N321 Care Plan #

Lakeview College of Nursing

Tamara Tilley

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
1-28-2021	P.	90	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	retired insurance agent	widowed	bananas, lactose, Codein (mild rash), Penicillins (mild rash)
Code Status	**Height**	**Weight**	
DNR	4'5''	**105 lbs**	

Medical History (5 Points)

Past Medical History: hypothyroidism, coronary artery disease, heart failure, kidney disease

Past Surgical History: total right hip replacment (unknown date), masectomy of left breast (2004), Catatct sugery on left eye (2017)

Family History: Son-maligment tumor of left lung, chronic obstructive lung disease, heart disease

Social History (tobacco/alcohol/drugs): No

Assistive Devices: walker, glasses

Living Situation: Lives alone with no pets

Education Level: high school diploma

Admission Assessment

Chief Complaint (2 points): fall, back pain

History of present Illness (10 points):.Patient has been having a lot of fall spells lately, but has been able to maintin until now. Patient was disoriented when arrived. She expressed nonverble indicators of pain. Patient was hanging curtins up on a window while standing on the bed. She lost her balance and hit her head on the floor.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):.Altered mental status

Secondary Diagnosis (if applicable):.none

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

An altered state of mind is associated with Alzheimer's disease in this case. Alzheimers is the formation of “plaques” in the brain. These plaques are thought to make it difficult to remember things that the normal person would on a daily basis. This is thought to be a gradual development and most often seen in the older population.

When people have this disease, it makes daily life harder than normal. Things such as eating, bathing, and sleeping become harder to remember to do. Family members start to notice it as it begins for the most part, however it has to hit a certain level for it to become infeasible for the person to live alone.

As a person with altered state of mind, these types of things are happening. Remembering the normal daily tasks is harder and a balancing issue can begin to manifest. The equilibrium in the brain becomes offset. There is no cure for this. Age is the primary thought of the reasons for its development.

Pathophysiology References (2) (APA):

Cummings, J. (2021). Drug Development for Psychotropic, Cognitive-Enhancing, and Disease-Modifying Treatments for Alzheimer’s Disease. *The Journal of Neuropsychiatry and Clinical Neurosciences*, *33*(1), 3–13. https://ezproxy.lakeviewcol.edu:2097/10.1176/appi.neuropsych.20060152

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	4.40.5.80		3.95	Associated with kidney disease
Hgb	13-16.5		12.2	
Hct	38.0-50.0%		38.1	
Platelets	140-400		169	
WBC	4.0-12		6.0	
Neutrophils	40-60%		58.4%	
Lymphocytes	20-40%		27.6%	
Monocytes	0.2-1.0		7.7	infection
Eosinophils	1-4%		4.8	associated with kidney disease
Bands	0-4%		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-	133-144		142	
K+	3.5-5		3.2	Patient not eating or drinking the correct amount of fluids and food. This is associated with her malnutrition.
Cl-	98-107		111	Associated with dehydration issue and kidney failure
CO2	22-28		22	
Glucose	70-99		82	
BUN	7-25		23	
Creatinine	0.50-1.20		0.99	

Albumin	3.5-5.3		3.4	dehydration
Calcium	8.8-10.2		8.9	
Mag	1.6-2.6		1.9	
Phosphate	2.5-4.5		n/a	
Bilirubin	<0.5		0.6	
Alk Phos	39-104		123	Possible gallstone: more tests are being run
AST	13-39		31	
ALT	7-52		16	
Amylase	23-85		n/a	
Lipase	0-160		n/a	
Lactic Acid	0.5-1		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	0.8-1.2		n/a	
PT	10-14 sec		n/a	
PTT	30-45 sec		n/a	
D-Dimer	<0.5		n/a	
BNP	<100		n/a	
HDL	<200		n/a	
LDL	>60		n/a	

Cholesterol	<200		n/a	
Triglycerides	<140		n/a	
Hgb A1c	>6.5		n/a	
TSH	0.4-4.0		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 clear		
pH	5.0-9.0	7.0		
Specific Gravity	1.005-1.030	1.020		
Glucose	neg	neg		
Protein	neg	neg		
Ketones	neg	40		
WBC	neg	neg		
RBC	neg	trace intact		Possible renal injury causing the blood. Also has kidney failure.
Leukoesterase	neg	neg		

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 (APA):

Brunner & Suddarth's Textbook of Medical-Surgical Nursing (14th ed.). Philadelphia:

Wolters Kluwer. Ignatavicius, D.D., Workman, M.L., & Rebar, C.R. (2018).

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Diagnostic Test Correlation (5 points):

1-28-21

CT of head- No fractures or acute intercranial abnormalities

CT of cervical- No acute fractures

CT of chest- rib cage is notable and there are identified fracture of rib cage. (the 10th and 9th ribs on the left side) and mild sclerois that suggest old, healed rib fractures.

CT of abdomen- Cholelithiasis of gullbladder, cyst of left ovary, diverticulitis of the colon

EKG 12 Lead- left ventricle hypertrophy ans ST-T abnomallity

2-1-21

MRI of head- suggest cerebrovascular infarction

MRI of chest- suggest interval develpoment of nodule along plura surface of medial aspect of the right lower lobe. Renal insufficency prohibiting use of IV, CT, or MRI contrast

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2-2-21

US Echo- mildly dialated left atrium, mild aortic reguritation and aortic sclerolsis, aortic valve is mildly thickened

Ultrasound Carotid Artery with duplex dopler- indicated a stroke, occlusion and stenosis of carotid artery

Summary of tests:

The tests were all done in order to conferm the suspition of a stroke in the patient. The patient could not be injected with any type of contrast due to a possible life treating reaction. The CT scan is a test that allows the docotor to see indide of the body without cutting into the body. An EKG machine mesures electrical signals from ones heart to check for different heart conditions. An MRI scanners use strong magnetic fields, magnetic field gradients, and radio waves to generate images of the organs in the body. The US Echo is a machine that uses sound waves to create a picture of ones hear chambers, valves, walls, and blood vessels. A duplex/doppler ultra sound is used to measure blood flow from major veins and arteries.

Diagnostic Test Reference (APA):

Brunner & Suddarth's Textbook of Medical-Surgical Nursing (14th ed.). Philadelphia:

Wolters Kluwer. Ignatavicius, D.D., Workman, M.L., & Rebar, C.R. (2018).

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

Home Medications (5 required)

Brand/Generic	Aspirin	atrovastatin	levothyroxin	metoprolol	acetometohine
Dose	81 mg	5 mg	100 mg	100 mg	650mg
Frequency	daily	daily at bedtime	daily	daily	every 8 hours PRN
Route	oral	oral	oral	oral	oral
Classification	NSAID's	Antillipernics	thyroid hormone replacement	antihypersensitive	analgesics
Mechanism of Action	Thought to produce analgesia and exert its anti-inflammatory effect by inhibiting prostaglandin and other substances that synthesize pain	Inhibits HMG-CoA reductase, an early step in cholesterol biosynthesis.	Synthetic form of thyroxine that affects the growth tissue, energy expenditure, and the trniver of all substrates.	Unknown: selective beta-blocker that selectively blocks beta receptors, decreases cardiac output, peripheral resistance, and cardiac oxygen consumption	thought to produce analgesia by inhibiting prostaglandin and other substances that sensitize pain receptors. Drugs may relieve

	receptors. drug .			, and depresses renin secretion.	fever through central action in the hypothalamic regulating center.
Reason Client Taking	prevent iscemic stroke	reduce cholesterol	hypothyroidism	prevet MI	pain
Contraindications (2)	acute peptic ulcer disease caution with any type of leasons	patients with hepatic imparment heavy alcohol use	acute MI hypothyroidism if used continuously with diabetes	hypersensitive to beta-blockers avoid initiating high doses	hypersensitivity to drug sever hepatic imparment
Side Effects/Adverse Reactions (2)	rash dizziness	insomnia dyspepsia	tachycardia palaptations	bronchospasm edema	anxiety abdominal pain
Nursing Considerations (2)	Give on a regular schedule. Monitor patients for hypersensitive reactions.	Some dosage can contain polysorbate 80, which can delay hypersensitive reactions. Stop drugs if patient has renal failure.	Watch for angina ,coronary occlusion, or stroke. Can cause bone loss.	Check apical pulse before giving drugs. If it is slower than 60 BPM do not give monitor BP.	Be aware of all medications because many contain this drug in them. Avoid dosage errors leading to overdose or death.

Hospital Medications (5 required)

Brand/Generic	lorazepam	levenox	potassium chloride	hydralazine	**Nitrostat**
Dose	0.5 mg	30 mg	40 mEg	**10 mg**	**0.4 mg**
Frequency	once	every 24 hours	daily	very 8 hours PRN	**every 15 min PRN**
Route	IV push	Sub-q injection	oral	IV push	**oral**
Classification	Anxiolytics	anticoagulant	potassium replacement	antihypertensive	Vasodilator
Mechanism of Action	potentiates the effects of GABA, depresses the CNS, and surpresses the spread of seizure activity	synthedic form of thyroxin that affects the growth tissue, energy expenditure, and the turnover of all substartes	replaces potassium and maintains potassium level	direct acting peripheral vasodialator that relaxes arteriolar smooth muscle	reduces myocardial O2 demand by decreasing left ventricle end diastolic pressure and to lesser extent, systemic vascular resistance. Also increases blood flow through collateral coronary vessels
Reason Client Taking	short term anxiety relife	Get the patients THS leve to rise to acceptable levels	stabalize potassium level	lower blood pressure	prevent MI relieve chest tightness

Contraindications (2)	intra-arterial administration patients with glacoma	acute MI Use cautiously with diabetes	renal failure/ imparment use with cation with cadeac disease	controdicted in those with CAD or mitral valvular rheumatic heart disease may cause bloody dyscrasias	patient with early MI, severe anemia, or increased ICP. Use cautiously with patients with hypertension or volume depletion
Side Effects/Adverse Reactions (2)	hypotension agitation	tachycardia palapations	potassium phlebitis	neutropenia muscle cramps	abdominal pain orthostatic hypotension
Nursing Considerations (2)	Monitor hepatic, renal, ad hematopoietic function. Don't use alprazolam, clonazolam, or lovaza.	Watch for angina, coronary occlusion, or stroke. Can cause bone loss.	Monitor EKG and electrolytes. Monitor renal function.	Monitor BP, pulse, and weight. In HTN patients, the therapeutic response may be delayed several weeks.	Monitor BP. Wipe of nitroglycerin paste or remove patch before defibrillation to avoid patient burns.

Medications Reference (APA):

Alcaraz, Q. J., Molina, Á., Laguna, J., Rodríguez, G. M., Gutiérrez, G., Luis Bedini, J., & Merino, A. (2021). Peripheral blood morphology review and diagnostic proficiency evaluation by a new Spanish EQAS during the period 2011□2019. *International Journal of Laboratory Hematology*, *43*(1), 44–51. https://ezproxy.lakeviewcol.edu:2097/10.1111/ijlh.13319

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** Alert to person **Orientation:** confused **Distress:** no acute distress **Overall appearance:** clean	
INTEGUMENTARY (2 points): **Skin color:**white **Character:**dry **Temperature:**warm to the touch **Turgor:**5 seconds **Rashes:**none **Bruises:** present on the right forearm in a scattered pattern. present on the lower legs on both sides scattered **Wounds:** .none open **Braden Score: 20** **Drains present: Y☐ N X** **Type:**	

HEENT (1 point): **Head/Neck:** head and neck symmetrical **Ears:** pink and moist with no lesions **Eyes:** scelera is white and pupls are reactive to light **Nose:** nose is midline and appears to have no deviation **Teeth:** no top teeth present and bottom teeth apear yellow and damaged. No dentures.	.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** S1 and S2 are present but weak **Peripheral Pulses:** present but weak bilaterally on arms and legs **Capillary refill:** more than 3 seconds **Neck Vein Distention: Y ☐ N X** **Edema Y ☐ N X** **Location of Edema:**	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character** Lungs sound clear with no cracks, weezes, or ronhi billaterally	.
GASTROINTESTINAL (2 points): **Diet at home:** regular **Current Diet:** regular **Height:** 4’7’’ **Weight:** 98 **Auscultation Bowel sounds:** hypoactive in all four quads **Last BM:** yesterday **Palpation: Pain, Mass etc.:** no pain **Inspection:** **Distention:** scaphoid **Incisions: n/a** **Scars: n/a** **Drains:** no **Wounds:** no **Ostomy: Y ☐ N X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X**	.

Type:	
GENITOURINARY (2 Points): **Color:** dark yellow **Character:** clear **Quantity of urine:** minimal to none **Pain with urination: Y ☐ N X** **Dialysis: Y ☐ N X** **Inspection of genitals:** **Catheter: Y ☐ N X** **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** patient has a normal ROM **Supportive devices:** walker and glasses **Strength:** equal billaterally for arms, legs, feet, and hands **ADL Assistance: Y☐ N X** **Fall Risk: Y X N☐** **Fall Score: 15.0** **Activity/Mobility Status:** Active with the use of a walker **Independent (up ad lib) :**one assit☐ **Needs assistance with equipment: no☐** **Needs support to stand and walk:** yes	.
NEUROLOGICAL (2 points): **MAEW: Y X N☐** **PERLA: Y X N☐** **Strength Equal: Y X N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** impared **Mental Status:** impared **Speech:** clear **Sensory:** impared **LOC:** no	.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):** Patient has a strong relationship with her	.

son. He lives down the street from her. Husband passes away many years ago but she feels okay with her relationship with all of her children (5).	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:00 am	61	145/51	16	98.8	98
1:00 pm.	66	149/59	18	97.8	99

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:00 am	1-10	unable to verbalize	6	pointing to head	given tylonol
1:00pm	1-10	n/a	0	n/a	n/a

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	IV was removed and discontinued

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240	100

Nursing Care

Summary of Care (2 points)

Overview of care: Needs help caring for self due to falls and memory problems

Procedures/testing done: Blood drawn, CT scam, MRI, EKG, US Echo, and Ultrasound dopler

Complaints/Issues: Patient is confused about current events.

Vital signs (stable/unstable):stable

Tolerating diet, activity, etc.:normal diet, 1-assist with ambulation

Physician notifications: follow up appointment in a month

Future plans for patient: Nursing facility care or assisted living facility

Discharge Planning (2 points)

Discharge location:unknown at this time (possibly Paxton nursing facility)

Home health needs (if applicable):n/a

Equipment needs (if applicable):walker

Follow up plan:follow up appointment with physician in a month

Education needs:continuous education on no ambulating withoug help. continues orientaion to place and reason for hospitalization.

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

Nursing Diagnosis	Rational	Intervention (2 per	Evaluation

● Include full nursing diagnosis with "related to" and "as evidenced by" components	● Explain why the nursing diagnosis was chosen	**dx)**	● How did the patient/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Risk for frail elderly syndrome related to altered mental status as evidenced by malnutrition	I chose this becuase she is malnutrirtioned and the nursing diagnoses of frail ederly syndrom is a fit to this	**1.** provide nutritional education **2.** suggest a nutrtitional replacement drink (boost)	Patent seemed acceptable to the idea and voiced that she enjoys the taste of boost.
2. Risk for elecrolyte imbalnace related to malnutrition as evidenced by potassium levels	Patient has a potassium deficency and this is a vital electrolyte	**1.** Provide potassium supplement **2.** monitor patient on EKG for possible dysrythmia	Patient was willing and able to take the medication needed and agreed to have the EKG attached to monitor cardiac rhythm.
3. Risk for activity intollerance related to recent fall as evidenced by unsteady gait	Patient is not able to ambulate well unassisted	**1.**A walker has been implemented to patient **2**.Fall precations are being utilized (camera in room to constantly monitor patients activites)	Patient needs continuous education on the need to use the walker in order to ambulate and also to not ambulate without help. She was understanding of the need for the assistive device, however did not like the precautions put in place for her safety

Other References (APA):

Ackley, B. J., & Ladwig, G. B. (2014). ***Nursing diagnosis handbook: an evidence-based guide to planning care.***

Tenth edition. Maryland Heights, Missouri: Mosby Elsevier

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes

Nursing Interventions

Patient Information

Objective Data

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Subjective Data:

lives in Watska and son lives down the street

States she doesn't know what happened but she fell hanging curtains.

Knows she should not be doing things like this alone.

Objective Data:

BP 149/59

Pulse 66

respiration rate at 18

Temperature 97.8

Oxygen saturation 99

Low RBC count

Low potassium

Low chloride

RBC in urine

Low TSH levels

Disorientated

Patient information:

90 years old widower

DNR code status

Allergic to bananas, lactose, codeine, isosorbide, keflex, and penicillins

Lives alone

Has hypothyroidism, coronary artery disease, and heart failure

Nursing Diagnoses:

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Risk for frail elderly syndrome related to altered mental status as evidenced by malnutrition
--Patent seemed acceptable to the idea and voiced that she enjoys the taste of boost.

Risk for electrolyte imbalance related to malnutrition as evidenced by potassium levels
--Patient was willing and able to take the medication needed and agreed to have the EKG attached to monitor cardiac rhythm.

Risk for activity intolerance related to recent fall as evidenced by unsteady gait
--Patient needs continuous education on the need to use the walker in order to ambulate and also to not ambulate without help. She was understanding of the need for the assistive device, however did not like the precautions put in place for her safety

Nursing interventions:

A walker has been implemented to patient

Fall precautions are being utilized (camera in room to constantly monitor patients activities)

Provide potassium supplement

monitor patient on EKG for possible dysrhythmia

provide nutritional education

suggest a nutritional replacement drink (boost)

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