N321 Care Plan # 1

Lakeview College of Nursing

Name Christine Nlandu

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
01/27/2021	MP	85	M
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian/white	Retired	S	NKA
Code Status	**Height**	**Weight**	
No CPR	5'8"	152lb	

Medical History (5 Points)

Past Medical History: Diabetes mellitus, dyslipidemia, full denture, hypertension, macular-degeneration, PAD, SOB on exertion, CVA, AAA status post repair, CAD, GI bleeding, antiplatelet long-term use, and bilateral hernia.

Past Surgical History: Vascular procedure: carotid endarterectomy (left), lap, inguinal hernia repair, initial cataract removal (bilateral), Abdominal aorta repair, 3/15 2018, and upper gastrointestinal endoscopy, 8/29/ 2020.

Family History: Not family history noted in his medical chart. The patient report that father and mother passed away from aging. He has children and grandchildren.

Social History (tobacco/alcohol/drugs): The patient quit smoking about 22 years ago. His is smokeless tabaco use including chew. He reports current alcohol use two glass per week and does not use drugs.

Assistive Devices: Patient does not use assistive devices.

Living Situation: Patient lives home with his daughter who works full time and does not stay home most of the time.

Education Level: High school diploma graduated.

Admission Assessment

Chief Complaint (2 points):Brief episode of aphasia

History of present Illness (10 points): (onset) On January 27th, 2021 a 85 years old a white single man was admitted to the emergency department for brief episode of aphasia. (Location) brain. (Duration) the patient's daughter reported that the episode last about two hours. (characteristic) The daughter said: "the patient had trouble talking, confused and could not put his own pant on". (Association) patient became weak. (Treatment) A duplex or carotid ultrasound test was done, and the patient is under statin treatment and appears back to base line.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):Transient ischemic attack

Secondary Diagnosis (if applicable):Elevated troponins and (CKD) Chronic kidney disease stage 3

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

Transient ischemic attack (TIA) is also called mini stroke. TIA is a disturbance of cerebral blood follow associates with neurological shortage, which is reversible and last less than 24 hours. A blood clot is the most common cause of TIA. The clot forms when blood vessels are injured by high blood pressure, atherosclerosis, or cholesterol. In DVT clot can also move from the calf to the brain, which blocks the vessels and brain cells do not get blood supply. When blood flow is interrupted or decreased in a specific part of the brain, results in damage of cells within seconds. When a clot is dissolved by the body itself; blood flow returns to normal, and symptoms go away. In TIA, there is not constant neurological damage. However, TIA is a warning for an upcoming stroke (Capriotti, 2020).

In other words, TIA is an unexpected neurological deficit, characterized by loss of motor, visual, and sensory function last about 24 hours or less. The disruption of blood

flow affects a specific area of the brain. About 15 % of stroke are led by a TIA event (Hinkle, 2018, P2013). Symptoms of TIA do not last longer including loss of peripheral vision, ataxia, dysarthria, hemiparesis, sensory deficit, verbal deficit, cognitive deficit, and loss of balance. To diagnose TIA a quick CT scan is done within 25 min by the time the patient is admitted to the emergency department. CT scan helps to differentiate the cause of the interruption of blood flow which, is hemorrhagic or ischemic to determine the treatment. The formation of clot shows elevated area in the vessel in the images. For this particularly, the patient's duplex shows elevated velocity in CCA, a plaque, stenosis noted in ECA. These results indicate that client is at risk for another stroke in the future. The MRI, MRA, ECG, and carotid ultrasound, or other test are ordered to identify the source of the thrombi or emboli. Expected findings of the disease are increase blood pressure, temperature, heart rate and rhythm, respiratory rate and rhythm, and low oxygen saturation. Expected labs value are elevated troponin, A1c, DNR, PT, and PTT.

Some risk factors for developing TIA including atrial fibrillation, dyslipidemia, diabetes, asymptomatic carotid stenosis, excessive alcohol consuming, smoking, hypercoagulable states, sedentary lifestyle, sleep apnea, obesity, and migraine. Hypertension is the major risk factor of TIA. TIA can be prevented by living a healthy lifestyle like not smoking or avoid secondhand smoking, being active, at least 40 min a day, 3-4 days a week, maintain healthy weight, moderate alcohol intake, healthy diet including low cholesterol, low fat, low salt. Study shows that taking a low dose of aspirin can reduce the risk of having a stroke compare to those who do not (Hinkle, 2018, P.2013). Educating people who are at risk developing the illness like African American, early screening, reducing blood pressure, and controlling diabetes can prevent from developing it. Patient

who has TIA can be treated by giving them aspirin, clopidogrel, dipyridamole, with aspirin, or warfarin or a surgical treatment can help to prevent stoke by widen or reopen narrow arteries.

The patient had a brief episode of TIA which last about two hours. He was confused, had aphasia, and ataxia, hypertension, and elevated glucose, which help doctors to order some imaging test like CT scan, MRI, were done and other test were impending like ECG, ultrasound stress test, PT/OT, lipid panel, and A1c for the next day. Some blood tests were reordered including troponin, BNP, Hgb, Hct, RBC, WBC, NIR, PT, and PTT. Clinical data correlated to this patient is 69% of participants with history of hypertension, 80% of smokers and 93% with diabetes did not realize those were risk factor for developing TIA (Hinkle, 2018, P. 2014). Since client has a history of dyslipidemia, which is a risk factor for developing TIA.

Pathophysiology References (2) (APA):

Capriotti, T. (2020*). Pathophysiology: introductory concepts and clinical perspectives.* (2020). Philadelphia: F.A. Davis Company.

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing*. (14th ed). Wolters Kluwer.

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	M:4.5-6 million F: 4-5.5 million	4.18L	Not drawn	

Hgb	**M: 14-16g/dl F: 12-15 g/dl**	**9.9L**	**Not drawn**	**Hgb goes down when patient has anemia, recent hemorrhage, fluid retention, renal failure, and chronic illness. The patient has a chronic kidney disease, which decreased Hgb in blood (Hinkle, 2018)**
Hct	**M: 35-47% F: 42-52%**	**30.6 L**	**drawn**	**Hct is low during anemia, hemorrhage, pregnancy, chronic disease, and renal failure. Client as a history of chronic renal disease and hemorrhage (Hinkle, 2018)**
Platelets	**150,000-400,000 cells mm3**	**201**	**Not drawn**	
WBC	**4,500-11,000 cell/mm3**	**7.90**	**7.90**	
Neutrophils	**45-75%**	**N/A**		
Lymphocytes	**20-40%**	**N/A**		
Monocytes	**4-6%**	**N/A**		
Eosinophils	**¿ 7%**	**N/A**		
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-	**135-145 mmol/L**	**137**	**Not drawn**	
K+	**3.5-5.0 mmol/L**	**4.0**	**Not drawn**	
Cl-	**98-107 mmol/L**	**105**	**Not drawn**	
CO2	**35-45 mm Hg**	**24**	**Not drawn**	**The decrease of CO2 is when CO2 is loss form the lung during hyperventilation, tachycardia, hypokalemia, numbness, muscle cramp, seizure, and anxiety. The patient had tachycardia when the heart is trying to compensate the brain during the TIA episode (Hinkle, 2018).**

Glucose	**70-100 mg/ dL**	**133**	**142**	**Glucose tests the level of sugar in the blood. Diabetes fasting glucose is more than 126 in diabetes patient. Pt has diabetes and is under Atorvastatin, which can affect blood glucose increase (Hinkle, 2018).**
BUN	**8-25 mg/dL**	**28**	**Not drawn**	**Elevated BUN can be caused by HTN or diabetes that could affecting the kidneys in this patient (Hinkle, 2018, p. 255).**
Creatinine	**0.6-1.3 mg/ dL**	**1.79**	**Not drawn**	**The serum creatine increases when the renal function decreases. Patient was diagnosed with CKD (Hinkle, 2018, p. 255).**
Albumin	**3.5-5.2 mg/ dL**	**3.4**	**Not drawn**	**Decreased albumin is shown in patient with liver disease kidney disease, low protein diet, celiac disease, Crohn disease. Patient has CKD and has a history of GI bleeding (Hinkle, 2018)**
Calcium	**8.6-10 mg/dL**	**8.5**	**Not drawn**	**Calcium decreases when patient has malnutrition, cirrhosis, chronic renal failure, hypoparathyroidism, hypomagnesemia, alcoholism. The patient has CKD and drinks alcohol. (Hinkle, 2018)**
Mag	**1.3-2.3 mEq/L**	**N/A**		
Phosphate	**2.5-4.5 mg/ dL**	**N/A**		
Bilirubin	**0.1-1.4 mg/ dL**	**N/A**		
Alk Phos	**44-147 U/L**	**N/A**		
AST	**10-30 U/L**	**N/A**		
ALT	**10-40 U/L**	**N/A**		
Amylase	**30-110U/L**	**N/A**		
Lipase	**0-160 U/L**	**N/A**		

Lactic Acid	**0.5-2.2 mmol/L**	**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	**2-3**	**Not drawn**	**1.1**	**INR is used to test the effectiveness of oral anticoagulant. The patient has low INR means the oral anticoagulant is not effective (Hinkle, 2018).**
PT	**M:9.6-11.8 sec F:9.5-11.3 sec**	**Not drawn**	**13.4**	**The pt is within the abnormal range because the patient is under clopidogrel, antiplatelet to prevent clot formation (Hinkle, 2018).**
PTT	**30-40 sec**	**32**	**32**	
D-Dimer	**¿ 250 ng/mL**			
BNP	¿ 100 *ng*/*L*	**Not dawn**	**26**	
HDL	**> 60**	**N/A**		
LDL	¿ 130 *mg*/*dL*	**N/A**		
Cholesterol	¿ 200 *mg*/*dL*	**N/A**		
Triglycerides	**¿ 150 mg/dL**	**N/A**		
Hgb A1c	**4-5.6 %**	**N/A**		
TSH	**0.5-5.0 mlU/L**	**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	**Colorless-yellow, clear**	**N/A**		

pH	**4.5-8**	**N/A**		
Specific Gravity	**1.005-1.035**	**N/A**		
Glucose	**normal**	**Normal**		
Protein	**none**	**N/A**		
Ketones	**none**	**N/A**		
WBC	**<5**	**N/A**		
RBC	**0-3**	**N/A**		
Leukoesterase	**none**	**N/A**		

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	**≥ 100,000/ml**	**N/A**		
Blood Culture	**Negative**	**N/A**		
Sputum Culture	**N/A**	**N/A**		
Stool Culture	**N/A**	**N/A**		

Lab Correlations Reference (1) (APA):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Vascular carotid: vertebral carotid duplex bilateral. Right impression: Elevated velocities noted in the CCA, plaque noted in proximal/mid ICA. Elevated velocities noted in the mid ICA;50-69%. Hemodynamically significant stenosis noted in the ECA more than 50%. Normal antegrade vertebral flow pattern. Left impression: mild intimal thickening noted in the CCA. Elevated velocities noted in the proximal ICA, 50-69% stenosis. Normal antegrade vertebral flow patter.

Diagnostic Test Correlation (5 points):

TIA is mini-ischemic stroke, which has the same procedure and symptoms with stroke but last less than 24 hours. TIA is disruption of blood flow due to blockage of blood vessels. The disruption in blood flow is known as cascade, which is a complex of cellular metabolic. The cascade stars when cerebral blood flow is less than 25 ml per 100g of blood per min. During this time neuron cannot maintain aerobic respiration then mitochondria swish to the less efficient anaerobic respiration. Neurons are not able to produce enough ATP to depolarize the processes. This action stops the function of cells. The cascade is referred as penumbra region, region around the infarction. The cascade threaten cell in the penumbra and membrane depolarized cell increase in intra calcium and release glutamate. If this action continuous, activate several damaging, which result in the destruction of cell membrane, the release of more calcium and glutamate, vasoconstriction and free radical. These action result in enlarge area of the infarction (Hinkle, 2018). The patient presented with confusion and aphasia; this suggested the client may have a neurological condition. The CT scan was done first then the duplex was ordered to further investigate the client's blood flow. The

CT result was not filed and duplex shows stenosis and plaque in the internal carotid artery. The client was diagnosed with TIA but not a stroke, so I am convinced in this.

Diagnostic Test Reference (1) (APA):

Hinkle, J. L., & Cheever, K. H. (2018). ***Brunner & Suddarth's textbook of medical-surgical nursing*** **(14th ed.). Wolters Kluwer.**

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

Home Medications (5 required)

Brand/ Generic	**Aspirin Bayer** **(Jones & Bartlett, L, 2020, P. 97-99**	**metformin Glucophage** **(Jones & Bartlett, L, 2020, P. 765-766**	**Atorvastatin Lipitor** **(Jones & Bartlett, L, 2020, P. 106-108**	**Lisinopril Prinvil** **(Jones & Bartlett, L, 2020, P. 716-718**	**Pantoprazole Protonix** **(Jones & Bartlett, L, 2020, P. 950-953**
Dose	**81 mg**	**500 Mg**	**20 mg**	**10 mg**	**40 mg**
Frequency	**Daily**	**Daily**	**Daily**	**Daily**	**Daily**
Route	**oral**	**oral**	**oral**	**Oral**	**oral**
Classification	**NSAID**	**Biguanide, antidiabetic**	**HMG-CoA reductase inhibitor & antihyperlipidemic**	**Angiotensin-converting enzyme inhibitor**	**Proton pump inhibitor, antiulcer**
Mechanism of Action	**Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Anti-inflammatory**	**May promote storage of excess glucose as glycogen in the liver, which reduces glucose production.**	**Reduce cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in liver by increasing LDL receptors on liver to enhance LDL uptake and breakdown.**	**May reduce blood by inhibiting conversion of angiotensin 1 to angiotensin two.**	**Interfere with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphate enzyme system.**
Reason Client Taking	**To reduce the risk of CVA**	**To reduce blood sugar in type two diabetes**	**To reduce risk of dyslipidemia.**	**To treat hypertension**	**History of GI bleeding.**

Contraindications (2)	**Active bleeding & hypersensitivity**	**Advanced renal disease & glomerular filtration rate below 30 ml/min**	**Hepatis disease & pregnancy**	**Pt with diabetes or renal impairment & history of angioedema.**	**Contra indicted with concurrent therapy with rilpivirine-containing products &hypersensitivity to pantoprazole.**
Side Effects/Adverse Reactions (2)	**CNS: confusion & depression**	**Hypoglycemia & hepatis injury**	**Cognitive impairment & depression**	**Ataxia & hepatitis**	**Anxiety & chest pain**
Nursing Considerations (2)	**Do not crush timed-release tablet & ask about tinnitus.**	**Should not be given to patient with severe renal impairment & Give metformin with food.**	**Atorvastatin is not used in patient taking cyclosporine & Monitor diabetes patient because atorvastatin can affect blood glucose control**	**Lizonapril is not given to pt with fluid volume deficit & monitor blood pressure for the first two hours after treatment .**	**Flush IV line with D5W normal saline solution & Giving the IV over two minutes reconstitute with 10 ml of normal saline.**

Hospital Medications (5 required)

Brand/Generic	**Acetaminophen Tylenol (Jones & Bartlett, L, 2020, P.9-12**	**Clopidogrel Plavix (Jones & Bartlett, L, 2020, P. 262-263**	**Hydrocodone-acetaminophen Norco (Jones & Bartlett, L, 2020, P. 585-588**	**Insulin lispro Humalog (Jones & Bartlett, L, 2020, P. 630-632**	**Terazosin Hytrin (Jones & Bartlett, L, 2020, P. 1212-1213**
Dose	**650 mg**	**75 mg**	**5/325**	**2-12 units per sliding scale**	**5 mg**
Frequency	**Every 4 hours PRN**	**daily**	**Every 4 hours PRN**	**Three times daily with meal**	**Nightly**
Route	**Oral**	**oral**	**oral**	**SQ**	**oral**
Classification	**Alpha-glucosidase, Oral antidiabetic**	**Platelet inhibitor**	**Opioid analgesic**	**Antidiabetic**	**Alpha adrenergic blocker**
Mechanism of Action	**Inhibits action of alpha-amylase and alpha-glucoside enzymes.**	**Binds to adenosine diphosphate receptors on the surface of activated platelets. It blocks ADP.**	**Binds to and activates opioid receptors at sites in the periaqueductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to produce pain relief.**	**Lower blood glucose levels uptake by fat and skeletal muscle and by inhibiting hepatic glucose production.**	**Blocks postsynaptic alpha1 - adrenergic receptors in many tissues including the bladder neck, the prostate and vascular smooth muscle. This action promotes vasodilation.**
Reason Client Taking	**To control blood glucose level in type 2**	**The client has a history of CVA.**	**To manage pain.**	**To improve glycemic control in**	**To manage hypertension**

	diabetes mellitus.			**pt with diabetes**	
Contraindications (2)	**Chronic intestinal disease & cirrhosis.**	**Peptic ulcer & intracranial hemorrhage**	**Children under the age of 18 & acute bronchial asthma.**	**Chronic lung disease & obstruction pulmonary disease**	**Hypersensitivity to terazosin & other quinazolines**
Side Effects/Adverse Reactions (2)	**Edema & diarrhea.**	**Confusion & depression**	**Hypotension & coma**	**Confusion & dizziness**	**Asthenia & headache**
Nursing Considerations (2)	**Store drug in sealed container in cool environment & monitor serum liver enzyme levels every 3 months during the first year.**	**Avoid clopidogrel in pt with genetic variation in CYP2C19 & determine if the pt has a history of hypersensitivity like hemorrhagic reaction.**	**Do not give it to pregnant women & Do not give to pt with impair conscious.**	**Inhaler insulin should be given with long-acting insulin & Inhaler insulin is not used to treat diabetic ketoacidosis.**	**Prostate cancer should be ruled out before giving terazosin for BPH & Older patients can have exaggerated hypotension and other adverse reaction**

Medications Reference (1) (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient appears alert and oriented x person, place, and time. Well groomed, no acute distress. He stated that he wants to go home and thinks he became sick due to COVID vaccine he took the day before admission to the ED. Pt speaks English well and slightly slow.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Braden score: 20.** **Patient's skin is warm, pink, and dry. The pt get bruise easily in IV site, no lesion or wound, hair normal distribution. No clubbing, normal skin turgor.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck symmetrical, tracheal midline without deviation, thyromegaly, carotid built, bilateral pulses are palpable. Ear canal clear and tympanic membrane pearly grey. Pupils did not contract because the PERLA, Conjunctive pink, wears glasses, nose midline no polyp, and has full denture replaced.** .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒**	**The patient is on telemetry, murmur in aortic region, no clicks, rubs and gallops. Strong peripheral pulse throughout bilateral, capillary refill less than two sec, no cyanosis, edema, and coldness.**

Location of Edema:	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Normal rates and pattern of respiration; respiration is normal and nonlabored, bilateral, lungs sounds are clear bilateral, no wheezes, crackles or friction noted.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height: 5'8"** **Weight: 152 lb** **Auscultation Bowel sounds** **Last BM: the day before admission to the ED.** **Palpation: Pain, Mass etc.: Pt denied any pain.** **Inspection: Normal skin no ascites or abdominal aorta or hernia.** **Distention: none noted** **Incisions: abdominal aorta repair.** **Scars: yes** **Drains: none** **Wounds: none** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**Abdomen is soft, nontender, no mass, noted during palpation for all four quadrants. Normal bowel sound, bilateral, no CVA tenderness noted. Pt is in diabetes diet but does not always follow it, he eats whenever he wants at home.**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**The patient reported that the urine was yellow, normal quantity, no pain during urination when using the restroom.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐**	**Patient is alert and oriented to person, place, and time. He tested negative for Homan sign. Normal ROM, equal strenght5/5 does not use assistive device. Pt is able to do ADL but was instructed to call for help when going to the restroom. Fall risk core is 25. Pt is active, able to stand up alone, and walk.**

Fall Score: 25 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☒** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**The patient is awake, oriented PERLA, equal strength, normal LOC, sensory deficit, and slow pace of speech.**
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):**	**Pt is using family support for coping method, has high school diploma, does not have religion preference, he lives home with his daughter who works full time. Pt is alone at home when the daughter goes to work. He has a good family support.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1530	73	140/66	16	98.7	95%
1330	80	146/72	18	97.8	94%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
15:30	0/10	Pt denial any pain	Pt denial any pain	Pt denial any pain	Pt denial any pain
1330	0/10	Pt denial any pain	Pt denial any pain	Pt denial any pain	Pt denial any pain

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G **Location of IV: Dorsal venous network** **Date on IV: 01/27/2021** **Patency of IV: Easy flushed.** **Signs of erythema, drainage, etc.: bruising around the Iv site.** **IV dressing assessment: clear and well protected.**	Pt did not have infusion during clinical

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
840	**Patient is using the restroom**

Nursing Care

Summary of Care (2 points)

Overview of care: withholding caffeine due to stress test tomorrow.

Procedures/testing done MRI, glucose, pt, INR, PNB, and other labs test.

Complaints/Issues: brief episode of aphagia

Vital signs (stable/unstable): Vital sign became stable.

Tolerating diet, activity, etc.: Yes, during the hospital time. Diabetes and cardiac diet.

Physician notifications: test tomorrow cardiac enzyme continue, allow for permissive hypertension, continue aspirin and Plavix, lipid panel and hemoglobin, A1c pending, echocardiology, ultrasound, a cardiology and neurology are needed for future investigation.

Future plans for patient: abnormal troponin will repeat troponin, review echocardiogram, continue clopidogrel and statin therapy. Cardiac health lifestyle is recommended. Impending ECG for possible mental status transilient altered.

Test Home health-disciplines needed: Accu-chek, need help to respect diabetes diet and cardiac diet.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): skilled nursing, physical therapy.

Equipment needs (if applicable): None.

Follow up plan: Stress test, check for additional stoke specific labs, DVT, GI, prophylaxis, are recommended, follow up with the provider in 1 to two weeks after discharge.

Education need: diabetes diet, cardiac diet.

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective cerebral tissue perfusion	**This diagnostic was chosen because the patient exhibit sign**	**1.Elevated head of the bed if change is noticed in**	**One day after the brief aphagia episode the patient's vital**

related to disruption of blood flow as evidence by increasing vital signs assessed by the daughter at home, BP 180/96.	**of TIA, which is an emergency and needs medical attention to determine the location and degree of damage.**	**respiration rhythm and patterns to facilitate gas exchange and breathing.** **2.Carefully assess the patient and monitor neurological status regularly then compare with starting point**	**signs came back to the baseline.** **The client is active in the care of plan and was able to make changes. The family is very happy and participating in care of the client.**
2. Impaired verbal communication related to neuromuscular impairment as evidence by aphasia.	**The diagnostic was chosen because the patient had trouble speaking and could not provide information when a question is addressed. Family intercommunication was disrupted.**	**1. Assess the client for any speech dysfunction and pay attention for discussion mistakes and give feedback** **2.Ask the patient to follow command, such as squeeze my hand, repeat words, follow the penlight during PERLA test**	**Patient comprehends communication problems and forms language that can be understand by others and was able to follow command.** **Patient and the family were able communicate and enjoy their time together.**
3. Self-care deficit related to decrease of strength, loss of muscle control and coordination as evidence by client was not able to put his pant on.	**This diagnostic was chosen to maintain self-esteem and encourage improvement to meet the patient's need.**	**1. Assess the competence level of deficit for achieving ADLs.** **2Make patient independent for thing he could do and aid when necessary.**	**Patient exhibited standard of living adjustments to meet self-care needs.** **Pt was able to go to the restroom under supervision, could move and change position in bed without help.**

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*. (5th ed). MO: Elsevier.

Vera, M. Matt. (2020). Stroke (CVA) Nursing Diagnosis and Nursing Care Plans. https://nurseslabs.com/8-cerebrovascular-accident-stroke-nursing-care-plans/6/.

Concept Map (20 Points):

Subjective Data

Trouble talking, confused, silence words, weakness in the bathroom, which took about two hours.
After using the restroom, he could not put the pant on.
Evaluated by RN daughter at home and bp was 180/96

Nursing Diagnosis/Outcomes

Ineffective cerebral tissue perfusion
-Outcome: ineffective cerebral tissue perfusion improved as evidence by patient's vital sign back to baseline.
Impaired verbal communication
-Outcome: patient understands communication problems and forms language that is understandable.
Self-care deficit
-Outcome: patient is able to do ADLs as evidence by using the restroom without assistance or just supervision to ensure safety.

Objective Data

Elevated troponin.
MRI: internal carotid arteries plaque noted in the proximal mild.
Hgb, and Hct decreased.
Hypertension
Neck: organomegaly.
Carotid artery: bruit on auscultation.

Patient Information

A 85 year old, Caucasian male was brought to the ED for brief episode of aphasia, which last about two hours. The patient has a history of CAV, AAA, CAD, stroke, and was diagnosed with TIA as primary diagnosis and CKD as second diagnosis.

Nursing Interventions

Elevated head of the bed if changes are noticed for breathing rhythm and pattern.
Carefully assess the patient and monitor neurological status regularly hen compare with baseline.
ssess any speech dysfunction and pay attention conversation errors nd provide feedback.
ell the patient to follow command like ask the client to squeeze urse's hand.
Assess competence level of deficit for accomplish ADLs.
Make patient independent as possible to do what he can and help when it is necessary.