# N321 Care Plan 1

Lakeview College of Nursing

Julianna Flores

## Demographics (3 points)

| **Date of Admission** 1/31/21 | **Patient Initials** PB | **Age** 80 yo (05/13/40) | **Gender** Male |
|---|---|---|---|
| **Race/Ethnicity** Caucasian | **Occupation** Retired- development engineer | **Marital Status** Single- Dating | **Allergies** NKA |
| **Code Status** Full | **Height** 5'9" (175.3 cm) | **Weight** 173 lb. (78.6 kg) | |

## Medical History (5 Points)

**Past Medical History:** Parkinson's disease, Hyperlipidemia, Hypertension, GERD, Dementia, Arthritis in knees (bilateral), Depression

Past Surgical History: Prostatectomy (70 yo), Bilateral knee arthroscopy (72 yo)

**Family History:** Daughter- (living) healthy, Brother- (Deceased)- T2DM, Maternal Mother- (Deceased) T2DM, Paternal Father- (Deceased) Cancer Client does not know which type.

**Social History (tobacco/alcohol/drugs):** Client stated: "I smoked 1-2 packs a day for 20 years, but I quit about 35 years ago". (pack years= 40) Client denies ETOH use.

**Assistive Devices:** Client uses an electric scooter to get around at his assisted living facility. He sometimes uses a walker to ambulate in the hospital but does not require one.

**Living Situation:** Client lives in an assisted-living facility.

**Education Level:** High-School graduate

## Admission Assessment

**Chief Complaint (2 points):** Fall, Hallucinations, Unable to obtain ADLs

**History of present Illness (10 points):** On January 31st, 2021, (Onset), a distraught but pleasant man presented to OSF Urbana by Ambulance. He had discoloration on the left side of his face as well as a large knot on the top of his head (Location). He stated that shortly before arriving at OSF, he was walking his dog when he tripped over the leash. He fell and hit his face on the side

of a building. The assisted living facility where he lives called for help and stated that he has been hallucinating lately and left his food in the microwave until it was completely black. He stated: “I had mild pain on the left side of my face and the top of my head (location). He stated: “The pain was on and off (duration), it was a throbbing pain, and about a 3/10 (Characteristics). He also reported that he had a headache and blurred vision (associated). He did not try anything to relieve his symptoms as he was brought right to the ED (relieving). He has a history of falls due to his Parkinson’s disease and dementia (treatment). He was admitted on 01/31/21.

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):**Failure to Thrive (Parkinson’s disease)

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

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

Parkinson’s disease is a slow and progressive neurodegenerative disorder that affects approximately 1.5 million people in the U.S (Capriotti, 2020). Parkinson’s disease typically is diagnosed between the ages of 50 and 60. It affects all genders and ethnic groups equally (Capriotti, 2020). The exact cause of Parkinson’s is unknown, but several factors have been identified as potential causes. These factors include a mutated protein called leucine-rick repeat kinase, the PARK genes, an accumulation of alpha-synuclein in the Lewy bodies in the brainstem, spinal cord, and cerebral cortex, and decreased dopamine in the basal ganglia (Kouli et al, 2018). The Risk factors for Parkinson’s disease include consuming caffeine, smoking, exposure to pesticides and heavy metals, and repeated head traumas (Kouli et al, 2018). The classic signs and symptoms of Parkinson’s disease occur due to decreased dopamine levels in the brain, they include slow movement, spasmodic muscle movements, a blank facial expression, a

shuffling gait, poor balance, and resting tremor (Capriotti, 2020). Parkinson's disease is diagnosed based on symptomology. The mnemonic TRAP is used which stands for Tremor at rest, Rigidity, Akinesia or bradykinesia, and Postural/gait instability (Capriotti, 2020). My patient exhibited these classic symptoms while sitting in his chair and ambulating the hall. Parkinson's treatment is aimed at relieving symptoms and restoring independence and mobility (Capriotti, 2020). The drugs commonly used to treat Parkinson's disease include levodopa, carbidopa, entacapone, and an anticholinergic agent such as Requip (Capriotti, 2020). My patient is currently taking all these medications to help decrease his symptoms and improve his quality of life. My patient fell on 01/31/202 and was admitted the same day. He was diagnosed with failure to thrive due to hallucinations, the risk for falls, and dementia that was preventing him from caring for himself. These issues commonly affect someone with Parkinson's disease because of their unsteady gait, poor balance, and dementia which makes it difficult to complete ADLs. The carbidopa-levodopa my patient is taking also lists hallucinations as an adverse effect.

**Pathophysiology Reference (2) (APA):**

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd e Kouli, A., Torsney, K. M., & Kuan, W.-L. (2018). Parkinson's disease: Etiology, neuropathology, and pathogenesis. Parkinson's Disease: Pathogenesis and Clinical Aspects, 3-26. https://doi.org/10.15586/codonpublications.parkinsonsdisease.2018.ch1 d.). F.A. Davis.

## Laboratory Data (15 points)

**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** | **4.4-5.80** | **4.79** | **4.88** | |
| **Hgb** | **13.0-16.5** | **14.3** | **14.7** | |
| **Hct** | **38-50** | **41.0** | **41.9** | |
| **Platelets** | **140-440** | **209** | **196** | |
| **WBC** | **4.00-12.00** | **5.90** | **6.10** | |
| **Neutrophils** | **40-60** | **74.1** | **69.7** | My patient has Parkinson's disease which triggers inflammatory chemokines, neutrophils respond to the inflammation which is why his level is increased (Ferrari & Tarelli, 2011). |
| **Lymphocytes** | **19-49** | **13.2** | **15.9** | My patient has Parkinson's disease which causes a decrease in lymphocytes (Dzamco,2020). |
| **Monocytes** | **3.0-13.0** | **8.3** | **9.8** | |
| **Eosinophils** | **0.0-8.0** | **3.2** | **3.2** | |
| **Bands** | **n/a** | | | **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-** | **134-144** | **141** | **140** | |
| **K+** | **3.5-5.1** | **3.6** | **3.6** | |
| **Cl-** | **98-107** | **108** | **108** | Elevated Chloride can occur with dehydration. My patient's urine also indicates dehydration (Pagana et al, 2019). |
| **CO2** | **21-31** | **25** | **24** | |

| | | | | |
|---|---|---|---|---|
| **Glucose** | **70-99** | **97** | **111** | My patient's glucose is elevated but there is no indication of diabetes in his EHR. T2DM is diagnosed with a fasting glucose of 126 or more (Capriotti, 2020). My patient does have a family history of T2DM so his glucose should be monitored. |
| **BUN** | **7-25** | **17** | **16** | |
| **Creatinine** | **0.50-1.20** | **0.75** | **0.74** | |
| **Albumin** | **3.5-5.7** | **n/a** | **n/a** | **n/a** |
| **Calcium** | **8.6-10.3** | **8.7** | **8.9** | |
| **Mag** | **1.6-2.6** | | | **n/a** |
| **Phosphate** | **n/a** | | | **n/a** |
| **Bilirubin** | **n/a** | | | **n/a** |
| **Alk Phos** | **n/a** | | | **n/a** |
| **AST** | **n/a** | | | **n/a** |
| **ALT** | **n/a** | | | |
| **Amylase** | **n/a** | | | **n/a** |
| **Lipase** | **n/a** | | | **n/a** |
| **Lactic Acid** | **n/a** | | | **n/a** |

**Other Tests 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 |
|---|---|---|---|---|
| **INR** | **n/a** | | | **n/a** |

| | | | | |
|---|---|---|---|---|
| **PT** | **n/a** | | | **n/a** |
| **PTT** | **n/a** | | | **n/a** |
| **D-Dimer** | **n/a** | | | **n/a** |
| **BNP** | **n/a** | | | **n/a** |
| **HDL** | **n/a** | | | **n/a** |
| **LDL** | **n/a** | | | **n/a** |
| **Cholesterol** | **n/a** | | | **n/a** |
| **Triglycerides** | **n/a** | | | **n/a** |
| **Hgb A1c** | **n/a** | | | **n/a** |
| **TSH** | **n/a** | | | **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 and clear** | **Yellow and hazy** | | Cloudy urine occurs with dehydration (Pagana et al, 2019). |
| **pH** | **5.0-7.0** | **5.0** | | |
| **Specific Gravity** | **1.003-1.005** | **1.035** | | An elevated Specific gravity indicates dehydration (Pagana et al, 2019). |
| **Glucose** | **Negative** | **Negative** | | |
| **Protein** | **Negative** | **1.0** | | Protein in urine indicates dehydration (Pagana et al, 2019). My patient does not have any labs or symptoms that indicate renal disease. |
| **Ketones** | **Negative** | **Negative** | | |
| **WBC** | **0-25** | **Negative** | | |
| **RBC** | **0-20** | **Negative** | | |
| **Leukoesterase** | **Negative** | **Negative** | | |

**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** | | | **n/a** |
| **Blood Culture** | **n/a** | | | **n/a** |
| **Sputum Culture** | **n/a** | | | **n/a** |
| **Stool Culture** | **n/a** | | | **n/a** |

**Lab Correlations Reference (1) (APA):**

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd e Kouli, A., Torsney, K. M., & Kuan, W.-L. (2018).

Dzamko, N. (2020). Investigating lymphocyte populations in patients with Parkinson's disease. Annals of Translational Medicine, 8(6), 276. Https://doi.org/10.21037/atm.2020.02.29

Ferrari, C. C., & Tarelli, R. (2011). Parkinson's Disease and Systemic Inflammation. Parkinson's Disease, 2011, 1-9. https://doi.org/10.4061/2011/436813

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). Mosby's diagnostic and laboratory test reference (Fourteenth edition. ed.). Elsevier.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** CT was done on 01/31 of head and brain. Impression: No acute intracranial abnormality. Moderate Chronic microvascular ischemia disease with probable scattered chronic lacunar infarcts.

EKG was done on 01/31, Impression: Sinus rhythm junction ST depression, probably normal.

**Diagnostic Test Correlation (5 points):**

Current guidelines recommend a CT scan for all patients over the age of 65 after a head trauma, especially if they present with a headache or neuro deficit (Pages et al, 2019). PB is an 80 yo male that presented to the ED after a fall. He had bruising on the left side of his face as well as a knot on the top of his head. He also appeared confused and disoriented. A CT was done, and the lesions that were observed were related to his Parkinson's disease.

**Diagnostic Test Reference (1) (APA):**

Pages, P.-J., Boncoeur-Martel, M.-P., Dalmay, F., Salle, H., Caire, F., Mounayer, C., & Rouchaud, A. (2020). Relevance of emergency head CT scan for fall in the elderly person. Journal of Neuroradiology, 47(1), 54-58. https://doi.org/10.1016/j.neurad.2019.03.004

**Current Medications (10 points, 1 point per completed med)**
***10 <u>different</u> medications must be completed***

**Home Medications (5 required)**

| **Brand/ Generic** | Aspirin/ acetylsalicylic acid | Aricept/ donepezil | Norco/ hydrocodone bitartrate | Prilosec/ omeprazole | Pravachol/ pravastatin sodium |
|---|---|---|---|---|---|
| **Dose** | 81 mg | 5 mg | 5-325 mg | 20 mg | 10 mg |
| **Frequency** | Daily | Daily-bedtime | Q6h PRN | Twice daily PRN | Daily |
| **Route** | Oral | Oral | Oral | Oral | Oral |
| **Classification** | NSAID, anti-inflammatory, Antiplatelet, antipyretic, nonopioid analgesic | Antidementia | Opioid analgesic | Antiulcer | Antilipemic |
| **Mechanism of Action** | Inhibits platelet aggregation by interfering with the production of thromboxane A2. | Improves cognition by raising acetylcholine level in the cerebral cortex. | Binds to and activates opioid receptors at sites in the periaqueductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to reduce pain. | Interferes with gastric acid excretion by inhibiting the hydrogen potassium adenosine triphosphatase enzyme system or proton pump in parietal cells. | Inhibits cholesterol synthesis in the liver by blocking the enzyme needed to convert hydroxymethylglutaryl-CoA to mevalonate. When cholesterol synthesis is blocked, the liver also increases the breakdown of LDL cholesterol. |
| **Reason Client Taking** | To prevent acute MI due to Hypertension and | To treat dementia. | To treat knee pain. | To treat symptomatic GERD. | To prevent cardiovascular and coronary events in patients at risk (hyperlipidemia). |

| | | | | | |
|---|---|---|---|---|---|
| | hyperlipidemia. | | | | |
| **Contraindications (2)** | GI bleed or ulcers, active bleeding, or coagulation disorders | Hypersensitivity to donepezil, piperidine derivatives, or their components. | Acute or severe bronchial asthma or hypercarbia, hypersensitivity to hydrocodone bitartrate or any of its components. | Current therapy with rilpivirine-containing products, hypersensitivity to omeprazole or other PPIs. | Acute hepatic disease or unexplained persistent elevated liver enzymes, hypersensitivity to pravastatin or its components. |
| **Side Effects/Adverse Reactions (2)** | GI bleeding thrombocytopenia | Abnormal gait. Abnormal ECG. Hypotension | CNS depression, Respiratory depression. | Bronchospasms, hyponatremia. | Pancreatitis, hepatitis |
| **Nursing Considerations (2)** | Do not crush timed-release tablets or controlled release aspirin tablets unless directed. Ask about tinnitus. This reaction occurs when blood aspirin level reaches or exceeds maximum dosage for therapeutic therapy. | Take safety precautions if patient is dizzy or has other adverse CNS reactions. Use donepezil cautiously in patients with bladder obstruction because drug's weak peripheral cholinergic effect could obstruct outflow. | Know that hydrocodone should not be given to patients with impaired consciousness, nor should the drug be administered on an as-needed basis. Use cautiously in elderly patients, as they are at increased risk for respiratory depression. | Give omeprazole before meals, preferably in the mornings. Monitor patient's urine output because omeprazole may cause acute interstitial nephritis. | Use pravastatin cautiously in patients with hepatic or renal impairment and in elderly patients. Monitor liver enzymes before pravastatin therapy starts and as indicated during therapy. |

**Hospital Medications (5 required)**

| **Brand/Generic** | Lexapro/ Escitalopram oxalate | Sinemet/ carbidopa-levodopa | Comtan/ entacapone | VESIcare/ solifenacin | Requip/ ropinirole |
|---|---|---|---|---|---|
| **Dose** | 20 mg | 50-200 mg | 200 mg | 10 mg | 2 mg |
| **Frequency** | Daily | Three times daily | Four times daily | Daily | Daily |
| **Route** | Oral | Oral | Oral | Oral | Oral |
| **Classification** | Antidepressant | Antiparkinsonian | Antidyskinetic | Antispasmodic | Antiparkinsonian |
| **Mechanism of Action** | Inhibits reuptake of serotonin by CNs neurons which increases the amount of serotonin available in nerve synapses. Elevated serotonin elevates mood, reduces anxiety and depression. | Carbidopa allows levodopa to cross the blood-brain barrier where it is converted to dopamine. Dopamine reduces movement in Parkinson's patients. | Inhibits peripheral catechol-O-methyltransferase, the major metabolizing enzyme for levodopa. Leads to higher blood levels of levodopa which replenishes dopamine store to reduce symptoms of Parkinson's disease. | Antagonizes the effect of acetylcholine, decreasing muscle spasms. | Inhibits firing of striatal cholinergic neurons, helping to control alterations in voluntary muscle movement. |
| **Reason Client Taking** | To treat depression. | To treat symptoms of Parkinson's disease. | As adjunct to carbidopa and levodopa to treat end-of-dose wearing off in patients with Parkinson's disease | To treat his resting tremor. | To treat s/s of Parkinson's disease |
| **Contraindications (2)** | Concomitant therapy with | Angle-closure glaucoma, | Hypersensitivity to entacapone or | Gastric retention, | Hypersensitivity to |

| | | | | | |
|---|---|---|---|---|---|
| | pimozide, hypersensitivity to escitalopram, citalopram, or its components. | malignant melanoma | its components. | angle-closure glaucoma, urine retention | ropinirole or its components. |
| **Side Effects/Adverse Reactions (2)** | Abnormal gait Dizziness. | Dizziness, hallucinations. | Orthostatic hypotension, hepatitis, rhabdomyolysis. | Hyperkalemia, angioedema | Bradycardia, gastric hemorrhage, ischemic hepatitis |
| **Nursing Considerations (2)** | Monitor for suicidal tendencies especially when therapy starts or dosage changes. Monitor for serotonin syndrome which causes agitation, chills, confusion, hyperactive reflexes, poor coordination, restlessness, and shaking. | Monitor for dizziness and drowsiness that might affect gait, balance, and functional activities. Monitor for hallucinations, memory deficits, and anxiety. | Help patients with activities as needed because drug may increase risk of orthostatic hypotension or syncope. Watch for worsening dyskinesia because entacapone potentiates dopaminergic adverse effects of levodopa. | Monitor elderly patients, especially those age 75 and over, for adverse reactions because they are at increased risk for solifenacin-induced adverse reactions. Monitor patients for signs of anticholinergic CNS adverse reactions. | Assess patient for excessive sedation periodically during therapy. When ropinirole is given as adjunct to levodopa, expect concurrent dosage of levodpa to be gradually decreased as tolerated. |

**Medications Reference (1) (APA):**

2020 Nurse's drug handbook (Nineteenth edition. ed.). (2020). Jones & Bartlett Learning.

## Assessment

**Physical Exam (18 points)**

| | |
|---|---|
| **GENERAL (1 point):**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | <br>Alert and oriented to person, place, and time.<br><br>No acute distress noted.<br>Well-groomed, looks his age. |
| **INTEGUMENTARY (2 points):**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds:** .<br>**Braden Score:**<br>**Drains present: Y☐ N ☒**<br>**Type:** | <br>Pink<br>Dry, normal<br>Warm<br>Normal, 2+<br>None<br>Large bruise on left side of face, small circular bruise on right upper arm and right thigh.<br>Cuts on Right thigh and right upper arm.<br>Braden score 21, deducted one for mobility and one for activity. Patient refused to ambulate several times but eventually did walk to both ends of the hallway. Patient is one assist. |
| **HEENT (1 point):**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:**<br>**Nose:**<br>**Teeth:** | <br>Head and neck symmetrical. Trachea is without deviation. No lymphadenopathy inspected or palpated. Thyroid is nonpalpable. Ears pink without drainage. Patient requires hearing aids but left them at home. Symmetrical EOMs. Sclera white. Conjunctiva pink, no drains or lesions noted. Patient uses glasses. Nose free of discharge. Patient has his own teeth, several missing teeth noted. Throat pink, moist, and without lesions. Tonsils 1+. |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:** | <br>Clear S1 and S2 heart sounds. No audible murmur, gallops, or rubs noted. Pulses 2+ throughout bilaterally. Capillary refill normal, less than 3 seconds. No edema inspected or palpated in extremities. |

| | |
|---|---|
| **Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☐ N ☒**<br>**Location of Edema:** | |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☐ N ☒**<br>**Breath Sounds: Location, character** | Breath sounds even, regular and nonlabored bilaterally. No crackles, wheezes, or rhonchi noted. |
| **GASTROINTESTINAL (2 points):**<br>**Diet at home:**<br>**Current Diet**<br>**Height:**<br>**Weight:**<br>**Auscultation Bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention:**<br>**Incisions:**<br>**Scars:**<br>**Drains:**<br>**Wounds:**<br>**Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☒**<br>**Type:** | Normal<br>Cardiac<br>5’9”<br>173 lb.<br>Normoactive<br>02/03/21- Morning<br>Abdomen is nontender to palpation in all four quadrants, no organomegaly noted. No drains noted. |
| **GENITOURINARY (2 Points):**<br>**Color:**<br>**Character:**<br>**Quantity of urine:**<br>**Pain with urination: Y ☐ N ☒**<br>**Dialysis: Y ☐ N ☒**<br>**Inspection of genitals:**<br>**Catheter: Y ☐ N ☒**<br>**Type:**<br>**Size:** | Patient voided while I was with another patient. When I asked him about his urine and GU system, he stated he is urinating normally. Patient reported his urine is dark yellow and clear. He reports no pain with urination. |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:**<br>**Strength:**<br>**ADL Assistance: Y☒ N ☐**<br>**Fall Risk: Y ☒ N☐**<br>**Fall Score:** | Normal ROM. Equal strength in upper and lower extremities. No weakness observed. Patient is one assist with a gait belt. Patient sometimes uses walker. Fall Score 40, 25 for previous falls and 15 for assistive devices (walker).<br><br>Ambulated in the hall, slight disturbance in |

| | |
|---|---|
| **Activity/Mobility Status:**<br>**Independent (up ad lib)** ☐<br>**Needs assistance with equipment** ☐<br>**Needs support to stand and walk** ☐ | balance and gait observed. |
| **NEUROLOGICAL (2 points):**<br>**MAEW: Y ☒ N☐**<br>**PERLA: Y ☒ N☐**<br>**Strength Equal: Y ☒ N ☐ if no -**<br>**Legs ☐ Arms ☐ Both ☐**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:**<br>**Sensory:**<br>**LOC:** | Oriented to person, place, time. Cognitive with normal speech. Normal sensory response in fingers and toes.<br>Patient has tremors in hands and legs related to Parkinson's disease. LOC- alert |
| **PSYCHOSOCIAL/CULTURAL (2 points):**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** | Patient reports watching Television and playing cards to relax. Normal developmental level. Does not practice.<br>Patient spends time with his daughter who lives in town and his girlfriend who also lives in town. |

**Vital Signs, 2 sets (5 points)**

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| 0715 | 73 Radial | 121/76 -LA, sitting | 18 | 98.0 Oral | 99% Room Air |
| Patient did not require vitals again until 1500. | | | | | |

**Pain Assessment, 2 sets (2 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| 0715 | Numerical | Head and face from fall. | 0/10 | n/a | n/a |
| Pt was not experiencing any pain. | | | | | |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV:** | 22-gauge |
| **Location of IV:** | LFA- saline lock, no active fluid running. |
| **Date on IV:** | 01/31/21 |
| **Patency of IV:** | IV flushed well, no s/s of infiltration. |
| **Signs of erythema, drainage, etc.:** | No erythema or drainage noted. |
| **IV dressing assessment:** | Dry, Clean, Intact |

**Intake and Output (2 points)**

| Intake (in mL) 340 mL | Output (in mL) |
|---|---|
| 100 mL cranberry juice<br><br>240 mL decaf coffee<br><br>2 blueberry pancakes- 100%<br><br>Denver omelet- 100%<br><br>Fruit cup- 100% | I did not see patient urinate during my shift.<br><br>Last BM was yesterday morning (02/03/21). |

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:** Safety due to Parkinson's was the goal for this patient today. Call light kept in place. Bed and chair alarms in place.

**Procedures/testing done:** Patient did not leave for any labs or tests today.

**Complaints/Issues:** Patient's only complaint was being ready to leave, no pain or issues stated.

**Vital signs (stable/unstable):** Vital signs WNL.

**Tolerating diet, activity, etc.:** Ambulated in the hall with 1 assist and gait belt. Helped patient order his breakfast which he ate 100% of. Nurse helped patient to the restroom once during my shift.

**Physician notifications:** n/a

**Future plans for patient:** Patient will require assistance with ADLs upon discharge.

**Discharge Planning (2 points)**

**Discharge location:** Illini Health has approved him for a bed at their facility. Awaiting discharge orders.

**Home health needs (if applicable):** 1 assist with gait belt. Nurse is on location at the facility he will be going to.

**Equipment needs (if applicable):** Electric Scooter and walker for mobility and to prevent falls.

**Follow up plan:** Follow up with primary physician regarding Parkinson's to assess difficulty with ADLs. Have patient also discuss elevated glucose so that it can continue to be monitored.

**Education needs:** Fall prevention (keep room free of clutter and cords, etc.)

**Nursing Diagnosis (15 points)**
***Must be NANDA approved nursing diagnosis and listed in order of priority***

| **Nursing Diagnosis**<br>• Include full nursing diagnosis with "related to" and "as evidenced by" components | **Rational**<br>• Explain why the nursing diagnosis was chosen | **Intervention (2 per dx)** | **Evaluation**<br>• How did the patient/family respond to the nurse's actions?<br>• Client response, status of goals and outcomes, modifications to plan. |
|---|---|---|---|
| 1. Risk for falls related to impaired balance and unsteady gait as evidenced by fall risk score of 40 and bruises on his face and body from previous fall. | Patient is high risk for falls due to his previous fall hx and unsteady gait which requires him to use assistive devices. | 1.Maintain an uncluttered environment with unobstructed hallways and keep the bed in its lowest position.<br><br>2.Do hourly rounding and keep the patient's call light within reach. Instruct patient to call for assistance with ambulation. | Goal met- Objects in room were kept out of patient's path. Hallway was free of unnecessary items.<br><br>Goal met- I checked on my patient every hour and ensured his call light was next to him each time that I left the room. I instructed the patient to call if he needed to use the restroom. |
| 2. Impaired physical mobility related to impaired balance, unsteady gait, tremors, and spasticity that occur with Parkinson's disease as evidenced by the need for assistance during toileting and | Patient is unable to ambulate as he pleases as he requires 1 assist with a gait belt to ambulate. | 1. Perform range of motion twice during shift.<br><br>2.Assist patient with ambulating in the hall at least twice a day. | Partially met- ROMs were performed at 1100. Patient had no pain or difficulty performing ROM.<br><br>Partially met- Patient refused to walk several times when asked but eventually agreed. I assisted him with ambulation at 1030. He walked to both ends of the hallway and was pleased to get up and moving. |

| | | | |
|---|---|---|---|
| ambulation. | | | |
| 3. Impaired memory related to Parkinson's and dementia as evidenced by patient burning his food and being unable to remember time following his fall. | Patient's impaired memory is preventing him from performing ADLs such as cooking for himself. | 1.Reorient patient to surroundings and frequently assess orientation to assess short-term memory.<br><br>2.Test cognition by asking him questions about his past to assess remote memory. | Goal partially met- I asked patient his name, where he was, and what month we are in. He answered all three questions correctly. I did not reorient patient to his surroundings since he has been in the same room for the past 4 days.<br><br>Goal met- I asked patient about his past such as when he quit smoking, PSH, PMH, year he graduated from HS, and family history. |

**Other References (APA):**

**Concept Map (20 Points):**

**Subjective Data**

Patient stated that he was walking his dog when he tripped over the leash and fell.

Patient stated he hit his face on the side of a building.

"I had pain on the left side of my face and on the top of my head". "The pain was on and off, throbbing, and a 3/10".

**Nursing Diagnosis/Outcomes**

Risk for falls related to impaired balance and unsteady gait as evidenced by fall risk score of 40 and bruises on his face and body from previous fall.
Outcome: Patient will not sustain fall during hospitalization.

Impaired physical mobility related to impaired balance, unsteady gait, tremors, and spasticity that occur with Parkinson's disease as evidenced by the need for assistance during toileting and ambulation.
Outcome: Patient is free from complications of immobility, as evidenced by intact skin, normal bowel sounds, and clear breath sounds.

Impaired memory related to Parkinson's and dementia as evidenced by patient burning his food and being unable to remember time following his fall.
Outcome: Patient will engage in cognitively stimulating activities.

**Objective Data**

Bruising on left side of face
Knot on top of head
Intake- 100% of breakfast, 340 mL fluid
Ht: 5'9"
Weight: 173 lb.
Neutrophilia
Lymphocytopenia

V/S: T- 98.0, BP-121/76, Pulse-73
RR-18, O2- 99%, Pain- 0/10

**Patient Information**

On 01/31, a distraught 80 yo male with a PMH of Parkinson's disease, hyperlipidemia, hypertension, GERD, dementia, arthritis, and depression presented to OSF Urbana following a fall.

**Nursing Interventions**

1.Maintain an uncluttered environment with unobstructed hallways and keep the bed in its lowest position.
.-Do hourly rounding and keep the patient's call light within reach. Instruct patient to call for assistance with mbulation.

. Perform range of motion twice during shift.
-Assist patient with ambulating in the hall at least twice a day.

3. Reorient patient to surroundings and frequently assess orientation to assess short-term memory.
-Test cognition by asking him questions about his past to ssess remote memory.