

N311 Care Plan #1

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 10/11/2020	Patient Initials T.R.	Age 60	Gender Female
Race/Ethnicity Caucasian	Occupation Housewife	Marital Status Married	Allergies -Augmentin (Diarrhea) -Bactrim (Hives) -Meperidine (Hives)
Code Status Full Code	Height 5'FT (152.4 cm)	Weight 174 lb. (79.2 Kg)	

Medical History (5 Points)

Past Medical History: Arthritis, COPD, Depression, Diabetes, GERD, Blood Transfusion, Hyperlipidemia (Treated), Hypercholesterolemia, Hypertension, Macular Degeneration

Past Surgical History: Appendectomy, Cardiac Catheterization, Gallbladder Surgery, Hysterectomy, Joint Replacement (Knee Surgery), Tonsillectomy, C Spine Surgery

Family History: Mothers side: Hypertension, **Fathers side:** Coronary Artery Disease (Neg Hx)

Social History (tobacco/alcohol/drugs): Pt reports use of tobacco, about half a pack of cigarettes everyday

Admission Assessment

Chief Complaint (2 points): Weakness

History of present Illness (10 points): Onset: On October 11th, a 60 y/o white, married, female was admitted to St. Anthony's Memorial Hospital for increasing weakness and worsening speech difficulties. Pt also stated she is experiencing nausea and some dry heaving leading to poor appetite. She states, "ever since my C spine surgery in 2019, eating makes me nervous because it feels like food is stuck in my throat." **Location:** Pt reports increasing left sided weakness and increased slurred speech. **Duration:** This is Pts 3rd admission in the last month. Pt reports, "over the last 3 weeks my weakness and speech has been worsening." Pt is in difficult situation as she

does not have insurance coverage for SNF rehab placement. Pt has been living in a motel with her husband because she cannot get into her home because of the stairs. Pt's husband reports, "at motel she has either been in her wheelchair or lying in bed." Pt has not been doing any PT/OT. She also reports bilateral hand pain and numbness that been chronic for 1 year. **Characteristics:** Pt is experiencing extreme pain, she reports, "the pain is all over my body." She had multiple complaints, but the main problem is the increasing weakness on the left side of her body and her slurred speech. **Aggravating factors:** Moving too much makes her pain worse. **Relieving Factors:** Pt states, "Nothing helps my pain except medication" **Treatment:** Use of pillows to support her body, taking Hydrocodone

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Impaired Physical Mobility

Secondary Diagnosis (if applicable): Pain, Chronic

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

A stroke is a brain injury caused by ischemia of brain tissue or a rupture of a cerebral blood vessel (Capriotti, 2015). This disruption in cerebral circulation triggers abrupt neurological affects that are permanent. There are two major types of strokes, ischemic, and transient ischemic attacks which are also known as mini strokes.

An ischemic stroke has three main causes, thrombosis, embolism, and systemic hypoperfusion (Swearingen, 2019). Thrombosis and embolism cause strokes because they are blood clots that block blood vessels going to the brain, so the brain is deprived of the oxygen it needs. Lack of oxygen causes the brain tissue die which is called necrosis. Systemic

hypoperfusion causes strokes as a result of decreased cerebral blood flowing due to circulatory failure (Swearingen, 2016).

Transient ischemic attacks are similar to ischemic, the only difference being that a TIA is temporary and resolves. TIA's used to be considered benign events but are now considered true medical emergencies that may signal an impending stroke. An estimated 20-25% of TIAs progress into ischemic strokes (Capriotti, 2015). Small vessels of the brain can also become blocked and cause areas of the brain to become ischemic, which is called lacunar infarcts. These extremely small blockages in the brain are associated with hypertension, smoking, and uncontrolled diabetes (Capriotti, 2015).

Some common signs and symptoms of stroke include neurological impairment, confusion, disorientation, inability to communicate, and memory impairment. Symptoms could also include trouble walking, paralysis, and numbness of the face, arm, or leg (Capriotti, 2015). Many symptoms of strokes only appear on one side of the body. This is because movement and sensation for one side of the body is controlled by the opposite side of the brain. Some common risk factors of strokes include being overweight, physical inactivity, binge drinking, and smoking.

Recovery from a stroke is different case by case. Some it can takes weeks, months, or even years to recover fully, and some Pts will never fully recover and must deal with lifelong disabilities. However there are some stroke rehabilitation treatments which include speech therapy, physical therapy, and occupational therapy to help stroke survivors improve their daily lives.

Pathophysiology References (2) (APA):

Capriotti, Theresa M. and Frizzel, Joan Parker, “Pathophysiology: Introductory Concepts and Clinical perspectives” (2015). *Faculty Bookshelf*. 75.

Swearingen, P. L. (2016). *All-in-one care planning resource: Medical-surgical, pediatric, maternity & psychiatric nursing care plans*. Philadelphia, PA: Elsevier/Mosby.

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	3.90-5.00x10 ⁶ /UL	3.90	3.56	Low RBS levels could be a result of my pts blood thinners.
Hgb	11.8-14.7 G/DL	12.5	11.3	Low HGB levels could be a result of anemia or blood thinners.
Hct	36.3-45.2%	40.0	36.1	
Platelets	145-358x10 ³ /UL	128	120	Low platelets could be a result of my Pts blood thinners.
WBC	4.6-9.1x10 ³ /UL	7.4	6.5	
Neutrophils	N/A			
Lymphocytes	10-20%	17.8	27.5	High lymphocytes could be a sign of infection in the body.
Monocytes	5%	8.5	9.1	High monocytes could be a sign of an infection in body.
Eosinophils	0.0-6.0%	1.1	4.3	
Bands	N/A			

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-	136-145 MMOL/L	145	142	
K+	3.5-5.1 MMOL/L	3.0	3.2	K+ levels could be abnormal due to diarrhea in Pt.
Cl-	98-107 MMOL/L	113	109	High levels of chloride may indicate dehydration.
CO2	21.0-32.0 MMOL/L	25.0	28.0	
Glucose	74-106 MG/DL	97	105	
BUN	7-18 MG/DL	7	7	
Creatinine	0.55-1.02 MG/DL	.61	0.65	
Albumin	3.4-5.0 G/DL	2.4	2.4	Low albumin levels may indicate an infection.
Calcium	8.5-10.1 MG/DL	7.8	8.8	
Mag	1.6-2.6 MG/DL	1.6	1.9	
Phosphate	N/A			
Bilirubin	0.2-1.0 MG/DL	0.6	0.6	
Alk Phos	N/A			

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	Yellow transparent	Yellow transparent	N/A	

pH	5.0-9.0	6.0	N/A	
Specific Gravity	1.003-1.030	1.027	N/A	
Glucose	normal	normal	N/A	
Protein	Negative	trace	N/A	Protein in urine can indicate a UTI.
Ketones	negative	negative	N/A	
WBC	0-5/ HPF	10-20	N/A	High WBC may indicate an UTI in the patient.
RBC	0-5/ HPF	10-20	N/A	High RBC may indicate an UTI in the patient.
Leukoesterase	negative	2+	N/A	May indicate a UTI in the patient.

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	N/A			
Blood Culture	N/A			
Sputum Culture	N/A			
Stool Culture	N/A			

Lab Correlations Reference (APA):

Albumin Blood Test: MedlinePlus Medical Test. (2020, July 30). Retrieved October 16, 2020, from <https://medlineplus.gov/lab-tests/albumin-blood-test/>

Chloride Blood Test: MedlinePlus Medical Test. (2020, July 30). Retrieved October 16, 2020, from <https://medlineplus.gov/lab-tests/chloride-blood-test/>

High White Blood Cell Count Results and Follow-Up. (n.d.). Retrieved October 16, 2020, from <https://my.clevelandclinic.org/health/diagnostics/17704-high-white-blood-cell-count/results-and-follow-up>

Jewell, T. (n.d.). 10 Important Blood Tests: What They Show, Why They're Done, More. Retrieved October 16, 2020, from <https://www.healthline.com/health/blood-tests>

Khaled Fareed, M. (2019, September 11). Urinalysis (Urine) Test: Types, Drugs, Alcohol, Results and Interpretation. Retrieved October 16, 2020, from <https://www.medicinenet.com/urinalysis/article.htm>

Leukocyte esterase urine test. (n.d.). Retrieved October 16, 2020, from <https://www.mountsinai.org/health-library/tests/leukocyte-esterase-urine-test>

Low blood potassium: MedlinePlus Medical Encyclopedia. (n.d.). Retrieved October 16, 2020, from <https://medlineplus.gov/ency/article/000479.htm>

Diagnostic Imaging

All Other Diagnostic Tests (10 points): N/A

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/Generic	Hydrocodone	Fenofibrate (Tricor)	Heparin	Celexa, Citalopram	Zyrtec
Dose	5-325 Mg Tablets	145 Mg	5,000 Units	40 Mg	10 Mg
Frequency	Every 4 hours as needed	Daily	Every 12 hours as needed	Daily	Daily
Route	Oral	Oral	Subcutaneous	oral	oral
Classification	opiate	fibrate	anticoagulant	antidepressant	antihistamine
Mechanism of Action	full opioid agonist that interacts with the mu-receptors and, with delta receptors in the body. Activated mu-opioid receptors lead to inhibition of pain reflexes and induce profound analgesia without affecting other sensory modalities such as touch	helps lower bad cholesterol and fats (such as LDL, triglycerides) and raise good cholesterol (HDL) in the blood. It works by increasing the natural substance enzyme that breaks down fats in the blood	Anticoagulants, acting by inhibition of the final common pathway of the coagulation cascade. The coagulation cascade's goal is to fluid blood into a clot, thus preventing bleeding	selective serotonin reuptake inhibitor (SSRI) with a chemical structure unrelated to that of other SSRIs or of tricyclic, tetracyclic, or other available antidepressant agents	principal effects are mediated via selective inhibition of peripheral H1 receptors
Reason Client Taking	For pain	Control cholesterol	Thin pts blood	Help with Pts depression	allergies
Contraindications (2)	severe respiratory depression, acute or significant bronchial asthma, gastrointestinal	patients who exhibit hypersensitivity to fenofibrate, patients with preexisting gallbladder disease	trauma, epidural half-life, hemorrhagic disorders, peptic ulcer disease	patients with a history of hypersensitivity to the drug, increase concentrations of thioridazine,	patients with a known hypersensitivity to the drug, or sensitivity to hydroxyzine

	al obstruction			inducing dangerous arrhythmias	
Side Effects/Adverse Reactions (2)	Dizziness, nausea	abdominal or stomach pain, nausea,	Easily bruising and bleeding, irritation	Sweating, dry mouth	Drowsiness, fatigue

Medications Reference (APA):

BROWN WV, et al. Effects of Fenofibrate on Plasma Lipids: Double-Blind, Multicenter Study In Patients with Type IIA or IIB Hyperlipidemia. *Arteriosclerosis* . 6, pp. 670-678, 1986.

Habibi M, Kim PY. Hydrocodone and Acetaminophen. [Updated 2020 Apr 30]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK538530/>

Solari F, Varacallo M. Low Molecular Weight Heparin (LMWH) [Updated 2020 Jul 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK525957/>

Sharbaf Shoar N, Fariba K, Padhy RK. Citalopram. [Updated 2020 Apr 13]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482222/>

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>No change in mental status Alert X4 No Distress Well Kept and Groomed</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Pink Dry/Normal Warm Normal Turgor 2+ Yeast Rash on genitals Bruising on right lumbar region due to insulin injections Bruising on inner arms No wounds Braden Score 14</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck symmetrical, normal cephalic Pts ears have small amount of wax Difficulty hearing, no hearing aids Eye symmetry, no deviation No dentures, teeth and gums healthy</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Normal S1, S2 heart sounds No murmurs, no gallops, no pacemaker Peripheral pulses 2+ symmetric Capillary refill less than 2 seconds Edema in feet and ankles</p>
<p>RESPIRATORY: Accessory muscle use: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Respirations were normal, a little shallow though Hard for Pt to talk loud</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM:</p>	<p>Low card diet, with easily swallowed foods 152.4 cm 174 lbs. Bowel sounds heard in all 4 quadrants 5/30 BM: One before 7am, had diarrhea No abnormalities found upon inspection of</p>

<p>Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>distention, incisions, scars, drains, and wounds</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	<p>Yellow Not cloudy, clear Voided x1 200 ml Catheter pure wick</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>ROM on left side impaired, Pt cannot even hold cup to drink with left hand Uses wheelchair Pts RT arm has limited strength but is better than left Legs very weak hard to move for pt Fall score 5 No mobility Needs assistance with equipment Needs support to stand or ambulate</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Alert No loss of consciousness Mental status- has depression Speech is slurred Strength very unequal, left side is very weak</p>

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):	Has friends and husband Mature Christian Husband cares for her in motel they stay at because she cannot walk up their home's steps
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Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11.00 am	70	126/56	19	98.1	100

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:00 am	Numeric 0/10	Everywhere, stomach(nausea)	10/10	Tender, joint pain, chronic	Hydrocodone every 4 hours as needed, pillows to support feet

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
300 mL water	Voided x1 200 mL
Breakfast Strawberries 50%	BM x1 had diarrhea

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

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired Mobility	Related to pts likely stroke and evidenced by: “the last 3 weeks my weakness and speech has been worsening.”	1. Check Pt every two hours and ask if they want to change position or adjustment of pillows 2. ROM exercises 2x in shift	Goal met pt was adjusted and pillows were repositioned and pt felt comfortable Goal partially met, pt did not want to participate due to her pain level
2. Pain, Chronic	Related to pts arthritis/and likely stroke and evidenced by: “my pain is a 10/10”	1. administer pain medication around the clock 2. massage 2x in shift for pts blood flow which will help with circulation and healing	Goal met pt felt much better after meds were given by nurse Goal met pts husband even rubbed her feet and she looked much less in distress

Other References (APA):

Concept Map (20 Points):

Subjective Data

Pt states pain is 10/10
Patient states ROM exercise is too much pain for her
Pt states she cannot move most of her left side
Pt states swallowing makes her nervous of choking
Pt states she is feeling very weak

Nursing Diagnosis/Outcomes

Impaired Mobility -Related to pts likely stroke and evidenced by: “the last 3 weeks my weakness and speech has been worsening.”
1.Check Pt every two hours and ask if they want to change position or adjustment of pillows
2.ROM exercises 2x in shift
Result: Goal met Pt was adjusted and pillows were repositioned, and Pt felt comfortable
Goal partially met; Pt did not want to participate due to her pain level
Pain, Chronic- Related to pts arthritis/and likely stroke and evidenced by: “my pain is a 10/10”
1. administer pain medication around the clock
2.massage 2x in shift for pts blood flow which will help with circulation and healing
Goal met Pt felt much better after meds were given by nurse
Goal met pts husband even rubbed her feet and she looked much less in distress

Objective Data

Vitals:
Bp: 126/56
P:70
RR: 19
Temp: 98.1
O2: 100%

Patient Information

Pt needs more testing to diagnosis her symptoms
Suspected stroke Pt experiencing left side numbness and slurred speech

Nursing Interventions

Administer pain medications around the clock as Pt needs ROM exercises
Change Pts position every two hours
Massage Pt for venous blood return for edema, and for circulation for faster healing



