N311 Care Plan #1

Lakeview College of Nursing

Student Name: Chloe Stalcup

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
	M.B	96	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Code Status	**Height**	**Weight**	

Medical History (5 Points)

Past Medical History:

Past Surgical History:

Family History:

Social History (tobacco/alcohol/drugs):

Admission Assessment

Chief Complaint (2 points): Left leg pain.

History of present Illness (10 points):

Origin: Leg pain started two weeks ago.

Location: Pain starts from patients left groin; moves down to left knee area.

Duration: The leg pain is acute and lasts for approximately one to two hours.

Characterized Symptoms: Sharp pain; moves down the leg to knee.

Associated Manifestations: N/A

Relieving Factors: Pain resides when patient stays off leg.

Treatment: N/A

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Cerebrovascular accident.

Secondary Diagnosis (if applicable):.

Pathophysiology of the Disease, APA format (20 points):

Pathophysiology of a Cerebrovascular Accident

A cerebrovascular accident (CVA), is the result of a lack of oxygen to the brain. This lack of oxygen is from a cerebrovascular disease that impairs blood flow to the brain, resulting in necrosis. Atherosclerosis is a common cause of a CVA and is a result of damage to the epithelium in blood vessels. This damage is a byproduct of hyperglycemia, hypertension, low-density lipoprotein cholesterol (LDL) build up and a variety of other reasons. These damaging conditions can cause an atherosclerotic plaque that reduces the flow of blood ultimately to the brain. Not only does this reduce blood flow; these blockages can rupture and release LDL into the blood vessels. This release of LDL causes stroke in the distal arteries of the brain (Tadi, 2020). On a cellular level, vessel blockage causes brain neurons to lose their oxygen, and allows accumulation of sodium and potassium ions outside of the cells. This results in Glutamine release. Glutamine then accumulates in the brain which causes calcium ions to enter the cells and leads to cell death. The changes in the brain can take a period of time to evolve or can appear immediately. Strokes that are apparent over time are known as a progressive stroke, and immediate strokes are known as complete strokes because the damage happens instantly (Swearingen, 2019).

General signs and symptoms of a cerebrovascular accident include muscle weakness specifically on one side of the body. This greatly relates to client M.B. and their diagnosis of impaired mobility due to muscle weakness on the left side. Other general signs and symptoms include numbness on one side of the body, impaired vision in either one or both eyes, speech impairment, and headache with unknown etiology. Besides these signs and symptoms the health care team can find evidence of stroke from many diagnostic tests. A computed tomography (CT)

scan is used to understand what type of stroke occurred; Magnetic resonance imaging (MRI)

scans are used to evaluate the structural damage and edema that may develop in the clients brain

(Swearingen, 2019). Other tools such as a Positron emission tomography, Evoked response test,

and an electrocardiogram can give the healthcare team insight on what plan to implement for the

patient.

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References

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Swearingen, P. L., & Wright, J. D. (2019). *All-in-One Nursing Care Planning Resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric-Mental Health* (5th ed.). St. Louis, MO: Elsevier.

Tadi, P. (2020, August 10). Acute Stroke (Cerebrovascular Accident). Retrieved September 18, 2020, from https://www.ncbi.nlm.nih.gov/books/NBK535369/

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Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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CBC <mark>Highlight All Abnormal Labs</mark>—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC				
Hgb				
Hct				
Platelets				
WBC				
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

Chemistry <mark>Highlight All Abnormal Labs</mark>—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-				
K+				
Cl-				
CO2				
Glucose				
BUN				
Creatinine				
Albumin				
Calcium				
Mag				
Phosphate				
Bilirubin				
Alk Phos				

Urinalysis <mark>Highlight All Abnormal Labs</mark>—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity				

pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

Cultures <mark>Highlight All Abnormal Labs</mark>—**Explanations must be in complete sentences and contain in-text citations in APA format.**

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic					
Dose					
Frequency					
Route					
Classification					
Mechanism of Action					
Reason Client Taking					
Contraindications (2)					
Side					

Effects/Adverse Reactions (2)					

Medications Reference (APA):

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.

CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.

GASTROINTESTINAL:
Diet at home:
Current Diet
Height:
Weight:
Auscultation Bowel sounds:
Last BM:
Palpation: Pain, Mass etc.:
Inspection:
    Distention:
    Incisions:
    Scars:
    Drains:
    Wounds:
Ostomy: Y ☐   N ☐
Nasogastric: Y ☐   N ☐
    Size:
Feeding tubes/PEG tube   Y ☐   N ☐
    Type:
	.

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐   N ☐
Dialysis: Y ☐   N ☐
Inspection of genitals:
Catheter: Y ☐   N ☐
    Type:
    Size:	

MUSCULOSKELETAL: **Neurovascular status:**	.

ROM: **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0930	70 BPM	103/60 mm Hg	26 per minute	96.4° F	97%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
N/A	N/A	N/A	N/A	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	Rational • Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation • How did the patient/ family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Acute pain in left leg related to unknown etiology as evidence by client subjective data.	The nursing diagnosis was chosen due to client's chief complaint.	1. Use acetaminophen with caution of dosage. 2. Use assistive device such as cane or walker when ambulating to reduce the pressure put on leg.	The client had alleviation of pain after orally receiving acetaminophen. Client also reported a reduction in pain by reducing pressure put on left leg.
2. Impaired physical	The nursing diagnosis was	1. Teach client to bear weight on left	The client responded well to modifications in

mobility related to muscle weakness in the client's right side as evidenced by data from the health care team.	chosen due to objective data from the health care team stating right side muscle weakness.	side when transferring, and ambulating. 2. Encourage/provide active and passive range of motion to client. This will help maintain muscle on affected side.	ambulation. Passive ROM exercise is implemented daily to help with muscle atrophy.

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). *All-in-One Nursing Care Planning Resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric-Mental Health* (5th ed.). St. Louis, MO: Elsevier.

Concept Map (20 Points):

Subjective Data

Origin: Leg pain started two weeks ago.
Location: Pain starts from patients left groin; moves down to left knee area.
Duration: The leg pain is acute and lasts for approximately one to two hours.
Characterized Symptoms: Sharp pain; moves down the leg to knee.
Relieving Factors: Pain resides when patient stays off leg.

Nursing Diagnosis/Outcomes

Nursing diagnosis/outcomes: Acute pain in left leg related to unknown etiology as evidence by client subjective data. Pain has reduced and become managed due to acetaminophen and assistive device.
Nursing diagnosis: Impaired physical mobility due to muscle weakness on left side. Patient is able to transfer and ambulate with assistive device. Client is also gaining strength in right side muscles with active and passive ROM exercises.

Objective Data

Patient has muscle weakness on right side due to history of a cerebrovascular accident.

Patient Information

Patient initials: M.B.
Patient gender: Female
Patient age: 96

Nursing Interventions

Nursing interventions used to help acute pain: Use acetaminophen when necessary with appropriate dosage. Patient should avoid putting to much pressure on left side by using assistive device such as a cane or walker.

Nursing interventions used for limited mobility on left side due to muscle weakness: Teach client to bear weight on left side when transferring, and ambulating. Encourage active and passive ROM to help muscle strength.