Student Name: Sydney Sharp **Unit:** Click or tap here to enter text. **Pt Initials:** Click or tap here to enter text. **Date:** 3/31/21

1. Disease Process & Brief Pathophysiology

A brain mass is an anatomic abnormality of any part of the brain. A brain mass may be due to trauma or any disease that can cause inflammation, malfunction, or destruction of brain cells or brain tissue. A mass may be localized to one part of the brain or may be widespread. Examples of brain masses include head injuries, tumors, vascular malformations, damage due to stroke, and damage due to inflammation resulting from infections or chronic disease.

2. Factors for the Development of the Disease/Acute Illness

Family history, Age (P), gender (P), smoking, alcohol consumption, genetic syndromes, exposure to solvents, pesticides, radiation, carcinogens, oil products, rubber, or vinyl chloride, home and work exposures, previous anticancer therapies.

3. Signs and Symptoms

Headache (P), seizures, nausea, vomiting from increased ICP, cognitive dysfunction, mood or personality changes, muscle weakness, sensory losses (P), aphasia, visual-spatial dysfunction. Ventricular enlargement may occur if lesion or mass obstructs the ventricles or occludes the outlet. Manifestations of increased ICP, cerebral edema, or obstruction of the CSF pathways may present as tumor expands.

4. Diagnostic Tests Pertinent or confirming of diagnosis

CT (P), CTA (P),MRI (P), PET, fMRI, SPECT, EEG, LP, Cerebral angiography, X-Ray, Computer-guided stereostatic biopsy, tissue biopsy, LFT, tumor markers, genetic markers,

5. Lab values that may be affected

CBC, LFT, CMP, UA

6. Current Treatment

Surgery: Craniotomy (Patient is awaiting this procedure), Burr holes, craniectomy, cranioplasty, shunt procedures, stereotactic procedure; radiation therapy, chemotherapy, active surveillance, supportive therapy.

7. Focused Nursing Diagnosis:

11. Nursing Interventions related to Nursing

12. Patient Teaching:

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Impaired visual perception

8. Related to (r/t):
Diminished vision in right eye

9. As evidenced by (aeb):
Decreased awareness on right side, patient scanning the room or visual field with his left eye.

10. Desired Patient Outcome:
Patient will have effective coping with vison impairment by discharge.

Diagnosis in #7:

1. Assess the patient's ability to see and perform activities.

Evidence Based Practice:
This provides a baseline for determination of changes affecting the patient's visual acuity.

2. Arrange the environment by keeping necessary objects, such as the call light, on the patient's unaffected side.

Evidence Based Practice:
This will facilitate performance of activities of daily living and promote independence.

3. Implement measures to assist patient to manage visual limitations such as reducing clutter, arranging furniture out of travel path; turning head to view objects; correcting for dim light.

Evidence Based Practice:
These measures reduce safety hazards related to changes in visual fields or loss of vision and accommodation to environmental light.

1. Teach the patient and family the importance of follow-up care and importance of attending follow-up appointments with health care provider.

2. Teach the patient the importance of using relaxation techniques to cope with visual impairment and decrease stress.

3. Teach the patient techniques for performing ADLs and self-care independently.

13. Discharge Planning/Community Resources:

1. Teach patient and family members about proper home safety, removing rugs and or clutter to limit tripping hazards; proper lighting in dim lit areas, especially at night.

2. Teach the patient and family the importance of follow-up care and importance of attending follow-up appointments with health care provider.

3. The patient may need a referral to an Ophthalmologist and or rehabilitation. Before the patient is discharged, social workers can help find care services and support to continue the patients long-term recovery.