N311 Care Plan #

Lakeview College of Nursing

Name Chloe Stalcup

Demographics (5 points)

Date of Admission	Patient Initials R.G	Age 55	Gender 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): Confusion

History of present Illness (10 points): Symptoms of confusion started on Sunday (09/13/2020) when patient realized she was lost while driving on her normal route home from the store. At this time R.G. could not get home and called her friend for help. Nothing was noted to have helped with the confusion other than time passing. Patient believes Paris Community Hospital was the first place she has been treated for the confusion related illness. R.G. then reported a headache that has accompanied her confusion on Sunday. Patient had not noticed a headache before the confusion. The headache was rated a 3 on a 0-10 pain scale and has been constant since Sunday. Location of headache is in the occipital region of skull and has “throbbing” characteristics. Patient received Tylenol as ordered by physician to alleviate headache.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Transient ischemic attack. (TIA)

Secondary Diagnosis (if applicable):.

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

Pathophysiology of a Transient Ischemic Attack

A transient ischemic attack (TIA) is a temporary condition that usually resolves within a 24 hour period (Swearingen, 2019). Since a TIA is temporary and resolves itself, there is no permanent damage done to the brain. The lack of permanent damage and short time frame of a TIA makes it more commonly known as a mini stroke. This attack is caused by a lack of oxygen; the arteries supplying the brain aren't able to deliver enough oxygen. Ischemia causes this lack of oxygen which results in hypoxia in the cells of the brain tissue. This lack of oxygen can be caused from a variety of reasons including thrombosis which is a result of atherosclerosis to the arteries, or can involve circulatory failure which is caused from a malfunction/failure in the pumping of the heart (Swearingen, 2019). Atherosclerosis is plaque buildup in the epithelium of vessels due to a varying or reasons such as hyperglycemia, hyperlipidemia, and hypertension. Without this oxygen in the cells, tissues cannot make adenosine triphosphate (ATP) which results in a malfunction to the cells sodium potassium pump; an increase of glutamine (a neurotransmitter) that causes an increase of calcium and can destroy the cell membrane (Jauch, 2020). With transient ischemic attacks, blood flow returns before the cell membrane becomes destroyed and permanent damage results. (Swearingen, 2019) Often times TIA's can be a precursor or warning sign to larger and more damaging ischemic strokes.

Some signs and symptoms of a TIA can be confusion which was the chief complaint that client R.G. gave during the interview. Other factors include numbness/tingling of one part of the body, and even loss of motor control on one side. Since a TIA is a short lived attack theses symptoms subside within 24 hours after incidence. Some diagnostic tests are used to assess TIA such as a Magnetic resonance imaging test (MRI) that can be used to see swelling on the brain

and the site of where the attack occurred (Jauch, 2020). Other assessments can include a Coma scale, and The National Institutes of Health Stroke Scale (NIHSS). These assessments are used to determine the patients level of consciousness and whether or not the stroke was severe, moderate, or minor (Swearingen, 2019)

Pathophysiology References (2) (APA):

Edward C Jauch, M. (2020, June 22). Ischemic Stroke. Retrieved September 26, 2020, from https://emedicine.medscape.com/article/1916852-overview

Swearingen, P. L. (2019). *All-in-one care planning: Medical-surgical, pediatric, maternity, and psychiatric nursing care plans*. St. Louis, MO: Mosby/Elsevier.

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

CBC Highlight All Abnormal Labs—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 Highlight All Abnormal Labs—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 Highlight All Abnormal Labs—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 Highlight All Abnormal Labs—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:**	Patient seemed alert and oriented at time of assessment. Patient stated it was Tuesday and the month was September. Patient also stated that Donald Trump was the current president when asked. R.G. did not show any signs of distress without any facial/behavioral ques of being in pain. The overall appearance of R.G. was healthy.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patients head and neck appear symmetrical. Trachea is in line with neck. Both carotids have a good pulse. No lymph abnormalities upon palpation. No pain upon palpation of auricle, behind ear, or on tragus with both ears. Eyes were symmetrical and pupils were round and reactive to light. Nose is in line with face, septum is not deviated. Patient has all 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
1120	79 BPM	123/60 mm Hg	18 RR	96.7 ° F	95%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0740	0-10	Head/occipital region	3	Throbbing	Tylenol (per physicians orders)

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 confusion related to TIA as evidence by patients reported orientation	Nursing diagnosis was chosen due to client's chief complaint.	**1.** Ask patient to follow a three step task to have a baseline of patients attention and confusion. **2.** Relay information to patient in a simple manner of what is happening such as, "This is your Tylenol for your	The patient was able to complete a three step task of how to tie their shoes. Client was responsive to information given, and began anticipating the next daily routine such as lunch without any coaxing.

		headache", or "it is time for breakfast".	
2. Acute pain related to TIA as evidence by patient rating a 3 on a 0-10 scale.	The nursing diagnosis was chosen due to client's complaint of having a "headache".	**1.** Tylenol will be given to patient as ordered by physician. **2.**Maintain a relaxing environment for patient and plan nursing interventions to allow a full nights sleep.	Tylenol helped subside headache from a 6 on a scale of 0-10 to a 2. Allowing for a full nights rest helped avert headaches for the next day.

Other References (APA):

Swearingen, P. L. (2019). *All-in-one care planning: Medical-surgical, pediatric, maternity, and psychiatric nursing care plans*. St. Louis, MO: Mosby/Elsevier.

Concept Map (20 Points):

Subjective Data: Symptoms of confusion started on Sunday (09/13/2020) when patient realized she was lost while driving on her normal route home from the store. At this time R.G. could not get home and called her friend for help. Nothing was noted to have helped with the confusion other than time passing. Patient believes Paris Community Hospital was the first place she has been treated for the confusion related illness. R.G. then reported a headache that has accompanied her confusion on Sunday. Patient had not noticed a headache before the confusion. The headache was rated a 3 on a 0-10 pain scale and has been constant since Sunday. Location of headache is in the occipital region of skull and has "throbbing" characteristics. Patient has received Tylenol as ordered by physician.

Nursing Diagnosis/Outcomes

Nursing diagnosis: Acute confusion related to TIA as evidence by patients reported orientation
Nursing diagnosis: Acute pain related to TIA as evidence by patient rating a 3 on a 0-10 scale.

Outcomes: Patient is able to follow a three step task twice a day before discharge home. Patient is also able to report what time of the day it is and to anticipate each daily meal before discharge.
Outcomes: Patient pain will subside to a 1 on a 0-10 scale before discharge by getting an adequate night's sleep and by early interventions with Tylenol.

Objective Data

Patient has acute confusion due to a TIA.

Patient Information

Patient initials: R.G.
Patient age: 55
Patient gender: Female

Nursing Interventions

Ask patient to follow a three step task to have a baseline of patients attention and confusion.
Relay information to patient in a simple manner of what is happening such as, "This is your Tylenol for your headache", or "it is time for breakfast".
Tylenol will be given to patient as ordered by physician.
Maintain a relaxing environment for patient and plan