. At work, she has fallen behind and constantly worries that she won't catch up. She is positive for past suicidal ideation but says that her daughter and grandchildren are her protective factors. She also says, "I'm too scared to do anything like that." She also states that there is often a presence of "a low singing sound" and "several people talking in a low volume" that she hears. Client says she has experienced this even as a child and is not distressed by it. EKG shows normal sinus rhythm – lab report on EHR.</p>
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 Name: Lola Hamilton  
 Health Care Provider: Benjamin Demone, MD  
 Code Status: Full Code

Age: 72 years  
 Allergies: NKDA

**LABORATORY REPORT**

Lab	Normal	Admit
WBC	4,000 - 10,000 $\mu$ L	8.9
Hemoglobin	12.0 - 17.0 g/dL	12.0
Hematocrit (%)	36 - 51%	<b>52 H</b>
RBC	4.2 - 5.9 cells/L	4.6
Platelets	150,000 to 350,000 $\mu$ L	200,000
Calcium	9 - 10.5 mg/dL	9.0
Chloride	98 - 106 mEq/L	99
Magnesium	1.5 - 2.4 mEq/L	1.8
Phosphorus	3.0 - 4.5 mg/dL	4.0
Potassium	3.5 - 5.0 mEq/L	<b>3.4 L</b>
Sodium	136 - 145 mEq/L	<b>147 H</b>
Glucose, fasting	70 - 100 mg/dL	<b>155 H</b>
BUN	8 - 20 mg/dL	<b>43 H</b>
Creatinine	0.7- 1.3 mg/dL	<b>1.4 H</b>
CPK	30 - 170 U/L	55
LDH	60 - 100 U/L	68
AST	0 - 35 U/L	33
ALT	0 - 35 U/L	13
GGT	9-48 U/L	17
Thyroid Stimulating Hormone	0.5 - 5 mU/L	<b>7 H</b>

**4. What conclusions can the nurse make based on the lab report?**

1. The results are consistent with a cardiac event and kidney disease.
2. The results show liver disease and a neurological disorder.
3. The results are consistent with adrenal and thyroid disorders.
4. The results are consistent with an infection and anemia.

The radiology report for Lola's CT scan of the head reveals no abnormalities or bleeds. The 12-lead EKG is not different from a previous reading 1 year ago.

**5. THIN Thinking Time!**

Reflect on the information the nurse has gathered about Lola and apply **THIN Thinking** towards the nurse's actions.

T - \_\_\_\_\_

H - \_\_\_\_\_

I - \_\_\_\_\_

N - \_\_\_\_\_

**T** - Top 3  
**H** - Help Quick  
**I** - Identify Risk to Safety  
**N** - Nursing Process

Scan to access the  
10-Minute-Mentor  
on THIN Thinking.



[NurseThink.com/THINThinking](https://NurseThink.com/THINThinking)

**6. The nurse is concerned about Lola's memory loss and forgetfulness. What should the nurse ask to determine if a neurocognitive disorder is present?**

1. Do you find that you can't recognize close family members?
2. Do you have angry outbursts that come out of nowhere?
3. Do you feel like you need to depend on others for your care?
4. Do you find it harder to learn and remember new things?

The nurse gathers more information regarding Lola's medical history. Lola gives a list of her current medications.

**7. After reviewing the medication list which medication could be causing the dizziness and forgetfulness? Select all that apply.**

1. Alprazolam.
2. Duloxetine.
3. Quetiapine.
4. Trazodone.
5. Metformin.

**My Medications**

Alprazolam 1 mg twice a day as needed  
Duloxetine 60 mg daily  
Quetiapine 400 mg at bedtime  
Trazodone 150 mg twice a day  
Metformin 800 mg daily  
Metoprolol 50 mg daily  
Aldactone 100 mg daily  
Levothyroxine 100 mcg daily

**8. The nurse is concerned that some of Lola's physical symptoms could be causing the forgetfulness, and scattered feelings. What could be contributing to these feelings?**

1. Sleeping 6-8 hours per week.
2. Past suicidal ideation.
3. Constant worry.
4. Being alone.

9. The nurse assess Lola's mental status. Which assessment(s) best evaluate(s) memory and orientation? Select all that apply.

1. What is today's date?
2. What state are we in now?
3. Earlier, I told you 3 things, list them for me now.
4. Repeat the phrase: 'no ifs, ands, or buts'.
5. Please read this statement and do what it says.

The nurse completes this Mini-Mental Status Exam on Lola.

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MENTAL STATUS ASSESSMENT

Client Score	Maximum Score	Questions
5	5	"What is today's date?"
5	5	"What state are we in?"
3	3	"Repeat these words and remember them, I'll ask you again later; pen, tree, glasses."
1	5	"I would like you to spell P-U-R-S-E backward."
1	3	"Earlier I told you the names of three things. Can you tell me what those were?"
1	1	"Repeat the phrase: 'no ifs, ands, or buts.'"
1	1	"Please read this and do what it says." (Written instruction says "open your mouth.")
0	1	"Please copy this picture on a blank piece of paper." 
<b>17</b>	<b>24</b>	<b>Totals</b>

Score	Severity of Disease
19-24	No cognitive impairment
13-18	Mild cognitive impairment
0-12	Severe cognitive impairment

10. How would the nurse document Lola's perception of the mental status exam based on her presenting symptoms? Select all that apply.
1. Client endorses the presence of auditory hallucinations.
  2. Intact. Denies any auditory or visual hallucinations.
  3. Coherent, linear and goal-directed.
  4. No evidence of psychosis noted; the client does not appear to be responding to internal stimuli.
  5. No cognitive impairment.
  6. Mild cognitive impairment.
  7. Severe cognitive impairment.
11. Lola does not meet criteria for an inpatient physical or psychiatric admission and will be discharged to home with a follow-up visit with her medical and mental health care providers within the next week. Which discharge prescription should the nurse question?
1. Alprazolam 1 mg by mouth in the morning and 1 mg by mouth at bedtime for anxiety symptoms.
  2. Duloxetine 60 mg by mouth once per day for increased depressive symptoms and fibromyalgia.
  3. Trazodone 50 mg by mouth at bedtime. Can repeat dose within an hour if unable to sleep.
  4. Levothyroxine 150 mcg daily. Follow up with serum levels in 4 weeks.

The nurse receives a prescription for Lola to wean off of the alprazolam over the next month.

12. Why would the provider increase the levothyroxine dose?
1. Lola is showing signs of depression.
  2. Lola is showing signs of poorly controlled Cushing's disease.
  3. The change is supported by the lab findings.
  4. The medication decreases effectiveness when given with other medicines.

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**Nurse Think**

HEALTHCARE SYSTEM

Name: Lola Hamilton      Age: 72 years

Health Care Provider: Benjamin Demone, MD      Allergies: NKDA

Code Status: Full Code

DISCHARGE NOTE

<p>June 15 1800</p>	<p>Client evaluated by neurology and cardiology with no acute findings noted that could explain the change in mental status or frequent falls. CT of head negative. Lab work consistent with medical history. At this time, the client reports profound difficulty functioning and concentrating at work. Client endorses worsening anxiety, depression and forgetfulness. The client is scheduled to see her outpatient mental health care specialist within 2 days. It is recommended that client increase the frequency of sessions with her therapist due to increased stressors and somatic symptoms and referral to a neurologist. Additional follow up for hypothyroidism will be completed with a medical practitioner in 1 week.</p>
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**13. NurseThink® Prioritization Power!**



Evaluate the discharge note and determine the **Top 3 Priority** teaching needs for Lola.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Lola sees her outpatient mental health care provider who is worried about her memory issues. Lola is currently taking trazodone and duloxetine. She has not taken the quetiapine for 2 days and is only taking half the amount of alprazolam per her discharge instructions. She has an appointment scheduled with a neurologist for a complete work up the following week.

**14. The neurologist is concerned that Lola is developing dementia. Which assessment finding supports this diagnosis?**

1. Decreased appetite.
2. Feelings of guilt.
3. Sadness and depression.
4. Confabulation.

**15. It is important to ensure that Lola is not exhibiting symptoms of depression given her history. Which statement best differentiates between depression and dementia?**

1. Dementia develops slowly, while depression may be due to an underlying condition or a recent life change.
2. Attention is intact with both depression and dementia.
3. Clients with both depression and dementia will have a fluctuating or reduced consciousness.
4. Clients with depression will have times where things behaviors are worse in the evening.

**16. NurseThink® Prioritization Power!**



The nurse knows that when planning care for a client with a neurocognitive disorder that behaviors will slowly deteriorate. List the **Top 3 Priority** educational topics for the caregiver.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

As Lola returns to her medical provider for the 4-week follow-up visit, her labs are as follows.

 <span style="margin-left: 20px;">Name: Lola Hamilton</span> <span style="margin-left: 20px;">Age: 72 years</span> <span style="margin-left: 20px;">Health Care Provider: Benjamin Demone, MD</span> <span style="margin-left: 20px;">Allergies: NKDA</span> <span style="margin-left: 20px;">Code Status: Full Code</span>			
LABORATORY REPORT			
Lab	Normal	June 15	July 17
WBC	4,000 - 10,000 $\mu$ L	8.9	13.9 H
Hemoglobin	12.0 - 17.0 g/dL	12.0	10.0 L
Hematocrit (%)	36 - 51%	52 H	36
RBC	4.2 - 5.9 cells/L	4.6	3.8 L
Platelets	150,000 to 350,000 $\mu$ L	200,000	209,000
Calcium	9 - 10.5 mg/dL	9.0	9.3
Chloride	98 - 106 mEq/L	99	98
Magnesium	1.5 - 2.4 mEq/L	1.8	1.9
Phosphorus	3.0 - 4.5 mg/dL	4.0	4.2
Potassium	3.5 - 5.0 mEq/L	3.4 L	3.6
Sodium	136 - 145 mEq/L	147 H	146 H
Glucose, fasting	70 - 100 mg/dL	155 H	199 H
BUN	8 - 20 mg/dL	43 H	23 H
Creatinine	0.7- 1.3 mg/dL	1.4 H	1.6 H
CPK	30 - 170 U/L	55	67
LDH	60 - 100 U/L	68	88
AST	0 - 35 U/L	33	30
ALT	0 - 35 U/L	13	33
GGT	9-48 U/L	17	20
Thyroid Stimulating Hormone	0.5 - 5 mU/L	7 H	5
T3	80-180 ng/dl		155
T4	4.6-12 ug/dl		10

17. What assumptions can the nurse make about the lab report?
1. The hypothyroidism has resolved.
  2. Cushing's disease is better controlled.
  3. Lola's depression has improved.
  4. Lola's infection has resolved.
18. The nurse notes a decrease in the hemoglobin over the last month and considers possible causes. Which risk is most likely to be the cause?
1. A risk for gastrointestinal bleeding from Cushing's disease.
  2. A risk for bone marrow suppression from hypothyroidism.
  3. A risk for poor iron absorption from medications.
  4. A risk for poor nutrition from depression.
19. Based on this risk, what test should the nurse request?
1. Serum protein levels to determine nutritional status.
  2. Hemocult stool.
  3. Serum iron level.
  4. Bone marrow biopsy.
20. Lola tells the nurse, "It seems like my body is falling apart. Every time I go to the doctor, they find something new that is wrong with me. Sometimes I feel like I should give up." How should the nurse reply?
1. "I'm sure it's difficult for you having many health concerns."
  2. "Tell me what you mean by your statement "I should just give up?"
  3. "I have not ever heard you speak of your family, are they a part of your life?"
  4. "Yes, that is true; your illnesses often cause other illnesses."

