

N311 Care Plan 4

Lakeview College of Nursing

Happy Kalavadia

**Demographics (5 points)**

<b>Date of Admission</b> 11/11/2020	<b>Patient Initials</b> CN	<b>Age</b> 70	<b>Gender</b> Male
<b>Race/Ethnicity</b> White	<b>Occupation</b> Farmer	<b>Marital Status</b> Married	<b>Allergies</b> Penicillin ( Rash and Hives)
<b>Code Status</b> Full code	<b>Height</b> 5 ' 3''	<b>Weight</b> 193 lb	

**Medical History (5 Points)**

**Past Medical History: Parkinson's Disease, Type 2 diabetes, Chronic kidney disease , Hypothyroidism and benign prostatic hyperplasia.**

**Past Surgical History: None**

**Family History: Mother- Type 2 diabetes, Father- Hypothyroidism**

**Social History (tobacco/alcohol/drugs): No tobacco, alcohol and drugs**

**Admission Assessment**

**Chief Complaint (2 points): Acute pain in left eye and face, knee and shoulder.**

**History of present Illness (10 points): Patient was admitted at OSF emergency due to accident on highway while coming back from visiting his son. Patient was not driving the car but was sitting in the front car seat. Patient was conscious after the accident, but he was not alert and oriented. He had bleeding all over his left eye and left side of his face. Patient had ecchymosis of left orbit and facial abrasion of left cheek. He was immediately accessed for possible fracture of his face and other parts of the body. CT of head or brain was obtained as patient was mentally disoriented and not capable to follow commands. X ray of knee, shoulder and hip were obtained to reveal any possible fracture as patient presented with pain. Oral and maxillofacial surgeon was called immediately, and surgery of left orbit and zygomatic arch were done .Attending physician also diagnosed the patient**

with patella fracture, fracture of left ramus , fracture of left mandible, fracture of coronoid process and fracture of left shoulder. Patient was kept NPO after his surgery for few hours and started liquid diet after that. After surgery, patient was stable and answered very minimally. His wife was with him who was his decision maker. Patient's pain was on multiple locations. His pain was constant and sharp pain . On a scale of 10 , patient rated it to be 8. Patient was given Sinemet for Parkinson's disease ordered to hold diuretics and amitriptyline . The plan was to keep patient for 2 days to monitor her recovery and to check if her vital signs are normal before discharging him from the hospital.

### Primary Diagnosis

**Primary Diagnosis on Admission (3 points):** Closed fracture of left orbit and zygomatic arch.

**Secondary Diagnosis (if applicable):** Parkinson Disease and chronic kidney disease.

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

Patient had chronic Parkinson's disease for about 10 years of his life. According to Capriotti and Frizzell (2016), Parkinson disease is a neurodegenerative disease that affects neurons which are dopamine producing in the substantia nigra of the brain. The progression of the disease is different in every individual and the range of symptoms varies from mild to severe. The sign and symptom of the disease are particularly tremor at rest . It is also called pill rolling tremor in which the person the tip of his fingers as if rolling a pill in his hands. Person with Parkinson's disease also has bradykinesia which means slow walking . In addition, he has limb rigidity called cogwheel rigidity where the limbs of the person move like cogwheel. Person suffering from Parkinson disease have gait and balance

problems as well (Capriotti and Frizzell , 2016), The cause of the disease is genetic and environmental influences. In the brain there is an area substantia nigra which produces dopamine neurotransmitter which is responsible for pleasure and motor function ( Holland, 2019). Substantia nigra is within basal ganglia of the midbrain which modulates standing, walking and posture( Capriotti and Frizzell , 2016), There are two neurotransmitters acetylcholine and dopamine which are responsible for movement( Holland , 2019). When there is depletion of dopamine in Parkinson's disease there is imbalance in these two neurotransmitters and hence the motor function deteriorates. In Parkinson's disease, there is an accumulation of abnormal protein called alpha-synuclein found in structure called Lewy bodies( Capriotti and Frizzell , 2016), It is not very clear that how alpha-synuclein causes the disease, but it associated with neurodegenerative disease and cell death. There is not any specific diagnostic test to diagnose Parkinson's disease and usually treated symptomatically( Holland, 2019). There is no laboratory test, but recent data shows that a simple blood test can reveal abnormal accumulation of alpha-synuclein. Every year more than 60,000 Americans are diagnosed every year. In addition, approximately 1.5 million people in United States are suffering from Parkinson disease. Treatment of Parkinson disease is to relieve the symptoms of the patient. ( Capriotti and Frizzell , 2016), The cornerstone of the treatment is dopamine replacement therapy like levodopa which is the precursor of dopamine. In addition, monoamine oxidase B inhibitors such as rasagiline and selegiline provides symptomatic treatment in addition to levodopa( Holland, 2019).In addition, anticholinergic medications are used to treat tremor , rigidity and bradykinesia( Holland, 2019).

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

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company

Holland, K. (2019, March 01). *Parkinson's Disease: Stages, Symptoms, Treatment, and*

Retrieved November 14, 2020, from <https://www.healthline.com/health/parkinsons>

**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	4.0-4.9 $10^6/uL$	NA	3.56	Patient had an acute bleeding due to accident . The patient has internal GI bleed and hence his RBC is low (Capriotti and Frizzell, 2016).
Hgb	12.0-16.0 g/dL	NA	12.7	Within normal range.
Hct	37.0-48.0%	NA	37.9	Within normal range.
Platelets	150-400 $10^3/uL$	NA	118,000	Patient has acute bleeding and hence the platelet count is low. (Capriotti and Frizzell, 2016).
WBC	4.1-10.9 $10^3/uL$	NA	9.7	Within normal range.
Neutrophils	1.50-7.70 $10^3/uL$	NA	7.90	Patient has infection and hence the neutrophil count is high. (Capriotti and Frizzell, 2016).
Lymphocytes	1.00-4.90 $10^3/uL$	NA	5.6	Within normal range
Monocytes	0.00-0.80 $10^3/uL$	NA	0.3	Within normal range
Eosinophils	0.00-0.50 $10^3/uL$	NA	0.3	Within normal range
Bands				NA

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	NA	139	Within normal range
K+	3.5-5.1 mmol/L	NA	4.5	Withing normal range
Cl-	98-107 mmol/L	NA	106	Within normal range
CO2	21.0-32.0 mmol/L	NA	26	Within normal range
Glucose	60-99 mg/dL	NA	180	Patient had type 2 diabetics related to his family history and that is reason his glucose levels are high.(Capriotti and Frizzell, 2016).
BUN	5-20 mg/dL	NA	33	Patient had chronic kidney failure and hence BUN is elevated as kidney cannot excrete wastes due to failure.
Creatinine	0.5-1.5 mg/dL	NA	1.30	Within normal range
Albumin	3.4-5.4 g/dL	NA	4.0	Within normal range
Calcium	8.5-10.1 mg/dL	NA	9.1	Within normal range
Mag	1.6-2.6 mg/dL	NA	NA	NA
Phosphate	-	NA	NA	NA
Bilirubin	Less than 0.3	NA	0.2	Within normal range
Alk Phos	44-147 U/L	NA	46	Within normal range

**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	Light yellow	NA	NA	Patient was NPO and so no urine output was noted.
pH	5.0-7.0	NA	NA	
Specific Gravity	1.003-1.030	NA	NA	
Glucose	negative	NA	NA	
Protein	negative	NA	NA	
Ketones	negative	NA	NA	
WBC	0-25	NA	NA	
RBC	0-25	NA	NA	
Leukoesterase	negative	NA	NA	

**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	NA	NA	NA	NA
Blood Culture	NA	NA	NA	NA
Sputum Culture	NA	NA	NA	NA
Stool Culture	NA	NA	NA	NA

**Lab Correlations Reference (APA):**

**Capriotti, T., & Frizzell, J. P. (2016). Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company.**

**Diagnostic Imaging**

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

**X ray of knee in 4 views shows that partial fracture in lower third of the leg.**

**X ray shoulder complete shows no dislocation of the shoulder.**

**CT head or brain with no contrast shows slowed cognitive function with no concussion or trauma.**

**CT facial bones with no contrast shows fracture of the left zygomatic arch and left orbit.**

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

**Medications (5 required)**

<b>Brand/Generic</b>	<b>Aspirin</b>	<b>Atorvastatin</b>	<b>Tamsulosin</b>	<b>Pantoprazole</b>	<b>Amitriptyline</b>
<b>Dose</b>	<b>80 mg</b>	<b>80 mg</b>	<b>0.4 mg</b>	<b>40 mg</b>	<b>40 mg</b>
<b>Frequency</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>Route</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>
<b>Classification</b>	<b>NSAIDs / Antiplatelet</b>	<b>Statins</b>	<b>Alpha blockers</b>	<b>Proton pump inhibitors</b>	<b>Tricyclic antidepressants</b>
<b>Mechanism of Action</b>	<b>It blocks prostaglandin synthesis. It is classified in group of NSAIDs. These agents reduce signs and symptoms of inflammation and exhibits properties like antipyretic, analgesic and antiplatelet properties.</b>	<b>It is a competitive inhibitor of HMG CO A reductase which is enzyme responsible for the conversion of HMG COA to mevalonate in the cholesterol synthesis pathway.</b>	<b>It is alpha one adrenergic blocking actions which have its effects on bladder and kidney. It relaxes smooth muscle of the bladder neck and prostate gland.</b>	<b>It effectively blocks gastric acid by irreversibly binding to and inhibiting hydrogen potassium pump which resides on the luminal surface of the parietal membrane.</b>	<b>It inhibits membrane pump mechanism which blocks reuptake of neurotransmitters such as serotonin and dopamine. It also prevents the motor symptoms of Parkinson and the mechanism if it is not understood.</b>
<b>Reason Client Taking</b>	<b>Due to antiplatelet effects</b>	<b>It reduces LDL cholesterol and helps in reducing blood glucose</b>	<b>Patient had mild benign prostatic hyperplasia and hence taking the</b>	<b>Patient was having heartburn and hence he was taking this drug.</b>	<b>Patient had Parkinson disease since many years and that why he is taking this drug.</b>

			<b>drug .</b>		
<b>Contraindications (2)</b>	<b>GI bleeding Ulcer</b>	<b>Liver disease and Decrease in thyroid hormone</b>	<b>Hypotension Bladder cancer</b>	<b>Acute interstitial nephritis urticaria</b>	<b>Myocardial infarction Arrhythmias</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Urticaria Hives</b>	<b>Bleeding Rash</b>	<b>Dizziness Ejaculation problem</b>	<b>Headache Diarrhea</b>	<b>Dry mouth Constipation</b>

**Medications Reference (APA):**

**Jones & Bartless Learning. (2020). 2020 Nurse’s drug handbook (19th ed.). Burlington,**

**MA**

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL:</b> <b>Alertness: Not alert</b> <b>Orientation: Yes</b> <b>Distress: Mild distress</b> <b>Overall appearance:</b>	<b>Patient is not alert but oriented . Patient had mild distress after surgery.</b>  <b>Patient appears fatigued and tired from surgery. He is well-groomed and wants to rest and sleep.</b>
<b>INTEGUMENTARY:</b> <b>Skin color: Pale white</b> <b>Character: dry</b> <b>Temperature: warm</b> <b>Turgor: normal</b> <b>Rashes: none</b> <b>Bruises: On both forearm</b>	<b>Skin is dry and scaly and not pink. Skin is warm to touch . Skin turgor is normal. Skin is thin and there are some mild rash on stomach which is nonblanchable. Pale with ecchymosis on both forearms.</b>

<p><b>Wounds: On left cheek and zygomatic bone</b>  <b>Braden Score: 10</b>  <b>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Type:</b></p>	
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears: Pinna nontender, tympanic membrane white and pearly . External appearance of pinna is nontender with no deformities. Cerumen present in both ears.</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p><b>Head and neck symmetrical, trachea midline no deviation, thyroid palpable, no noted nodules. Bilateral carotid pulses palpable.</b></p> <ul style="list-style-type: none"> <li>• <b>Eyes bilateral sclera white, bilateral cornea foggy, conjunctive pink, slight drainage in left eye.</b></li> <li>• <b>Nose septum midline turbinate's moist and pink.</b></li> <li>• <b>Mouth pharynx moist and pink, dentition good teeth , mucosa pink and moist.</b></li> </ul>
<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: Palpable</b>  <b>Capillary refill:2 seconds</b>  <b>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Location of Edema:</b>  <b>Left foot</b></p>	<p><b>Clear S1 and S2 heard without gallops or rubs. Patient in normal sinus rhythm with PVC'S, Peripheral pulses palpable. Capillary refill less then 3sec. Edema noted in left foot. Point of maximal impulse palpable.</b></p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Breath Sounds: Location, character Regular . No wheezing , Ronchi and broanchophony</b></p>	<p><b>Respiration regular. Anterior and posterior lung sounds are normal with no wheezing or Ronchi. Chest wall symmetric with normal breathing pattern. No tenderness noted when palpating the chest.</b></p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home: Normal</b>  <b>Current Diet: Nothing by mouth</b>  <b>Height: 5' 11"</b>  <b>Weight: 193 lb</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM: Patient not able to tell.</b>  <b>Palpation: Pain, Mass etc.: no pain or tenderness when palpated.</b>  <b>Inspection:</b>  <b>Distention: NA</b>  <b>Incisions: NA</b>  <b>Scars: NA</b>  <b>Drains: NA</b>  <b>Wounds:NA</b></p>	<p><b>Abdomen is soft, symmetric and nontender without distension. Umbilicus is midline without herniation. Bowel sounds are present and normoactive in all four quadrants. No hepatomegaly or splenomegaly noted when palpated.</b></p>

<p><b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b> NA</p>	
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b>  <b>Size:</b></p>	<p>Patient was NPO since many hours. The patient did not have the urge to urinate and so was not able to see the color , character and quantity of the urine.</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b> Unstable  <b>ROM:</b> Unable to perform.  <b>Supportive devices:</b> yes, patient is high fall risk  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b> 9  <b>Activity/Mobility Status:</b> Patient unable to ambulate  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>Patient had surgery due to trauma at left orbit and zygomatic bone. Patient is high fall risk and unable to ambulate.</p> <p>Patient cannot perform ROM and ADL. Patient is not independent and cannot stand and walk as his mental status is disoriented and he was unaware of the surroundings.</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>PERLA:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no -  <b>Legs</b> <input checked="" type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b> Disoriented  <b>Mental Status:</b> Not alert to person, place and time.  <b>Speech:</b> Understandable  <b>Sensory:</b> Able to mild sensation  <b>LOC:</b> Not alert</p>	<p>Patient is disoriented but is aware of his surroundings. Patient is not alert but can hear and interpret communication. Patient is on amitriptyline and hence is sleepy , lethargic and low in energy most of the time.</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b></p>	<p>Patient had his wife who is his decision maker as patient is not capable. His wife is very supportive and caring and they are married for 30 years .</p>

<b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	
---	--

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

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>9:30 am</b>	<b>74/ min</b>	<b>150/64</b> <b>RA</b>	<b>18/min</b>	<b>98.6</b> <b>oral</b>	<b>96% air</b>

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

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>9:20 am</b>	<b>8/10( Obtained from patient records as patient is unable to communicate).</b>	<b>Left orbit and zygomatic arch</b>	<b>Severe</b>	<b>Patient is unable to speak but his pain is constant and dull type ( obtained from patient records).</b>	<b>Gave pain medicines like Morphine as needed.</b>

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>None as patient is NPO</b>	<b>20 ml urine ( measured from urinal cup)</b>

**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><b>1. Acute Pain related to trauma due to automobile accident as evidenced by fracture of left orbit and zygomatic arch.</b></p>	<p><b>Patient had severe automobile accident which resulted in severe pain in patient left orbit and zygomatic arch.</b></p>	<p><b>1.Pain medications like morphine was administered during and after surgery to help ease the patient's pain.</b></p> <p><b>2.To relieve the pain, ice pack was placed under patient's left orbit and zygomatic arch.</b></p>	<p><b>2. Patient's pain was controlled, and patient indicated that he did not need morphine and would like to choose other pain meds like ibuprofen.</b></p> <p><b>3. Patient liked the ice pack but indicated that he did not require more.</b></p> <p><b>Hence goals were met although there were some modifications in the treatment plan according to patient preference.</b></p>
<p><b>Impaired physical activity related to automobile accident as evidenced by pain in left hip and fracture of coracoid process.</b></p>	<p><b>Patient had automobile accident and hence had immobility due to dislocation of left hip and coracoid process.</b></p>	<p><b>1. To prevent pressure sores due to immobility side lying position was done and patient was very comfortable in it .</b></p> <p><b>2. To prevent DVT due to the patient's immobility ,</b></p>	<p><b>1. Patient appeared comfortable in side lying position compared to lying on his back.</b></p> <p><b>2. Patient wanted to wear knee sock to prevent pain and did not want to have pillows under his legs.</b></p> <p><b>Goals were met although the</b></p>

		pillow was placed under his legs with legs elevated.	<b>treatment plan was modified.</b>
--	--	--	-------------------------------------

**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. St. Louis, MO: Elsevier**

**Concept Map (20 Points):**

### Subjective Data

Patient is 70 years old with pain indicated by him in left orbit and zygomatic arch due to automobile accident. Pain also indicated the pain is in left hip and left lower leg.

### Nursing Diagnosis/Outcomes

Acute pain related to trauma due to automobile accident as evidenced by fracture of left orbit and zygomatic arch.

Give pain medication to control his pain.  
Control pain by giving him ice pack.

Impaired physical activity related to automobile accident as evidenced by pain in left hip and fracture of coracoid process.

Offer side lying position to prevent bed sores.  
Keep the legs elevated to prevent DVT.

### Objective Data

Patient appears in distress due to severe accident while he was in car. Patient's left cheek and zygomatic arch was red and bleeding slightly His left lower leg had ecchymosis and inflamed appearance.

### Patient Information

Patient is 70 years old who came on 11/12/2020 with a history of trauma due to severe automobile accident. He is full code with height of 5' 11" and 193 lb

### Nursing Interventions

Pain medications like morphine was administered during and after surgery to help ease the patient's pain.

To relieve the pain, ice pack was placed under patient's left orbit and zygomatic arch.

To prevent pressure sores due to immobility side lying position was done and patient was very comfortable in it .

To prevent DVT due to the patient's immobility , pillow was placed under his legs with legs elevated.



