

N311 Care Plan 3

Lakeview College of Nursing

Tuan Nguyen

**Demographics (5 points)**

<b>Date of Admission</b> 10/20/2020	<b>Patient Initials</b> E.R.C	<b>Age</b> 62	<b>Gender</b> Male
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Retired	<b>Marital Status</b> Single	<b>Allergies</b> Toradol
<b>Code Status</b> Full	<b>Height</b> 5'8"	<b>Weight</b> 257 lbs	

**Medical History (5 Points)**

**Past Medical History:** Pt has history of arthritis, diabetes mellites, hypertension, Parkinson's disease, and active skin cancer on head.

**Past Surgical History:** Pt has had joint replacement.

**Family History:** n/a

**Social History (tobacco/alcohol/drugs):** Pt was a social drinker. He stopped drinking about a year ago. Pt states that he doesn't use tobacco products.

**Admission Assessment**

**Chief Complaint (2 points):** Back pain

**History of present Illness (10 points):** Pt is a 62-year-old male with a history of Parkinson's disease, and arthritis was admitted onto floor on 10/20/2020 with back pain as his chief complaint from a recent fall. He stated that the onset of his pain started when he experienced a fall at 3 AM on 10/20/2020. The location of his acute pain is localized in his lower back. He verbalizes that his pain is ongoing all the time. The pain is described to be "sharp" at times when he tries to move, and a dull pain at rest. Pt rates pain a 4 out of 10 on a pain scale for his back. He states that movement makes the pain from his fall worse. His arthritis also aggravates the pain at times, and he feels numbness in his buttocks, thighs, and lower back most of the time. Sitting is preferable as it reduces the pain. Lidocaine patches are applied on the back, and

lidocaine cream is applied on the right ankle to help relieve the pain. He takes Tylenol to reduce the pain whenever it gets worse.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Parkinson's disease.

**Secondary Diagnosis (if applicable):** Recurrent falls.

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

#### Pathophysiology of Parkinson's Disease

Parkinson's disease is a chronic and degenerative neurological disorder that's characterized by manifestations such as bradykinesia, rigidity, and tremors (Capriotti, 2020). The manifestations are caused by the loss of dopamine-producing cells in the region of the basal ganglia in the midbrain, called the substantia nigra (Capriotti, 2020). Within a normal functioning brain, the body releases the neurotransmitters, Ach and dopamine. Ach fires the synapses that tells the body to move, while dopamine inhibits and stops these movements. These two coordinate together to start and stop the body's voluntary motor movement and are responsible for the precise movement of the body (Swearingen, 2019). Without the dopamine-producing cells in Parkinson's disease, there is an imbalance in numbers of ach and dopamine neurotransmitters leading to ach overpowering dopamine and resulting in the body to experience excessive uncoordinated movements without dopamine to stop these movements (Swearingen, 2019).

#### Signs and Symptoms

Due to the excessive firing and initiation of the signals within the brain without dopamine to stop and regulate these signals, the body often experiences uncoordinated, jerky, and

unintentional movements. Signs and symptoms can manifest as tremors, rigidity, bradykinesia, and instability in posture. Typical tremors appear as a unilateral motion in the hand that looks like someone is rolling a pill in the hand during a resting position (Capriotti, 2020). This is often described as a “pill-rolling” movement (Capriotti, 2020). This was seen in the patient that was admitted; he would experience a twitching back and forth movement in his right hand from time to time. When asked, he would reply and say that it’s because of his Parkinson’s disease.

Another identifiable sign of Parkinson’s disease is rigidity, and it’s characterized by tightness or stiffness in the extremities, neck and trunk of the patient (Capriotti, 2020). This is caused by the agonist and antagonist muscles in the limbs contracting at the same time leading to that stiffness in the extremities as the muscles associated with moving the said limb or extremity is simultaneously in a state of activating and not activating (Capriotti, 2020). This can also occur in the facial muscles and may make those with Parkinson’s to have an emotionless facial expression (Capriotti, 2020). The tightening of the facial muscles may even result in an “unblinking” stare where it seems like the patient may not even blink (Swearingen, 2019). This was evident on my patient as he would maintain a stoic and nonchanging expression that persisted the whole time he was there. Another distinctive sign of Parkinson’s disease is bradykinesia, which is the slowness in movement. Bradykinesia is characterized by slow movement in the extremities, which is apparent in the arms when a person is performing a swinging motion (Capriotti, 2020). As I was helping the patient do his ROM, he told me that the slow movements were because of Parkinson’s disease and that he couldn’t go any faster. The last distinctive sign of Parkinson’s disease is postural instability, which is characterized by short, stoop like-forward leaning posture that is present when people with the disease are trying to walk. This accompanied with a short rapid, shuffle-like gait, increases the chance for falls (Swearingen, 2019). This was a problem for

my patient as he had a slow, unsteady shuffle-like gait that put him at a high risk for falls. He also had trouble lifting his right foot to walk.

### Diagnosis

The provider may put in an order for a CT or MRI scan when someone is suspected to have Parkinson's disease; however, these imaging methods may not be effective enough to yield a successful diagnosis as they are not powerful enough to pick up the neurotransmitter activity (Capriotti, 2020). Instead, a provider may also recommend a positron emission tomography (PET) or even a single photon emission CT (SPECT) as these can pick up activity within the brain more successfully (Capriotti, 2020).

### Treatment

Treatment for Parkinson's disease aims to relieve the symptoms while helping the patient maintain mobility and independence (Capriotti, 2020). This can be done by putting patients through dopamine replacement, by giving levodopa and carbidopa to patients. Levodopa is the precursor dopamine that acts in place for dopamine, while the carbidopa helps inhibit metabolism of levodopa so that it can remain longer in the body to help regulate movement and imbalance (Capriotti, 2020). While medication such as anticholinergics may be used to help relieve symptoms of Parkinson's disease, exercise is recommended as it has been shown to improve independence, motor functions, ADLs and overall quality of life in Parkinson patients (Capriotti, 2020). During clinical, I implemented ROM exercises to my patient as it was a way to help retain some motor movement to his body. Ambulation also was implemented, which probably played a role in helping him not fall anymore. My patient stated that he hasn't fallen since he was admitted, so the implemented exercises may have played a part in preventing him from falling.

**Pathophysiology References (2) (APA):**

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and psychiatric-mental health* (5<sup>th</sup> ed.). Elsevier

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (2<sup>nd</sup> edition). F.A. Davis Company

**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
<b>RBC</b>	3.90-4.98	5.27	5.21	Pt drinks a lot of Pepsi (soda). Soda contains caffeine which has diuretic effects, thus making the pt more dehydrated. Dehydration causes concentration of RBC.
<b>Hgb</b>	12.0-15.5	12.8	12.8	
<b>Hct</b>	35-45	40.2	41.4	
<b>Platelets</b>	140-400	219	225	
<b>WBC</b>	4.0-9.0	6.8	7.9	
<b>Neutrophils</b>	40-70	5.04	*unable to obtain*	
<b>Lymphocytes</b>	10-20	0.87	*unable to obtain*	<b>**collected wrong lymphocyte value**</b>
<b>Monocytes</b>		0.53	*unable to obtain*	
<b>Eosinophils</b>		4.3	*unable to obtain*	
<b>Bands</b>				

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-	135-145	142	141	
K+	3.5-5.1	3.2	3.4	Pt is taking aspirin EC, which can decrease potassium levels.
Cl-	98-107	109	108	Pt has diabetes mellitus, which may prevent the kidneys from filtering effectively.
CO2	22-29	26.0	29.0	
Glucose	70-99	97	106	Pt is taking salicylates, which can increase glucose levels. Pt also has diabetes mellitus.
BUN	6-20	12	19	
Creatinine	0.50-1.00	1.01	1.16	Pt has history of diabetes mellitus and may developed diabetic nephropathy, which can increase creatinine levels.
Albumin	3.5-5.2	3.4	**unable to obtain**	Pt states may be experiencing malnutrition on before and during admission. Pt states "I can't care for myself"
Calcium	8.4-10.5	9.1	9.2	
Mag	**not provided**	**unable to obtain**	**unable to obtain**	
Phosphate	35-105	**unable to obtain**	**unable to obtain**	
Bilirubin	0.3-1.0	0.8	**unable to obtain**	
Alk Phos	30-120	77	**unable to obtain**	

**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	Clear and amber yellow	Light yellow	**unable to obtain**	
pH	4.6-8.0	5.5	**unable to obtain**	
Specific Gravity	1.005-1.030	1.025	**unable to obtain**	
Glucose	**unable to obtain**	4+	**unable to obtain**	Pt has diabetes mellitus, which can affect the glucose levels in the blood.
Protein	0-8 mg/dL	Trace	**unable to obtain**	Pt has history of hypertension and diabetes mellitus, which may affect renal function and filtration.
Ketones	None	1+	**unable to obtain**	Pt has diabetes mellitus, which can affect the ketone levels in the blood.
WBC	**unable to obtain**	0-5	**unable to obtain**	
RBC	**unable to obtain**	0-5	**unable to obtain**	
Leukoesterase	Negative	Negative	**unable to obtain**	

**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	Negative	Negative	**unable to obtain**	

<b>Blood Culture</b>	Negative	Negative	**unable to obtain**	
<b>Sputum Culture</b>	Negative	**unable to obtain**	**unable to obtain**	
<b>Stool Culture</b>	Negative	**unable to obtain**	**unable to obtain**	

**Lab Correlations Reference (APA):**

Pagana, K., Pagana, T., & Pagana, T. *Mosby's diagnostic and laboratory test reference.*

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):**

- 1) XR Hip BIL 2V + Pelvis – No signs of fracture or dislocation upon imaging. The bony elements are intact and appear normal.
- 2) Ultrasonic Vacuum Radiology (USV) Ankle-Brachial Index (ABI) Long Term Disability (LTD) Bilateral (BIL) – Imaging done on the right shows resting ABI is 1.47 which is greater than the normal value of 1.4. This indicates possible presence of calcific medial sclerosis.

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

**Medications (5 required)**

<b>Brand/ Generic</b>	Amantadine SYMMETR EL	Amlodipine NORVASC	Aspirin EC ECOTRIN	Atorvastatin LIPITOR	Enoxaparin LOVENOX
<b>Dose</b>	10 mg	10 mg	81 mg	10 mg	40 mg
<b>Frequency</b>	Q12h	Daily	Daily	Nightly at bedtime	Q24h

<b>Route</b>	Oral	Oral	Oral	Oral	Subcutaneous
<b>Classification</b>	Antidyskinetic	Antihypertensive	NSAID (nonopioid analgesic, antiplatelet)	Antihyperlipidemic	Anticoagulant
<b>Mechanism of Action</b>	Stimulates dopamine receptors or make postsynaptic receptors more sensitive to dopamine. This helps control alterations in involuntary muscle movements.	Binds to dihydropyridine and nondihydropyridine cell membranes receptor sites on myocardial and vascular smooth-muscle cells and inhibits influx of extracellular calcium ions across slow calcium channels. This relaxes vascular tissues and reduces blood pressure.	Prevents inflammation symptoms by blocking cyclooxygenase activity and prostaglandin synthesis	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown.	Prevents clotting factors by binding with antithrombin III.
<b>Reason Client Taking</b>	To manage symptoms of primary Parkinson's disease, postencephalitic Parkinsonism, arteriosclerotic Parkinsonism, and Parkinsonism caused by CNS injury from carbon monoxide	To control hypertension	To relieve mild to moderate pain from inflammation, as in rheumatoid arthritis and osteoarthritis	To control lipid levels.	To prevent DVT in pt due to restricted mobility.

	intoxication.				
<b>Contraindications (2)</b>	Angle-closure glaucoma; hypersensitivity to amantadine or its components	Hypersensitivity to amlodipine or its components; hypersensitivity to other dihydropyridine calcium channel blockers (webmd, 2020).	Active bleeding or coagulation disorders; hypersensitivity to aspirin.	Active hepatic disease; hypersensitivity to atorvastatin or its components.	Hypersensitivity to benzyl alcohol; active major bleeding.
<b>Side Effects/ Adverse Reactions (2)</b>	Agitation, Dysuria	Dizziness, Dyspnea	Confusion, Ecchymosis	Arrythmias, syncope	Dyspnea, Nausea

**Medications Reference (APA):**

Jones, D. W. (2020). *Nurse's drug handbook*. (A. Barlett, Ed.) (19th ed.). Jones & Bartlett Learning.

WebMD. *Amlodipine Oral: Uses, Side Effects, Interactions, Pictures, Warnings & Dosing*.

WebMD. <https://www.webmd.com/drugs/2/drug-5891/amlodipine-oral/details>

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	Pt was alert and oriented to time, place, person, situation (x4). Answered appropriately to all questions asked. Was in good mood and very cooperative. Showed no signs of distress. Hair was unkempt and gown was slightly dirty from breakfast.
<b>INTEGUMENTARY:</b>	Skin was pink, dry, and warm.

<p><b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>Skin turgor was less than 2 seconds.                  No rashes, or wounds.                  Bruise located at upper right quadrant of abdomen.                  Pinkish scar located on the right leg.                   Braden score of 16 (mild risk)</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>Head and neck are midline. Pt stated he may have potential skin cancer on his head and wants to “have the VA look at it”. Trachea is midline with visible up and down motion of thyroid from swallowing.                  Ears are pink and intact, no lesions or polyps.                  Eyes are responsive, equal, round. Patient’s eyes had trouble with accommodation and pupils were slow to constrict and dilate.                  Nose was midline, patency was clear, no polyps, and equal turbinates bilaterally.                  Pt’s oral mucosa was moist and pink. Teeth are intact but showed chipping on edges.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p>S1 and S2 sounds heard faintly.                  No S3, S4, gallops, bruits, or murmur heard.                  Rhythm was consistent and steady.                  Peripheral pulses were faint but detectable (x1).                  Capillary refill was less than 3 seconds.                  Feet were swollen bilaterally.                  No pitting edema.</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Respirations were within normal range of 18 breaths/min at time of assessment.                  Depth was slightly shallow.                  Breathing was unlabored.                  Lung sounds were clear.                   Pt had non-productive cough</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b></p>	<p>Ht: 5’8”                  Wt: 257 lbs                   Pt is on a general diet. Eats most if not all of his food.</p>

<p><b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>              <b>Incisions:</b>              <b>Scars:</b>              <b>Drains:</b>              <b>Wounds:</b>  <b>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>              <b>Size:</b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>              <b>Type:</b></p>	<p>Bowel sounds were active in all four quadrants.                  Last BM was 10/28/2020 in the morning.                  No tenderness, or mass found upon palpation.                  No scars, drains, wounds, incisions, or distentions found upon inspection.</p> <p>There were no ostomies, feeding tubes, or NG tubes in place.</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></b>              <b>Type:</b>              <b>Size:</b></p>	<p>Pt's urine was clear and yellow.                  Collected output during clinical was about 790 cc.                  No discomfort reported during void.                  Pt required assistance with urinal placement and had trouble holding in urine.</p> <p>Upon inspection of genitals, penis was retracted into scrotum and was not visible.</p> <p>No catheters or dialysis in place.</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib) <input type="checkbox"/></b>  <b>Needs assistance with equipment <input checked="" type="checkbox"/></b>  <b>Needs support to stand and walk <input checked="" type="checkbox"/></b></p>	<p>Pt has history of falls. Stated that he fell in the morning at 3 AM on 10/20/2020.                  Pt's ROM was limited upon passive ROM exercise in upper extremities bilaterally.                  Strength was equal in lower and upper extremities.</p> <p>Pt is a high fall risk.                  Fall score of 15.</p> <p>Pt states that he gets up and walks from his bed to chair x3 a day with assistance.                  Requires his walker, gait belt, and assistance from personnel for ambulation.</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>PERLA: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</b>  <b>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></b></p>	<p>Pt demonstrates equal strength in extremities, but ROM is limited. Movement is slow and jerky.                  Pt demonstrates adequate performance with six cardinal fields, but pupils had difficulty with accommodation and slow reactivity to light.</p>

<b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	Pt was alert and oriented x4. Answered all questions appropriately. Speech is clear and audible. No slurring or mumbling noted. Sensory is intact. No change in LOC.
<b>PSYCHOSOCIAL/CULTURAL:</b> <b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	Pt brought his laptop to watch YouTube videos during admission. Developmental level is appropriate and mature. Pt is a Catholic. Pt is alone in Illinois and has family back in West Virginia. Pt is single and has no children or pets. Pt states that he will head to a nursing home after his hospital stay.

#### Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1135	62	107/55	18	97 F	93%

#### Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1105	Numeric 0-10	Lower back Right ankle	4/10 5/10	Sharp Sharp	Applies lidocaine patch for back, and cream for ankle.

#### Intake and Output (2 points)

Intake (in mL)	Output (in mL)
940 cc PO	790 cc Void

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

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<p><b>Rational</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Intervention (2 per dx)</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p>1. Risk for falls related to Parkinson’s disease as evident by jerky movement, and limited ROM.</p>	<p>The pt has a history of Parkinson’s disease and recently had a fall on the 20<sup>th</sup> of October. His movements are jerky, and he has limited ROM which may affect his ability to ambulate.</p>	<p>1. Encourage range-of-motion and stretching exercises daily.</p> <p>2. Encourage males to keep a urinal at the bedside.</p>	<p>1. <b>Goal met:</b> Explained the importance of ROM exercises to pt and why they are important for his condition. Pt stated that he understood.</p> <p>2. <b>Goal met:</b> Explained and showed the pt why it was important to keep a urinal within reach to prevent him from walking on his own and potentially falling.</p>
<p>2. Risk for decreased mobility related to chronic Parkinson’s disease as evident by “I feel like my condition is getting worse”.</p>	<p>The pt has Parkinson’s disease, which is a progressive disease that gets worse over time decreasing the movement capabilities of the pt.</p>	<p>1. Encourage frequent movement and ambulation by postoperative patients. Provide assistance as indicated.</p> <p>2. Implement ROM exercises.</p>	<p>1. <b>Goal met:</b> Encouraged and explained to pt why movement was important for his condition. Pt stated that he understood and will be cooperative for ROM exercises. Assisted pt from chair to bed and from bed to chair with walker and gait belt.</p> <p>2. <b>Goal met:</b> Implemented passive ROM exercises to assist pt with movement and to stretch extremities.</p>

**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* (5<sup>th</sup> ed.). Elsevier

**Concept Map (20 Points):**

### Subjective Data

Patient says that he sits in his chair all day and watches YouTube videos to help him cope. He also stated that "I feel like my condition is getting worse", when asked about his condition. Patient also says that he gets up and ambulates from his chair to the bed and back x3 a day to help him stay physically active. There is active pain on the patient's right ankle, which may interfere with walking.

### Nursing Diagnosis/Outcomes

Risk for falls related to Parkinson's disease as evident by jerky movement, and limited ROM.

**Goal met:** Explained the importance of ROM exercises to pt and why they are important for his condition. Pt stated that he understood.

**Goal met:** Explained and showed the pt why it was important to keep a urinal within reach to prevent him from walking on his own and potentially falling.

Risk for decreased mobility related to chronic Parkinson's disease as evident by "I feel like my condition is getting worse".

**Goal met:** Encouraged and explained to pt why movement was important for his condition. Pt stated that he understood and will be cooperative for ROM exercises. Assisted pt from chair to bed and from bed to chair with walker and gait belt.

**Goal met:** Implemented passive ROM exercises to assist pt with movement and to stretch extremities.

### Objective Data

Patient is taking amlodipine, atorvastatin, and aspirin, which have adverse effects that puts patient at risk for falls, such as confusion, dizziness, and syncope.

Vitals

Pulse: 62  
BP: 107/55  
RR: 18  
SpO2: 93%  
Temp: 97 F

### Patient Information

Patient is a 62-year-old male with a history of arthritis and Parkinson's disease, was admitted for back pain related to a recent fall and arthritis.

### Nursing Interventions

Encourage range-of-motion and stretching exercises daily.  
Encourage males to keep a urinal at the bedside.  
Encourage frequent movement and ambulation by postoperative patients. Provide assistance as indicated.  
Implement ROM exercises.





